Southern Urology
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General Urology Laparoscopy Uro Oncology Stone Disease Female Urology

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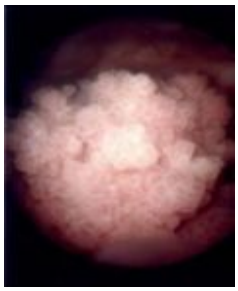
UPDATE ON BLADDER CANCER: Mr.Sree Appu



The overall incidence of bladder cancer continues to increase despite recent advances in preventive strategies. Up to 20% of newly diagnosed cases of bladder cancer cases are in patients below the age of 50.

The most common presenting symptom is macroscopic haematuria. However, less typical and *earlier* symptoms include new onset of irritative voiding symptoms, microscopic haematuria on testing and recurrent UTIs or like symptoms.

Classification: The majority of bladder tumours are transitional cell carcinomas(TCC). They fall into 2 broad categories:

1. Superficial and low grade TCC:

These account for 70% of all newly diagnosed bladder tumours. They are often multifocal and present with minor bleeding or episodic infections. These lesions are of low risk of progression to more sinister muscle invasive bladder cancer (5% in most major studies) but nevertheless require close monitoring. This is especially important as they often recur, risk between 40-70%, and the risk is increased with multifocal lesions, early recurrence and larger lesions.

The usual follow up regimen is initial 3/12ly check cystoscopies for a year, then biannual and then annual review. The duration of followup is uncertain as there is a 20% long term recurrence risk and hence most centres recommend long term followup, particularly in younger patients.

Intravesical treatment with Mitomycin C can reduce recurrence rates significantly but not progression rate and hence require same followup protocol

2. Muscle invasive bladder cancer:

These present primarily in about 30% of initial bladder tumour patients but are a result of superficial disease progression in others, particularly when carcinoma in-situ is present (CIS) or higher grade superficial TCC. These require early and aggressive management as the long term survival even with localized disease is 30% at 10years.

Specialty trained urologists are able to recreate a continent neobladder using small bowel as an alternative to the traditional ileal conduit in well selected patients with good results.

Mr.Sree Appu is a urologist practicing at the Valley Hospital and has completed a Society of UroOncology International Cancer Fellowship. He operates at both the Valley and South Eastern Hospitals and is a staff urologist at Monash Southern Health. He has active research interest in cancer genetics and non-invasive cancer treatments.

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