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Editorial

Diagnosis of Bladder Cancer

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EDITORAL

Bladder cancer is the fourth most commonly diagnosed malignancy in men and the eighth most common in women. It represents a spectrum of disease, ranging from superficial, well-differentiated disease, which does not significantly impact survival, to highly malignant tumors for which long term survival may be dismal.

Transitional-cell carcinoma, which constitutes the vast majority of bladder cancers in the United States, may develop as carcinoma in situ or as invasive carcinoma. This article focuses on transitional-cell carcinoma with a review of the major aspects of the disease, including the epidemiology, diagnosis and staging, and management. Therapeutic options are explored, including surgery, radiotherapy, chemotherapy, and combined modality therapy.

Sacituzumab govitecan, a Trop-2-directed antibody and topoisomerase inhibitor conjugate, binds to Trop-2-expressing cancer cells and is internalized with the subsequent release of SN-38, the active metabolite of irinotecan. The resulting DNA damage leads to apoptosis and cell death.

Only a fraction of patients derives long-term benefit from previously approved cytotoxic therapy or immunotherapy, leaving a great unmet need for treatment options for patients with advanced urothelial cancer who have progressed on first- and second-line therapies. Bladder cancer usually starts in the transitional epithelium, which are the cells that line the bladder. This type of bladder cancer starts in the cells that line the inside of the bladder. These cells also line other parts of the urinary tract, so TCC can also affect the lining of the kidneys and the ureters. Chemotherapy uses drugs to target and kill cancer cells or to shrink tumors and allow a surgeon to use a less invasive procedure. Chemotherapy can also treat cancer before or after surgery. People can take these drugs orally.

"The response rate and tolerability seen with sacituzumab govitecan-hziy may provide physicians an effective new treatment option for patients whose cancer continues to progress even after multiple therapies."

Patients treated with ureteral stents had significant 3.5- and 3.4-fold increased odds of metachronous UTUC compared with patients who had no ureteral stents or no upper urinary tract drainage. In cases where drainage was deemed necessary, UTUC risk did not differ significantly between double-J stent and nephrostomy, even among patients with hydronephrosis.

The FDA has not made any conclusions as to whether a specific manufacturer or brand of devices is associated with a higher risk.

Squamous cell carcinoma this type constitutes about 1-2% of bladder cancers. It occurs in the thin, flat cells on the surface of bladder tissue. Most squamous cell cancers are invasive.

Adenocarcinoma: About 1% of bladder cancers are adenocarcinomas. It occurs in the cells of the bladder glands that secrete mucus. Most bladder adenocarcinomas are invasive.

Small cell carcinoma: Fewer than 1% of bladder cancers are small cell carcinomas. It starts in the nerve-like cells called neuroendocrine cells. This type often grows quickly and requires treatment with chemotherapy.

Sarcoma: This is a rare type of bladder cancer that originates in the muscle cells of the bladder.

Early diagnosis significantly improves the chance of successful treatment, but treatment is possible even in the later stages of bladder cancer.

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