Better Health Channel

Bladder cancer

Summary

- Bladder cancer is most common in people over 60 years of age.
- There are different types of bladder cancer.
- Bladder cancer can usually be effectively treated if it is found early.
- Treatment depends on the type and stage of bladder cancer.
- You can get help and support from your doctor and Cancer Council.

The bladder is part of the body’s urinary system. It stores and gets rid of urine. To find out more about how the bladder and urinary system work, read **kidney and bladder basics**.

Bladder cancer begins when cells inside the bladder change and grow out of control. Each year, more than 2500 Australians find out they have bladder cancer. It is more common for men than women and most people with bladder cancer are aged 60 years or older.

Signs and symptoms of bladder cancer

Sometimes bladder cancer doesn’t have many symptoms. Signs or symptoms can include:

- blood in your urine
- needing to urinate often
- pain or burning when passing urine
- not being able to pass urine when you need to.

Not everyone with these symptoms has bladder cancer. If you have any of these symptoms or are worried, always see your doctor.

Risk factors for bladder cancer

There are some things that can make you more likely to develop bladder cancer. These are called risk factors and they include:

- smoking – chemicals in cigarettes can cause bladder cancer, so if you smoke, your risk is up to three times that of a non-smoker
- age – most people with bladder cancer are over 60 years of age
- family history – a first degree relative (parent, sibling, child) with bladder cancer increases risk up to nearly 2 times higher than the general population
- chemicals – being in contact with certain chemicals for a long period of time, like aromatic amines, benzene products and aniline dyes, which have been linked to bladder cancer
- frequent infections of the bladder over a long period of time
- some types of radiation therapy around the pelvis, and the chemotherapy drug cyclophosphamide.

Having these risk factors doesn’t mean you will develop bladder cancer. Often there is no clear reason for getting bladder cancer. If you are worried about your risk factors, ask your doctor for advice.

Tests for bladder cancer

Your doctor may do some tests to check for bladder cancer:

- internal examination – the doctor may check inside your bottom or vagina with their finger, using gloves
- urine tests – your urine will be checked for signs of bladder cancer

- blood tests – to check your general health
- ultrasound – a scan on the outside of your abdomen to check for cancer
- cystoscopy – the doctor puts a small camera into your bladder to see inside
- biopsy – the doctor takes a small sample of the cells from the bladder to check for signs of cancer.

Your doctor might ask you to have further tests. These can include:

- CT scan and x-rays – scans that take pictures of the inside of the body, sometimes also called a CT-IVP or a triple phase abdominal-pelvic CT scan
- MRI scan – a scan that uses magnetism and radio waves to take pictures of the inside of the body
- bone scan – a scan that uses dye to show changes in your bones
- FDG-PET scan – a scan that uses an injection of liquid to show cancer cells.

Types of bladder cancer

Bladder cancer can be described based on where it is found:

- non-muscle invasive – the cancer has not spread to other layers of the bladder or muscle
- muscle-invasive – the cancer has spread to other layers of the bladder, muscle or other parts of the body.

There are 3 main types of bladder cancer:

- urothelial carcinoma – 80 to 90% of bladder cancers – sometimes called transitional cell carcinoma
- squamous cell carcinoma – 1 to 2% of all bladder cancers. It is more likely to be invasive (spread)
- adenocarcinoma – 1 to 2% of all bladder cancers. It is more likely to be invasive (spread).

There are other, less common types of bladder cancer. Treatment for these may be different. Speak to your doctor or nurse for information about these types of cancer.

Stages and grades of bladder cancer

Stages and grades of cancer describe how far it has spread and how quickly it is growing.

Stages

The stage of a cancer means how far it has grown in your body. The most common way doctors decide on a stage for bladder cancer is the TNM system (tumour, nodes metastasis). This system describes:

- how far the tumour has grown into the wall of the bladder and nearby tissues
- if the cancer has spread to nearby lymph nodes
- if the cancer has spread to other parts of the body.

Another way of staging cancer is with numbers. Stage 1 is the earliest cancer and stage 4 is the most advanced but this is not used often for bladder cancer.

Ask your doctor or nurse to explain the stage of the cancer. You can also read more from the **Cancer Council about the TNM system and staging**.

Grades

The grade of the cancer means how quickly a cancer might grow. Knowing the grade helps your doctors work out the best treatment plan for you:

- low grade – The cancer cells are usually slow-growing. Most bladder tumours are low grade
- high grade – The cancer cells look very abnormal and grow quickly. They are more likely to spread. Almost all muscle-invasive cancers are high grade.

Note: ‘Bladder carcinoma in situ’ is a specific type of bladder cancer. It is an early stage cancer but is always high grade. This means it can grow quickly and might spread. If you have bladder carcinoma in situ your doctor will start treatment straight away. Treatment for this type of bladder cancer can be very effective. Your treatment team can tell you more.

Prognosis and survival rates for bladder cancer

When someone is diagnosed with bladder cancer, their doctor will give them a ‘prognosis’. A prognosis is the doctor’s opinion of how likely the cancer will spread and the chances of getting better. A prognosis depends on the type and stage of cancer, as well as the person’s age and general health.

Bladder cancer can usually be effectively treated if it is found before it spreads outside the bladder.

If you have bladder cancer, your doctor will talk to you about your individual situation when working out your prognosis. Every person’s experience is different, and there is support available to you.

Treatment for bladder cancer

Treatment for bladder cancer depends on how quickly the cancer is growing. Treatment is different for non-muscle invasive bladder cancer and muscle-invasive bladder cancer.
You might feel confused or unsure about your treatment options and decisions. It’s okay to ask your treatment team to explain the information to you more than once. It’s often okay to take some time to think about your decisions.

Treatment for non-muscle-invasive bladder cancer

Treatments for non-muscle-invasive bladder cancer include surgery, immunotherapy and chemotherapy.

Surgery

Most people with non-muscle-invasive bladder cancer have an operation to remove the cancer. The most common operation is called TURBT (transurethral resection of bladder tumour). Sometimes you might need to have a second TURBT or a different surgery.

For some people bladder cancer can come back after surgery. You will need to have regular follow-up tests. This way you can start appropriate treatment if the cancer comes back.

Immunotherapy

Immunotherapy uses your own immune system to treat cancer. Immunotherapy for bladder cancer uses a treatment called Bacillus Calmette-Guérin (BCG) to stop or slow down the cancer. Because this immunotherapy goes directly into the bladder through a tube (catheter) it is called intravesical immunotherapy. To find out more about how the immune system works, read the **immune system explained**.

You will usually have more than one dose of the immunotherapy for it to be effective. Most commonly you will have treatment once a week for several weeks. This may happen in a hospital or clinic. The treatment may have to be repeated depending on your response.

Chemotherapy

This treatment uses medication to destroy or slow the growth of cancer cells, while causing the least possible damage to healthy cells. Intravesical chemotherapy goes directly into the bladder through a tube called a catheter. It is only used for non-muscle-invasive bladder cancer to help keep the cancer from coming back. You may have one dose or more than one dose, depending on your situation.

Treatment for muscle-invasive bladder cancer

Treatments for non-muscle-invasive bladder cancer include surgery, chemotherapy, radiation therapy and immunotherapy.

Surgery

The most common treatment for muscle-invasive bladder cancer is surgery to remove the bladder. This is called a radical cystectomy. Sometimes doctors need to remove other parts of the body, like the uterus or prostate. This may mean you are no longer able to have children. This can be a difficult choice and you might like to ask for support. Ask your treatment team what your options are before you make a decision about surgery.

Chemotherapy

For muscle-invasive bladder cancer, chemotherapy is injected into a vein. This is called systemic chemotherapy.

You may have chemotherapy:

- before surgery, to shrink the cancer and make it easier to remove (neoadjuvant chemotherapy)
- after surgery, if there is a high risk of the cancer coming back (adjuvant chemotherapy)
- with radiation therapy before deciding to have surgery (chemoradiation)
- to treat bladder cancer that has spread to other parts of the body.

Chemotherapy is given as a course, at regular intervals for several months.

Radiation therapy

You might have radiation therapy instead of surgery. Some people have chemotherapy with radiation therapy. This is called chemoradiation and has been shown to work as well as surgery for some bladder cancers.

Immunotherapy

Immunotherapy uses your own immune system to treat cancer. Ask your doctor for more information about immunotherapy for muscle-invasive bladder cancer.

Side effects of treatment for bladder cancer

All cancer treatments can have side effects. Your treatment team will discuss these with you before you start treatment. Talk to your doctor or nurse about any side effects you are experiencing. Some side effects can be upsetting and difficult, but there is help if you need it. Call **Cancer Council** (**13 11 20**, or **13 14 50** for an interpreter) or email **askanurse@cancervic.org.au** to speak with a caring cancer nurse for support.

Bladder reconstructions and stomas

If you have had your bladder removed, the way you pass urine will change. There are several options that your treatment team will talk to you about:

- Urostomy (sometimes called an ileal conduit) is where doctors create a new hole in your abdomen called a stoma. Urine drains from the stoma to the outside of your abdomen into a special bag.
- Neobladder is where a new bladder made from your small bowel forms a pouch inside your body to store urine. You will pass urine by squeezing your abdominal muscles. You will also pass a small tube (catheter) into the neobladder (pouch) each day to help drain the urine.
- Continent urinary diversion is a pouch made from your small bowel inside your body to store urine. The urine empties through a hole called a stoma to the outside of your abdomen into a special bag.

A bladder reconstruction is a big change in your life. You can speak with a continence or stomal therapy nurse for help, support and information. You can also call **Cancer Council** (**13 11 20**. You may be able to speak with a trained Cancer Council volunteer who has had cancer for tips and support. If you find it difficult to adjust after your bladder reconstruction, it may help to be referred to a psychologist or counsellor.

Note: If you have a stoma, you can join a stoma association for support and free supplies. For more information about stoma associations, visit the **Australian Council of Stoma Associations**.

Sexuality and bladder cancer

Having bladder cancer and treatment can change the way you feel about yourself, other people, relationships and sex. These changes can be very upsetting and hard to talk about. Doctors and nurses are very understanding and can give you support. You can ask for a referral to a counsellor or therapist who specialises in body image, sex and relationships.

Living with advanced cancer

Advanced cancer usually means cancer that is unlikely to be cured. Some people can live for many months or years with advanced cancer. During this time palliative care services can help.

Most people continue to have treatment for advanced cancer as part of palliative care, as it helps manage the cancer and improve their day-to-day lives. Many people think that palliative care is for people who are dying but palliative care is for any stage of advanced cancer. There are doctors, nurses and other people who specialise in palliative care.

Treatment may include chemotherapy, radiation therapy or another type of treatment. It can help in these ways:

- slow down how fast the cancer is growing
- shrink the cancer
- help you to live more comfortably by managing symptoms, like pain.

Treatment depends on:

- where the cancer started
- how far it has spread
- your general health
- your preferences and what you want to do.

Ask your doctor about treatment and palliative care services that may help you.

Support for carers, family and friends

Caring for someone with cancer can be difficult sometimes. If you are caring for someone with bladder cancer, these organisations can help:

- **Cancer Council** Tel. **13 11 20**
- **Carer Gateway** Tel. **1800 422 737**
- **Carers Australia** Tel. **1800 242 636**

Where to get help

- Your **GP (doctor)**
- Your treatment team
- **Urologist**
- **Cancer Council Victoria**. Tel. **13 11 20**
- **Multilingual Cancer Information Line**, Victoria Tel. **13 14 50**
- **WeCan website** helps people affected by cancer find the information, resources and support services they may need following a diagnosis of cancer.
- **Continence Foundation of Australia** Tel. **1800 33 00 66**
- **Nurse on Call** Tel. **1300 60 60 24**

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