

Urinary Bladder Cancer

Urinary Bladder Adenocarcinoma

What is Urinary Bladder Adenocarcinoma?

About 2 percent of bladder cancers are adenocarcinomas, which are nearly all invasive. Urinary Bladder Adenocarcinoma begins in the cells of glandular structures lining body organs and spreads to the bladder. After treatment, patients must be monitored carefully because the chance of bladder cancer coming back is high – 70 to 100 percent.

Who is most likely to have Urinary Bladder Adenocarcinoma?

In general, bladder cancers occur more often in men and in people over age 70. Chronic urinary or bladder infections and kidney and bladder stones increase the risk of bladder cancer, as does cigarette smoking, diets high in saturated fat, and exposure to workplace carcinogens. Workers exposed to antineoplastic drugs (used in chemotherapy) or certain types of hair, medical or industrial dyes also can be at increase risk. These workers include hair-dressers, machinists, printers, painters, truck drivers, and those in the rubber, chemical, textile, metal and leather industries.

What characterizes Urinary Bladder Adenocarcinoma?

Bladder cancer is characterized by a lump or tumor that is formed in the bladder, and if aggressive, grows outside the bladder. The most common sign of Urinary Bladder Adenocarcinoma is blood in the urine. While this symptom is not specific for cancer, you should always see your doctor if you find blood in your urine. Other symptoms include frequent, urgent or painful urination, but these are also not specific for cancer.

Definitions

Urinary bladder:

A sac located in the pelvic area where urine is collected and discharged.

Adenocarcinoma:

A type of cancerous, or malignant, tumor originating in a glandular structure.

Malignant:

Cancerous and capable of spreading.

Invasive, Infiltrating:

Capable of spreading to other parts of the breast or body.

Pathologist:

A physician who examines tissues and fluids to diagnose disease in order to assist in making treatment decisions.

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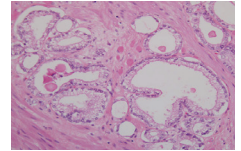
How does the pathologist make a diagnosis?

The pathologist can make the diagnosis based on examination of urine or tissue samples that your primary care physician sends to the pathologist. By looking at cells in the urine under the microscope and performing other tests on the urine, pathologists can tell if cancer cells are present or not. If your primary care physician removes tissue from the bladder by performing a *cystoscopy*, which involves putting a small tube (with a small camera) into your bladder, the pathologist will examine *biopsy specimens* obtained during this procedure. Larger pieces of the tumor can be removed and sent to the pathologist when *transurethral resection of the bladder tumor (TURBT)* is done. Finally, a part of or the entire bladder may be sent to the pathologist for examination if your surgeon performs a *partial* or *radical* (complete) *cystectomy*.

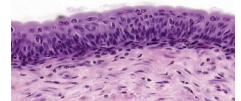
What else does the pathologist look for?

After making a diagnosis of cancer, one of the important things a pathologist will do is determine the *stage*, or extent of the cancer in the tissue. This finding will help determine prognosis and selection of therapy. The stage usually ranges from 1 (better) to 4 (worst). The pathologist will examine the tissue to see if the cancer has involved the muscle wall of the bladder, lymphatic or blood vessels, and if it has spread outside the bladder. If a cystectomy has been done, the pathologist will also note the size of the cancer and whether the cancer is growing to the edges (margins) of the tissue. These are helpful findings, along with stage, in determining whether additional treatment is needed.

For more information, go to www.cancer.gov (National Cancer Institute) or www.cancer.org (American Cancer Society). Type urinary bladder adenocarcinoma or bladder cancer into the search box.



Urinary Bladder Adenocarcinoma (above) begins in the cells of glandular structures and spreads to the bladder.



Normal bladder cells (above).



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