## COMMENTARY

ට Open Access

# Advances in treatment of Urothelial Carcinoma, Causes and its Symptoms

Maysam Alavi\*

Department of Pathology, Columbia University, New York, USA

## Description

Urothelial carcinoma, also known as transitional cell carcinoma, is a type of cancer that originates in the urothelial cells, which line the inner surface of the urinary tract. This cancer can affect various parts of the urinary system, including the bladder, ureters, and renal pelvis. Urothelial carcinoma is the most common type of bladder cancer and can also occur in other parts of the urinary tract [1-3].

The urinary tract plays a crucial role in the excretion of waste and maintenance of fluid balance in the body. The urothelial cells lining the urinary tract are designed to stretch and accommodate changes in urine volume. However, factors such as exposure to carcinogens, genetic predisposition, and chronic inflammation can lead to the development of urothelial carcinoma [4].

One of the primary risk factors for urothelial carcinoma is tobacco smoke. Smoking introduces various carcinogens into the body, which are then excreted through the urine. These substances can cause damage to the urothelial cells over time, increasing the risk of cancer development. Other risk factors include exposure to certain industrial chemicals, chronic urinary tract infections, and a family history of urothelial carcinoma.

The symptoms of urothelial carcinoma vary depending on the location and stage of the cancer. In early stages, patients may not experience noticeable symptoms [5,6]. As the cancer progresses, common signs include blood in the urine (haematuria), changes in urinary habits, pelvic pain, and back pain. These symptoms can be indicative of various urinary tract conditions, highlighting the importance of seeking medical attention for a proper diagnosis [7].

#### ARTICLE HISTORY

Received: 25-Oct-2023, Manuscript No. EJMJIH-23-120408; Editor assigned: 27-Oct-2023, PreQC No. EJMJIH-23-120408 (PQ); Reviewed: 10-Nov-2023, QC No. EJMJIH-23-120408; Revised: 17-Nov-2023, Manuscript No. EJMJIH-23-120408 (R); Published: 24-Nov-2023

Diagnosis of urothelial carcinoma typically involves a combination of medical history evaluation, physical examination, imaging studies (such as CT scans or MRIs), and urinary tests. The definitive diagnosis often requires a biopsy, where a small sample of tissue is obtained and examined under a microscope. Understanding the extent of the disease is crucial for determining the most appropriate treatment approach.

The management of urothelial carcinoma depends on factors such as the stage and grade of the cancer, as well as the overall health of the patient. Treatment options may include surgery, chemotherapy, immunotherapy, and radiation therapy. In cases where the cancer is confined to the inner layers of the bladder, Trans Urethral Resection of the Bladder Tumour (TURBT) may be performed to remove the cancerous tissue. For more advanced cases, radical cystectomy (removal of the entire bladder) may be necessary [8-10].

Immunotherapy has emerged as a promising treatment option for urothelial carcinoma, particularly in cases that do not respond well to traditional chemotherapy. Immune checkpoint inhibitors, such as pembrolizumab and atezolizumab, work by stimulating the body's immune system to recognize and attack cancer cells. This approach has shown significant success in extending survival and improving outcomes for some patients with advanced urothelial carcinoma.

In conclusion, urothelial carcinoma is a type of cancer that affects the urothelial cells lining the urinary tract. It poses a significant health risk, particularly in individuals with a history of tobacco smoke exposure or other risk factors. Early detection and appropriate treatment are crucial for improving outcomes and quality of life for individuals affected by urotheli-

Contact: Maysam Alavi, E-mail: Alavim@barc.com

**Copyright:** © 2023 The Authors. This is an open access article under the terms of the Creative Commons Attribution Non Commercial Share Alike 4.0 (https://creativecommons.org/licenses/by-nc-sa/4.0/).

al carcinoma. Ongoing research and advancements in treatment modalities continue to provide hope for better outcomes in the future.

## References

- [1] Rahib L, Wehner MR, Matrisian LM, Nead KT. Estimated projection of US cancer incidence and death to 2040. JAMA Network Open 2021;4(4):e214708.
- [2] Bengtsson A, Andersson R, Ansari D. The actual 5-year survivors of pancreatic ductal adenocarcinoma based on real-world data. Sci Rep 2020;10(1):16425.
- [3] Morani AC, Hanafy AK, Ramani NS, Katabathina VS, Yedururi S, Dasyam AK, et al. Hereditary and sporadic pancreatic ductal adenocarcinoma: Current update on genetics and imaging. Radiol Imaging Cancer 2020;2(2):e190020.
- [4] Aslanian HR, Lee JH, Canto MI. AGA clinical practice update on pancreas cancer screening in highrisk individuals: expert review. Gastroenterology 2020;159(1):358-362.
- [5] Al-Shaheri FN, Alhamdani MS, Bauer AS, Giese N, Buchler MW, Hackert T, et al. Blood biomarkers for differential diagnosis and early

detection of pancreatic cancer. Cancer Treat Rev 2021;96:102193.

- [6] Petrov MS, Yadav D. Global epidemiology and holistic prevention of pancreatitis. Nat Rev Gastroenterol Hepatol 2019;16(3):175-184.
- [7] Kirkegard J, Cronin-Fenton D, Heide-Jørgensen U, Mortensen FV. Acute pancreatitis and pancreatic cancer risk: a nationwide matched-cohort study in Denmark. Gastroenterology 2018;154(6):1729-1736.
- [8] Ouyang G, Pan G, Liu Q, Wu Y, Liu Z, Lu W, et al. The global, regional, and national burden of pancreatitis in 195 countries and territories, 1990-2017: A systematic analysis for the Global Burden of Disease Study 2017. BMC Med 2020;18:1-3.
- [9] Keene BW, Atkins CE, Bonagura JD, Fox PR, Haggstrom J, Fuentes VL, et al. ACVIM consensus guidelines for the diagnosis and treatment of myxomatous mitral valve disease in dogs. J Vet Intern Med 2019;33(3):1127-1140.
- [10] Gaasch WH, Meyer TE. Left ventricular response to mitral regurgitation: implications for management. Circulation 2008;118(22):2298-2303.