

Scott Redding:

Welcome to the Cancer Wise podcast where we'll discuss cancer prevention, treatments, the latest in research and important news around cancer brought to you by the University of Michigan Health Rogel Cancer Center.

Erica Reist Bass:

Hello, all. And welcome to this episode of Cancer Wise. My name is Erica Reist Bass, and I am the Rogel Cancer Center's multimedia producer. I recently had the chance to sit down with Dr. Lindsey Herrel, who is practicing urologic oncology at the University of Michigan Rogel Cancer Center. Because May is Bladder Cancer Awareness Month. We interviewed Dr. Herrel to learn more about bladder cancers, signs, symptoms, and treatment options.

Lindsey Herrel, MD:

Hi, my name is Lindsey Herrel. And I am a urologic oncologist at the Rogel Cancer Center.

Erica Reist Bass:

All right. Lindsey, can you tell me, are there different types of bladder cancer?

Lindsey Herrel, MD:

There are different types of bladder cancer. The majority of bladder cancers arise from the lining of the urinary tract and we call those urothelial cancers. However, in some other countries, there are other common types of bladder cancer which are associated with certain infections that can occur within the bladder.

Erica Reist Bass:

Are there a certain number that off the top of your head?

Lindsey Herrel, MD:

About a half a million people are diagnosed with bladder cancer every year, and about 200,000 patients die with bladder cancer every year.

Erica Reist Bass:

And then in terms of the different types of bladder cancer, is there a specific number for that?

Lindsey Herrel, MD:

70% of bladder cancers are urothelial in the United States. That's what we see the vast majority of. There are other types of cancers that can involve the bladder that are not necessarily starting from the lining of the urinary tract. Other cancers can spread to the bladder.

Erica Reist Bass:

So, what are the signs and symptoms that someone might have for bladder cancer?

Lindsey Herrel, MD:



The most common presentation for bladder cancer is what we call painless hematuria or blood in the urine that starts that doesn't have any pain associated with it. So someone may wake up in the morning and go to urinate and notice that their urine is dark or has blood or blood clots in it. And this is one of the most common ways that we see bladder cancer and should always be worked up in any patient. There are other symptoms that people can have. More rarely, people have burning, frequency, urgency of urination. Those can be signs that there is bladder cancer. However, those are much less likely than blood on the urine.

Erica Reist Bass:

Are those the top two to look out for? Are there any others?

Lindsey Herrel, MD:

Those are the most common symptoms. Occasionally, people can present with back pain from blockage of the kidneys. However, that's much more rare.

Erica Reist Bass:

What treatment options are there for bladder cancer patients then?

Lindsey Herrel, MD:

There are a range of treatment options for bladder cancer, and it largely depends on what grade and stage of bladder cancer you have, as well as what type. There are lower grade cancers that are superficial on the bladder wall that can be removed surgically and maintain the bladder. There are treatments inside the bladder that we can give to help prevent bladder tumors from growing back. When tumors are more advanced and invading deeper into the bladder wall, we start to think about treatments that involve the entirety of the bladder, such as bladder removal or chemotherapy and radiation.

Erica Reist Bass:

So, I just want to ask you a follow-up question about neobladder and urinary diversion. Could you speak to that in terms of treatment options?

Lindsey Herrel, MD:

Yeah. When we think about removing the bladder, the urine has to come out some way and so we have to develop a different way for the urine to exit the body. One of the two most common ways that we do that are with something called an ileal conduit urinary diversion, or a neobladder. The ileal conduit is a little bit more of a simpler approach where a patient would have to wear a bag for the rest of their life and urine exits out that bag. The neobladder allows us to construct an internal surge reservoir that's connected to the patient's native urethra or the tube that you urinate out of. And that allows you to not have to wear a bag on the outside, but can be a little bit more complicated in terms of the surgical approach and the recovery.

Erica Reist Bass:

And is there any mentioning of clinical trials that you could speak to in terms of treatment as well?

Lindsey Herrel, MD:

Yeah. We offer a range of clinical trials here at the Rogel Cancer Center. Two kind of prominent areas are ones for non-muscle invasive bladder cancer. So bladder cancer that's on the surface that may not respond to initial therapies. We call these BCG, which is the initial therapy that we give inside the bladder. BCG unresponsive trials. And so these are clinical trials that offer another opportunity to try to save the bladder with treatments that are given inside the bladder to try to avoid us having to move on to bladder removal. The other area that we often have clinical trials in is in advanced bladder cancers. Those are cancers that have potentially spread outside of the bladder and are something that we are looking into to try to offer more treatments for patients who may have metastatic disease.

Erica Reist Bass:

And just out of curiosity, is there a certain stage in which bladder cancer is typically found or does it just completely vary?

Lindsey Herrel, MD:

The vast majority of bladder cancers are found in a superficial state because the most common type of bladder cancer is a lower-grade superficial bladder cancer. So, the majority are found there. Regardless, though, of your type of bladder cancer, you will spend a lot of time with your urologist who is helping to manage your disease. There's often checks inside the bladder that involves a little camera going inside the bladder so that we can check out the inside of the bladder, that's called cystoscopy. So, I usually tell my patients that we're going to be good friends and see each other a lot over the next few years.

Erica Reist Bass:

Absolutely. That makes sense. Kind of going off of that, does this bladder cancer affect one gender age or ethnicity more than another?

Lindsey Herrel, MD:

Bladder cancer most commonly affects people in the 60 to 80 year old range. So that's the most common age that we see people present. However, we see people across the age spectrum present with bladder cancer. Most commonly, we see it in men, more common than women. However, that kind of demographic has changed a little bit over the years. It's still more common in men but that gap is narrowed a little bit. Our most common cause of bladder cancer that we see is associated with tobacco use. And so that's something that we screen for and also try to encourage our patients to quit smoking if they're current smokers, but that's the most common association with bladder cancer that we see.

Erica Reist Bass:

Is there any found reasoning for why it occurs more in men than women?

Lindsey Herrel, MD:

We think some of that may have originated in that men are more commonly smokers than women. And so some of that gap that's narrowed between men and women is as more women started to smoke as compared to men, but we're hoping to see the smoking numbers decrease over time and hopefully, improvements in both groups.

Erica Reist Bass:

I typically associate smoking with lung cancer. So do you feel that might be a general misconception for the general public? Could you speak to that if that's something that you try to educate your patients on or folks on in general? Because like I mentioned, I normally would associate smoking with lung cancer primarily.

Lindsey Herrel, MD:

Lung cancer is certainly something that we see a lot of in our patient population who are tobacco users. There are certainly an array of cancers that can be associated with tobacco use, including bladder cancer. And so that's something that we definitely try to educate our patients about, even patients without bladder cancer who are smoking, we try to encourage them to quit smoking for a variety of reasons. In addition, there are certainly cardiac and pulmonary, so heart and lung complications that people can have as well as extensive vascular disease that can develop with smoking. So, many good reasons to quit smoking.

Erica Reist Bass:

Of course. Are there any other general misconceptions about bladder cancer that might be out there that you would like to let the general public know about?

Lindsey Herrel, MD:

Yeah, I think a lot more people have had bladder cancer or are living with bladder cancer than we recognize. It's a little bit more of a silent disease just because it's very personal and people don't necessarily want to talk about it. And so we're really grateful for opportunities bladder cancer support groups speaking with your physicians to have the opportunity to let people kind of share their story and develop a greater understanding of the impact that bladder cancer has on our population as a whole.

Erica Reist Bass:

Kind of going off of that, what do you try to do to allow your patients to feel comfortable? As you mentioned, it can be a little bit more of a vulnerable cancer to endure. And so what is usually your approach with patients, I'm curious, to kind of help them feel comfortable and ease into this experience of treatment?

Lindsey Herrel, MD:

I really encourage our patients to feel comfortable as much as they can tell their story, bring family members. Listening is probably the most important part in trying to understand where they're coming from and what they're going through. I haven't personally had bladder cancer, but I want them to know that there are support services here. Other people have been through what they're going through and there are groups that exist to help them through their journey, but that I'm always here to help them. And so I think giving them time to talk and listen is really important.

Erica Reist Bass:

And when you think about yourself and your fellow oncologists, in general, what could a patient expect coming here for treatment when you think about your staff and your overall approach for how you treat your patients?

Lindsey Herrel, MD:

I think here at the Rogel Cancer Center, we really take a patient-centered multidisciplinary approach. So the patient is at the center of all treatment discussions, choosing different treatment options. We have a number of different treatment options that we can offer. And we harness the ability of our team to have multiple different providers, medical oncologists, who give chemotherapy, radiation oncologists who give radiation, surgeons like myself. And having all those people together we can offer this wide array for patients to choose kind of what fits best for them. And I think that personalized approach is really important. Beyond that, we're incredibly lucky here to have a really dedicated team of nurses, advanced practice providers, social workers, medical assistants.

Lindsey Herrel, MD:

Every step of this process is aided by the fact that we have this really diverse and deep bench in terms of a team of providers that are focused on patient care here that happens from the moment we meet the patient and the moment the patient gets a referral into our system, then that carries out through surgery, chemotherapy, radiation, any treatment that the patient has, they're really here. And I think that multidisciplinary approach, most of my colleagues are good friends. I have their cell phone numbers. We chat with each other frequently to catch up on what's going on with patients. And we're really invested in making sure that they have the very best outcome.

Scott Redding:

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