



URINARY BLADDER CANCER 2002-2006

In the past 50 years, the incidence of bladder cancer has risen, most likely due to our aging population.

Bladder cancer is 2.5 times more common in men than in women. In men, it is the fourth most common cancer after prostate, lung and colorectal cancer. In women, it is the eighth most common cancer.

Transitional cell carcinoma of the bladder presents most commonly with painless frank hematuria. The symptom complex of bladder irritability and urinary frequency, urgency and dysuria is the second most common presentation, which generally is associated with microscopic hematuria. Other signs and symptoms include flank pain, lower extremity edema and pelvic mass.

Risk factors for bladder cancer include smoking and working in dye, rubber and leather industries and arsenic exposure in drinking water.

Bladder cancer is diagnosed by urine cytology or cystoscopy with tissue biopsy.

Management options for bladder malignancies are varied and range from conservative bladder preservation techniques (utilizing a combination of endoscopic surgical procedures with intravesical chemo- or immunotherapy) to conventional radiotherapy to excisional surgery with complex urinary reconstruction.

During 2002 to 2006, 139 cases of bladder cancer were diagnosed and treated at Heartland Regional Medical Center (HRMC). By far, the most common histologic type was transitional cell carcinoma (papillary, invasive and in-situ), accounting for 95% of all cases. Three cases of small cell carcinoma and two cases of mucinous adenocarcinoma were also diagnosed. (Graph I).

Graph I

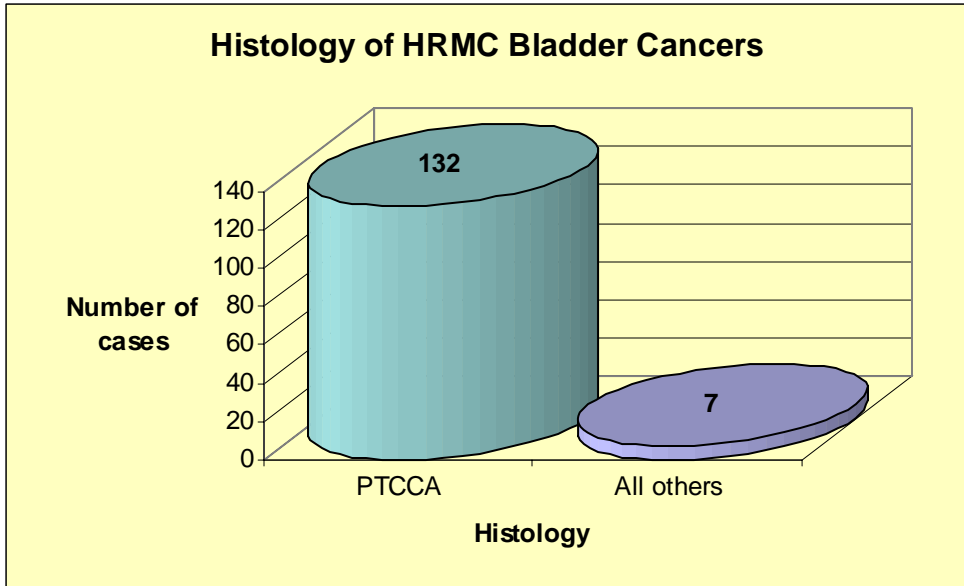


Table I depicts the first course treatment regimens by stage for Heartland Regional Medical Center cases treated in 2002 to 2006. Surgery alone was the primary first course treatment across stages. Combined surgery and chemotherapy and combined surgery, radiation and chemotherapy constituted the second most common treatment regimens.

Table I

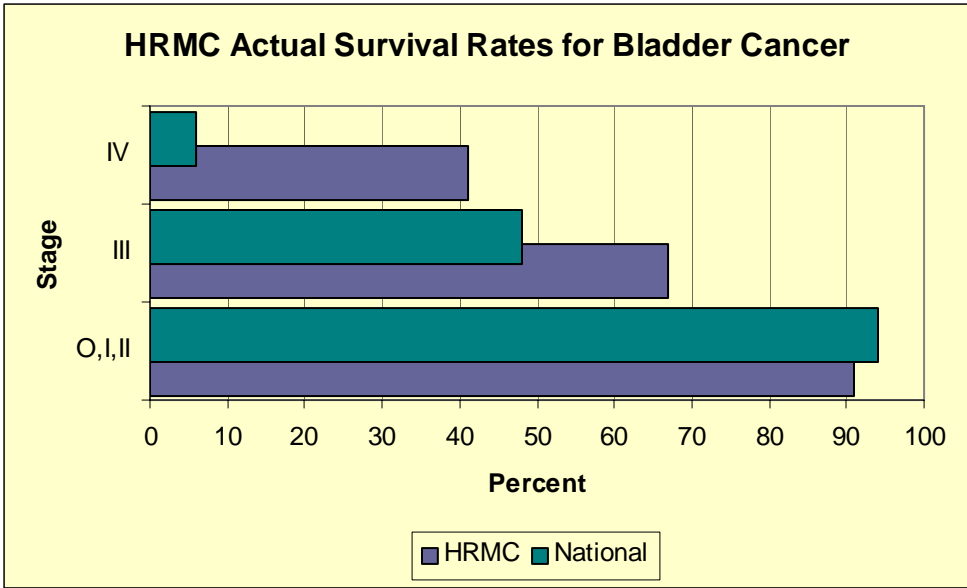
Stage	O	I	II	III	IV	Total	
Refused Tx	0	0	0	2	0	2	1%
R	0	1	0	0	0	1	1%
S	35	30	18	15	7	107	77%
S, C	0	0	3	2	4	9	6%
S, C, H	0	0	1	0	0	1	1%
S, H	0	0	0	1	0	1	1%
S, I	1	2	2	0	1	6	4%
S, R	0	0	0	2	2	4	3%
S, R, C	0	0	2	3	3	8	6%
Total	36	33	26	27	17	139	100%

R = Radiation Therapy, S = Surgery, C = Chemotherapy, H = Hormone Therapy, I = Immunotherapy

The national 5-year survival rate for localized bladder cancer is 94%. Survival rate for locally advanced disease is 48% and the survival rate for distant metastasis drops to 6%.

Actual survival rates for Heartland Regional Medical Center are illustrated in Graph II. Survival rates for Stages 0, I and II combined is 91%, which compares well with the national survival rate of 94%. For Stage III, Heartland Regional Medical Center's survival rate correlates well with national survival rate. Heartland Regional Medical Center's survival rate for Stage IV is above the national survival rate. The reason for this is unknown but may be due to fewer co-morbid factors in Heartland Regional Medical Center patients.

Graph II



Lorie A. Montag, M.D.
Medical Director of Laboratory
Heartland Regional Medical Center