



A Brief Note on Bladder Cancer Risk Factors and Treatment

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Description

The bladder is a hollow pelvic organ that collects urine before it exits the body during urination. Because of its role, the bladder is an important part of the urinary system. The kidneys, ureters, and urethra are also part of the urinary tract. The renal pelvis is a funnel-shaped portion of the kidney that collects urine and transports it to the ureter. The ureter is a tube that connects the kidneys to the bladder. The urethra is the tube that transports pee from the body. The urinary system includes the prostate gland.

Bladder cancer develops when healthy cells in the bladder tissue, most commonly urothelial cells, mutate and proliferate uncontrollably, resulting in the creation of a tumor. The renal pelvis and ureters are likewise lined by urothelial cells. Cancer that develops in the renal pelvis and ureters is likewise classified as urothelial cancer and is commonly referred to as upper tract urothelial cancer. In most cases, it is treated similarly to bladder cancer, as detailed in this handbook. A tumor might be malignant or noncancerous. A malignant tumor is one that can develop and spread to other regions of the body. A benign tumor is one that can develop but does not spread. Benign bladder tumors are quite uncommon.

Bladder cancer types

The kind of bladder cancer is determined by the appearance of the tumor's cells under a microscope. The three primary kinds of bladder cancer are as follows:

Urothelial cancer: Urothelial Carcinoma (UCC) accounts for over 90% of all bladder malignancies. It also accounts for 10% to 15% of all kidney malignancies identified in adulthood. It starts in the urinary tract's urothelial cells. Transitional cell carcinoma is another name for urothelial cancer.

Squamous cell carcinoma: Squamous cells form in the bladder lining as a result of irritation and inflammation. These cells have the potential to become malignant over time. Squamous cell carcinoma makes for around 4% of all bladder malignancies.

Adenocarcinoma: This kind, which arises from glandular cells, accounts for around 2% of all bladder malignancies.

The following symptoms or indicators may be experienced by people with bladder cancer. Some persons with bladder cancer do not experience any of these changes. Alternatively, the origin of a symptom might be a medical disease other than cancer.

- Pain or burning feeling during urination
- Frequent urination

- Feeling the urge to pee numerous times during the night
- Feeling the need to urinate but being unable to pass urine

Types of treatment

Transurethral Resection of Bladder Tumor (TURBT): This method is used for diagnosis, staging, and therapy. During TURBT, a surgeon inserts a cystoscopy into the bladder through the urethra. Before the procedure, the patient is given an anesthetic, which is a pain-blocking medicine. Urinary diversion if the bladder is removed, the doctor will devise a new method of removing pee from the body. One method is to route urine via a piece of the small intestine or colon to a stoma or ostomy on the outside of the body.

Risk factors

A risk factor is something that increases a person's likelihood of developing cancer. Some persons with many risk factors never get cancer, but others with no known risk factors do. Knowing your risk factors and discussing them with your doctor may help you make better lifestyle and health care decisions.

A person's chance of acquiring bladder cancer may be increased by the following factors:

Tobacco use: Cigarette smoking is the most prevalent risk factor, although smoking cigars and pipes can also increase the chance of getting bladder cancer. Smokers are four to seven times more likely than non-smokers to acquire bladder cancer. Learn more about the relationship between tobacco and cancer, as well as how to quit smoking.

Age: The probability of developing bladder cancer increases with age. More than 70% of persons with bladder cancer are above the age of 65.

Gender: Men are four times more likely than women to acquire bladder cancer, while women are four times more likely to die from it.

Chronic bladder problems: Bladder stones and infections can raise one's chance of developing bladder cancer. Bladder cancer may be more likely in patients who are paralyzed from the waist down, must use urine catheters, and have a history of bladder infections.

Use of pioglitazone (Actos): The United States Food and Drug Administration (FDA) cautioned in 2011 that patients who had used the diabetic medication pioglitazone for more than a year were at a greater risk of getting bladder cancer. Published research, on the other hand, has shown conflicting outcomes.