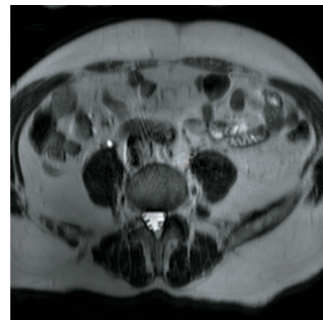
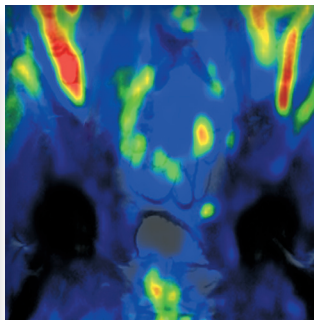


MINERVA

UROLOGICA E NEFROLOGICA

VOLUME 68 · No. 2 · APRIL 2016

MUN



Minerva
Urology and
Nephrology



INSIDE: PET-CT
AND BLADDER CANCER

EDIZIONI · MINERVA · MEDICA

EDITORIAL
PET-CT AND BLADDER CANCER

Bladder cancer: working towards better outcomes

Nathan LAWRENTSCHUK^{1, 2}

¹Department of Surgical Oncology, Peter MacCallum Cancer Centre, University of Melbourne, Melbourne, Australia; ²Department of Surgery, University of Melbourne, Olivia Newton-John Cancer and Wellness-Centre, Austin Hospital, Melbourne, Australia

Corresponding author: Nathan Lawrentschuk, Department of Surgery, Austin Hospital, Melbourne, Australia.
E-mail: lawrentschuk@gmail.com

Bladder cancer remains an elusive malignancy for urology to have a major impact.¹ The “failings” of urology are multifactorial — delayed presentation, no widespread early screening test, limited staging ability with current imaging, modest systemic chemotherapy, an inability to exactly predict who will progress from non-muscle invasive disease and few salvage options should primary treatment fail — to name but a few. Despite this as a craft group we remain committed to improving outcomes of bladder cancer management.

This special issue brings together many of the advances that have been made in recent years, and points to a brighter future for the management of patients with bladder cancer. It is a pleasure to welcome accomplished authors from all corners of the globe.

From advances in imaging and surgery, understanding how to best utilize diagnose lymphatic spread and conduct lymphadenectomy, to considering how best to manage resources in the recent BCG crisis, there is much to be upbeat about. Also covered are the non-urothelial and urachal cancers, rare but no less devastating. Urologists and others are reacting to bladder cancer with increased vigor and purpose.

The future for bladder cancer is increasingly involving genomics but it is lacking more efficacious systemic therapies. Also, knowing who to be more aggressive with earlier in the disease will no doubt impact on overall survival. As has been pointed out, as urologists we need to facilitate prospective, multi-institutional registry studies to further identify clinical, pathologic and molecular factors predicting progression is needed to inform us when we should “cut bait” and move on to definitive therapy for this invasive stage of disease.² The challenges remain.

We will only achieve better results with education, research, awareness and of course advocacy to provide the funds to help impact on what is at times an aggressive and unforgiving disease that remains the most expensive malignancy for our precarious healthcare systems to manage.

References

1. Patel MI, Bang A, Gillatt D, Smith DP. Contemporary radical cystectomy outcomes in patients with invasive bladder cancer: A population-based study. *BJU Int* 2015;116 Suppl 3:18-25.
2. Siemens DR. Highlights from the canadian bladder cancer network. *Can Urol Assoc J* 2011;5:77.

Conflicts of interest.—The author certifies that there is no conflict of interest with any financial organization regarding the material discussed in the manuscript.

(Cite this article as: Lawrentschuk N. Bladder cancer: working towards better outcomes. *Minerva Urol Nefrol* 2016;68:105)