

A Patient's Glossary

Bladder Cancer Terms

Use this list of key definitions to quickly research any terms you come across during your journey with bladder cancer.

You can download the glossary to print it, or explore it interactively as a PDF.

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APPROVED USE FOR ZUSDURI

ZUSDURI (mitomycin) for intravesical solution is a prescription medicine used to treat adults with a type of cancer of the lining of the bladder called low-grade intermediate-risk non-muscle invasive bladder cancer (LG-IR-NMIBC) after you have previously received bladder surgery to remove tumor and it did not work or is no longer working.

IMPORTANT SAFETY INFORMATION

You should not receive ZUSDURI if you have a hole or tear (perforation) of your bladder or if you have had an allergic reaction to mitomycin or to any of the ingredients in ZUSDURI.

Please see Important Safety Information on pages 8 and 9 and [click here](#) for ZUSDURI Full Prescribing Information, including the Patient Information, for additional information.



A

Ablation — In bladder cancer, a minimally invasive procedure to remove or destroy the tumor.

Adjuvant therapy — A treatment given after the main treatment to reduce tumor recurrence (coming back).

Anesthesia — Medicines used during procedures to prevent you from feeling pain.

- **General anesthesia** is when you are given medicines that put you to sleep during the procedure. This is used in longer and highly invasive operations, such as [TURBT](#) (transurethral resection of bladder tumor).
- **Regional anesthesia** numbs a large section of the body, but you are awake for the procedure. In bladder cancer, a spinal anesthesia will numb everything below the waist.
- **Local anesthesia** numbs a small area and is used for shorter and less invasive procedures.

AUA (American Urological Association) — The largest urology professional organization in the world to share and advance the science and patient care in urology. The AUA also creates evidence-based guidelines for diagnosis, treatment, and management of patients.

B

BCG (Bacillus Calmette-Guérin) — An [immunotherapy](#) medicine given intravesically (inside the bladder) for [NMIBC](#) (non-muscle invasive bladder cancer). It is usually given after TURBT.

Biopsy — The removal of sample cells or tissues to examine them for the presence or extent of cancer.

Benign — Not harmful; a benign tumor is not cancerous.

Bladder — The organ that stores urine.

Bladder cancer — Cancer that forms in tissues of the bladder.

Blue light cystoscopy — A [cystoscopy](#) that uses a special blue light to make the tumor more visible.

C

Carcinogen — A cancer-causing substance.

Carcinoma — A type of cancer that comes from the epithelial tissue, or tissue that lines the skin and internal organs.

CIS (carcinoma in situ) — An early-stage cancer that is confined to the layer of tissue where it started and has not spread to surrounding tissue or other parts of the body. In the context of bladder cancer, CIS is a flat, high-grade tumor in the bladder lining and is considered high risk of progressing or spreading.



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Catheter — A flexible tube that is inserted into a cavity or vessel to create a passageway. In bladder cancer, a urinary catheter can be used to deliver medicines into the bladder. A Foley catheter is used to drain urine, often after surgery such as [TURBT](#) or for patients with retention problems.

Chemotherapy — The use of chemical agents or drugs that are used to kill or stop the growth of cancer cells.

Cold cup biopsy — Small forceps are used through a cystoscope to snip small tissue samples from the bladder lining. There is no cutting or burning (as with [TURBT](#)). It is less invasive and can be done in a doctor's office, but it is not the primary method for [biopsy](#). TURBT is the primary method used for the biopsy of the bladder cancer tumor.

Complete response — The disappearance of all signs of the cancer after receiving treatment.

Cystectomy — The removal of all or part of the bladder.

Cystoscopy — A cystoscope (a thin instrument with a light and camera) is inserted through the [urethra](#) into the bladder to examine the inside of the bladder.

Cytology — The examination of cells to determine a diagnosis, often used to diagnose cancer.

D

Detrusor muscle — A smooth muscle layer that forms the wall of the bladder. It is responsible for contracting to expel urine during urination, and can stretch to allow the bladder to store urine and contract during urination to release it. When bladder cancer grows into the detrusor muscle, it is considered muscle invasive or stage 2.

Dome — The top, rounded portion of the bladder; it is curved and domed when the bladder is full and flattened when the bladder is empty.

Duration of response — The length of time the response to treatment is maintained. This is measured from the time the initial response was measured until the disease appears again.

Dysuria — Pain or discomfort when urinating.

F

Fulguration — A minimally invasive procedure (no incision or cut) that applies electric currents to kill cancer cells. The procedure usually takes about 1 hour and is done in an outpatient setting or a doctor's office.

G

Gemcitabine — A [chemotherapy](#) drug used to treat some types of cancer.

General anesthesia — See [Anesthesia](#).



H

Hematuria — Presence of blood in the urine.

High-grade (HG) NMIBC — High-grade tumors are more aggressive, faster growing, and more serious than other tumor types. These tumors also have a high risk of recurrence (cancer coming back) or progressing to later stages.

High risk — Cancer that has a high chance of growing or spreading.

I

Immunotherapy — A treatment that uses your body's immune system to cause, enhance, or suppress an immune response.

Incontinence — Lack of control of the flow of urine from the bladder to the outside of the body, leading to accidental leakage.

Induction — First treatment given for a disease. Also called first-line therapy, primary therapy, and primary treatment.

Intermediate risk — Cancer that has a moderate chance of growing or spreading.

Intravesical — Inside the bladder; intravesical treatments are medicines that are delivered inside the bladder.

L

Lamina propria — The second layer from the inside of your bladder wall. It is sandwiched between the urothelium (the innermost layer) and the detrusor muscle. When cancer invades the lamina propria, it is stage T1 and still non-muscle invasive.

LG-IR-NMIBC — Low-grade intermediate-risk non-muscle invasive bladder cancer.

Local anesthesia — See [Anesthesia](#).

Local therapy — Treatment that is directed to a specific area of the body.

Locally delivered therapy — Treatment that is applied directly to the tumor site or the affected area.

Low-grade (LG) NMIBC — Low-grade tumors are less aggressive and slower growing than other tumor types. They have either a low or intermediate risk of recurrence (coming back) or progressing to later stages. Between 50% and 60% of [NMIBC](#) cases are low-grade at initial diagnosis.

Low risk — Cancer that has a low chance of growing or spreading.

Lymph node — A small, kidney-shaped organ that is part of the lymphatic system, which is part of your immune system. Clusters of lymph nodes are located in the neck, underarm, groin, chest, and abdominal areas. They contain lymphocytes (white blood cells) that fight infection and disease. They are soft and squishy when healthy, but firm or hard if inflamed or cancerous.



M

Malignant — Describes a cancerous tumor. It is the opposite of benign.

Maintenance — Ongoing treatment given after the initial (induction) phase to help prevent cancer from coming back or getting worse.

Metastasis — When cancer cells have spread to other areas of the body away from the site where they first formed; the cancer is said to have metastasized.

Minimally invasive — A procedure that does not require large or deep cuts.

Mitomycin — A type of chemotherapy drug used to treat certain cancers by slowing or stopping the growth of cancer cells. Mitomycin C is the most commonly used form in clinical practice.

Mitomycin C — A [chemotherapy](#) drug used to treat different types of cancers. It prevents cancer cells from multiplying and kills fast-dividing cells. In bladder cancer, it is used as an intravesical (put directly into the bladder) therapy after [TURBT](#).

Muscle-invasive bladder cancer (MIBC) — Cancer that has spread into the muscle wall of the bladder.

N

National Comprehensive Cancer Network® (NCCN®) — A not-for-profit alliance of 33 leading cancer centers devoted to patient care, research, and education. These centers develop guidelines (for physicians and patients) that document evidence-based, consensus-driven management to ensure that all patients receive the services and treatments that are most likely to lead to optimal outcomes.

Neoadjuvant therapy — A treatment given before the main treatment to optimize the main treatment's effect.

Neo-bladder — When a patient's bladder is removed, the surgeon will create a neo (new) bladder as a substitute. The surgeon creates the neo-bladder from a segment of the bowel.

NMIBC — Non-muscle invasive bladder cancer.

Non-muscle invasive bladder cancer (NMIBC) — Bladder cancer that has not spread past the lining of the bladder into the muscle.

O

Oncology — The study of cancers. An oncologist is a doctor who treats cancer.



P

Papillary carcinoma — A type of [urothelial cancer](#) that is defined by its finger-like structure. It can be low-grade or high-grade. Most papillary carcinomas are stage Ta.

Pathologist — A specialist doctor who uses lab tests and other techniques to examine samples of body tissues, with the goal of diagnosing disease.

Prognosis — A prediction of the likely results of the treatment or disease, including the chance of the disease coming back, of being cured, or of potential death.

Progression — In bladder cancer, this is when the cancer grows beyond the area of origin or advances to a higher stage.

R

Radical cystectomy — Surgical removal of the entire bladder.

Recurrence — When cancer comes back after being treated and thought to be gone or under control.

Recurrent — Cancer that has returned.

Relapse — Essentially the same as recurrence.

Regional anesthesia — See [Anesthesia](#).

Resection — The surgical removal of part of an organ, tissue, or structure.

Resectoscope — A surgical instrument used for resection.

S

Squamous cell carcinoma — A rare type of bladder cancer, accounting for 1% to 5% of all bladder cancers. The cancer cells are flat, skin-like cells that form in the bladder lining. Squamous cell carcinomas are almost always high-grade (aggressive and fast growing).

SUO (Society of Urologic Oncology) — A professional organization dedicated to research, education, and best practices in cancers of the urinary system.

Superficial bladder cancer — Another term for [NMIBC](#) (non-muscle invasive bladder cancer). The term has been used to describe bladder cancer that is confined to the inner lining ([urothelium](#)) or second layer of the bladder wall (lamina propria) and has not grown into the muscle layer.

Systemic — Something that goes throughout or effects the entire body, rather than just one specific area (local). Systemic therapies go into your bloodstream and reach many areas of the body. By contrast, local therapy, such as intravesical therapy, is given to only a specific area.



T

Transitional cell carcinoma — The same as [urothelial cancer](#); it originates in the transitional cells lining the urinary system, which includes the bladder, [ureters](#), and renal pelvis.

Transurethral resection of bladder tumor (TURBT) — TURBT is a procedure in which a doctor uses a thin tool with an electric wire loop (called [resectoscope](#)) to resect (cut and remove) the visible tumor. This area is then sealed to prevent bleeding. TURBT is used to both diagnose and treat bladder cancer. It is the gold standard for staging and treating the visible bladder tumor.

Trigone — The triangular region located at the floor or base of the bladder, near where it connects to the [urethra](#).

TURBT — Transurethral resection of bladder tumor.

U

Ureters — The tubes that move urine from the kidneys to the bladder.

Urethra — The tube that moves urine from the bladder to outside the body.

Urinalysis — A test that examines urine to detect health conditions.

Urine cytology — A test that looks for abnormal cells in urine.

Urography — An x-ray or scan that shows the kidneys, ureters, and bladder.

Urothelial cancer — The most common type of bladder cancer, accounting for about 90% of cases.

Urothelium — The inner lining of the bladder, the place where most bladder cancers start.

Other glossaries you might explore:

[American Bladder Cancer Society](#)

[Bladder Cancer Advocacy Network](#)

[National Institutes of Health National Library of Medicine](#)



Indication and Important Safety Information

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IMPORTANT SAFETY INFORMATION

You should not receive ZUSDURI if you have a hole or tear (perforation) of your bladder or if you have had an allergic reaction to mitomycin or to any of the ingredients in ZUSDURI.

Before receiving ZUSDURI, tell your healthcare provider about all of your medical conditions, including if you:

- have kidney problems
- are pregnant or plan to become pregnant. ZUSDURI can harm your unborn baby. You should not become pregnant during treatment with ZUSDURI. Tell your healthcare provider right away if you become pregnant or think you may be pregnant during treatment with ZUSDURI.

Females who are able to become pregnant: You should use effective birth control (contraception) during treatment with ZUSDURI and for 6 months after the last dose.

Males being treated with ZUSDURI: You should use effective birth control (contraception) during treatment with ZUSDURI and for 3 months after the last dose.

- are breastfeeding or plan to breastfeed. It is not known if ZUSDURI passes into your breast milk. Do not breastfeed during treatment with ZUSDURI and for 1 week after the last dose.

Important Safety Information continued on [next page](#).



Important Safety Information (cont'd)

How will I receive ZUSDURI?

- You will receive your ZUSDURI dose from your healthcare provider 1 time a week for 6 weeks into your bladder through a tube called a urinary catheter. It is important that you receive all 6 doses of ZUSDURI according to your healthcare provider's instructions.
- If you miss any appointments, call your healthcare provider as soon as possible to reschedule your appointment.
- During treatment with ZUSDURI, your healthcare provider may tell you to take additional medicines or change how you take your current medicines.

After receiving ZUSDURI:

- ZUSDURI may cause your urine color to change to a violet to blue color. Avoid contact between your skin and urine for at least 24 hours.
- To urinate, **males and females should sit** on a toilet and flush the toilet several times after you use it. After going to the bathroom, wash your hands, your inner thighs, and genital area well with soap and water.
- Clothing that comes in contact with urine should be washed right away and washed separately from other clothing.

The most common side effects of ZUSDURI include: increased blood creatinine levels, increased blood potassium levels, trouble with urination, decreased red blood cell counts, increase in certain blood liver tests, increased or decreased white blood cell counts, urinary tract infection, blood in your urine.

You are encouraged to report negative side effects of prescription drugs to the FDA.

Visit www.fda.gov/medwatch or call 1-800-FDA-1088. You may also report side effects to UroGen Pharma at 1-855-987-6436.

Please [click here](#) for ZUSDURI Full Prescribing Information, including the Patient Information, for additional information.