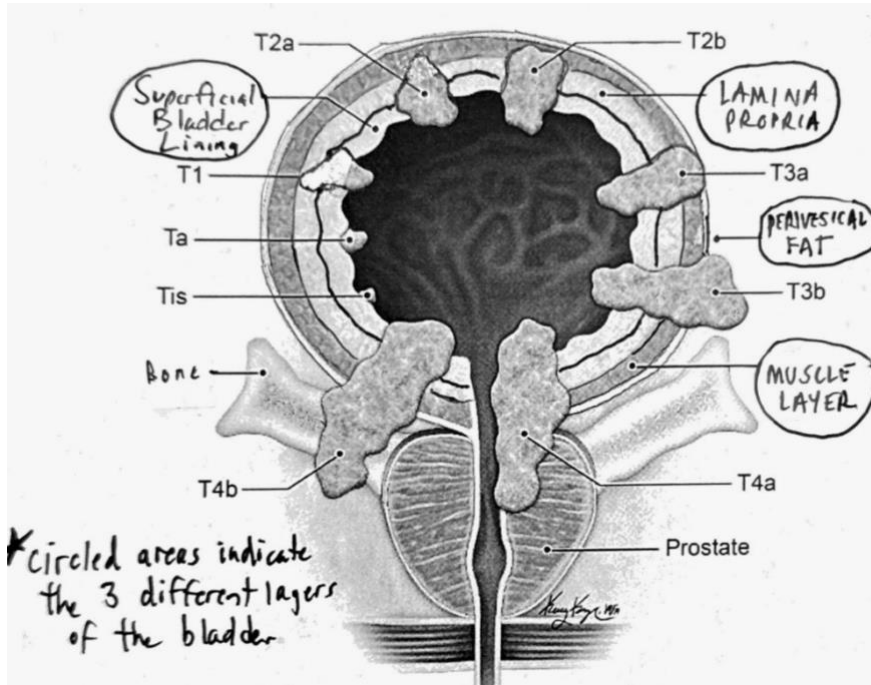


Bladder Cancer – Referred to as “Urothelial Carcinoma”
Previously known as “Transitional Cell Carcinoma”



Layers of the Bladder:

1. Superficial bladder lining (“Urothelium”)
2. Lamina Propria
3. Muscle (“Muscularis propria”)
4. Fat outside the bladder (Adipose tissue)

TNM Staging of Bladder Cancer

T (Tumor) - Describes level of invasion of cancer into bladder wall.

Ta: Papillary non-invasive cancer confined to the bladder lining

Tis: Carcinoma in situ (non-invasive but high-grade)

T1: Tumor has invaded the lamina propria

T2: Tumor has invaded the muscle layer (T2a superficial muscle, T2b deep muscle)

T3: Tumor has penetrated the bladder wall (T3a) and into the surrounding fatty tissue (T3b)

T4: Tumor has spread to adjacent organs (T4a) or pelvic/abdominal wall (T4b)

*The T stage cannot be determined until the abnormal areas are removed/biopsied by a procedure known as a “TURBT” (Transurethral Resection of Bladder Tumor). This is done by Dr. Disick in a hospital, under anesthesia, through a cystoscope. The pathologist will examine the removed tissue under a microscope to determine what layer of the bladder wall the cancer cells are present in. This can take up to 7 days after the procedure and will be reviewed in the office to determine next steps.

N (Nodes) - Describes the extent of lymph node involvement, usually assessed by a CT, MRI, or PET scan.

N0: No lymph node involvement

N1, N2, N3: Indicates spread to pelvic or common iliac lymph nodes

M (Metastasis) - Describes whether the cancer has spread to distant parts of the body, usually assessed by a CT, MRI, or PET scan.

M0: No distant metastasis

M1: Distant metastases are seen