What to Know About Bladder Cancer

CU Cancer Center member Janet Kukreja, MD, talks diagnosis, treatment, and causes as Bladder Cancer Awareness Month begins.

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University of Colorado Cancer Center member Janet Kukreja, MD, assistant professor of urology in the University of Colorado School of Medicine, is taking part in this weekend's Walk to End Bladder Cancer along with her office staff, fellow physicians, and even some of her patients. For this year's "virtual" event, hosted by the Bladder Cancer Advocacy Network to kick off Bladder Cancer Awareness Month in May, participants walk in their own cities at their own pace, sharing their progress with others around the country.

"We are strong supporters of our patients living with bladder cancer, and we hope in the next year or so that we're able to bring an official walk to Denver," Kukreja says.

Research and Treatment

The walk is just one small way in which Kukreja supports bladder cancer patients. In addition to treating people with the disease, she also is the principal investigator on a set of clinical trials researching medications for non-muscle invasive bladder cancer, the most common type of bladder cancer and one in which the tumor remains confined to the bladder lining and does not invade the bladder wall. More than 75% of bladder cancers are non-muscle invasive; the other type, muscle-invasive, are cancers that have invaded the bladder wall or spread outside of the bladder.

"It's an exciting time in the field of bladder cancer," Kukreja says. "We have a lot of new medications we didn't have before, and we're really working on tailoring our therapy so that the right patient gets the right medications, radiation, or surgery at the right time to avoid overtreatment and undertreatment."

As non-muscle invasive bladder cancer has a 50% recurrence rate, Kukreja's research is especially important in keeping the non-muscle invasive type from turning into muscle-invasive bladder cancer, which can become metastatic and deadly.

"With these trials, we're hoping to improve treatment so that patients don't have to go on to bladder removal, and they don't have their disease progress to muscle-invasive disease," she says. "With an up to 50% recurrence rate, we have a lot of room for improvement in how we

manage these patients.”

How it Begins

For most patients, Kukreja says, the first warning sign of bladder cancer is blood in the urine. Though this can be caused by other conditions — including urinary tract infections and enlarged prostate — it’s important to be checked thoroughly if you do notice blood in your urine, she says.

“If we do a CT scan and/or cystoscope in the office that shows that there’s a tumor in the bladder, we will take the patient to the operating room, remove the tumor, and send it to pathology,” she says. “That gives the grade and the stage of the cancer, and our treatment recommendations are based entirely off of those two things.”

The stage of the cancer is determined by the size of the tumor and how far it has spread within or beyond the bladder, while the grade is either low — cancerthat looks more like normal bladder tissue — or high.High-grade bladder cancerlooks less like normal bladder tissue and is more likely to grow into the bladder wall and spread beyond the bladder; patients with low-grade bladder cancer usually have a good prognosis.

Common Questions

When people are diagnosed with bladder cancer, Kukreja says, they usually want to know what the treatment options are. For bladder cancer, treatment runs the gamut from surgery to chemotherapy, immunotherapy, radiation, and targeted therapy. Kukreja recently concluded a study on bacillus Calmette-Guerin (BCG), an immunotherapy drug for treating early-stage bladder cancer. BCG is a weakened bacterium that was originally developed as a vaccine to protect against tuberculosis.

Another common question from patients is the cause of their bladder cancer. The majority have a history of smoking or environmental exposures to certain chemicals, but for some, Kukreja says, the cause is unknown.

“There are plenty of patients where we see disease and we’re just not sure why they have it,” she says. “They were never smokers; they never had any environmental exposures that we know of. We know that those things increase the risk, but they’re not responsible for every case of bladder cancer.”

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