DOWNLOAD PDF CANCER GENITOURINARY TRACT

Chapter 1 : Genitourinary Cancer Center | MD Anderson Cancer Center

The genitourinary tract traditionally includes the kidneys, the bladder, the tubes that collect and drain urine from the kidneys and drain it into the bladder (the ureters), the tube that drains urine from the bladder to the outside (the urethra), and specifically in men, the testicles and the prostate.

Oh publications Peer Reviewed Original Contributions: Phase II trial of the antiestrogen toremifene for androgen-independent prostate cancer. The Prostate Journal ; 1 4: A phase II trial of methotrexate, cisplatin, 5-FU, and leucovorin in the treatment of invasive and metastatic urothelial cancer. Locally advanced prostate cancer: J Clin Oncol ; Eligibility and response guidelines for phase II clinical trials in androgen-independent prostate cancer: Smoking and alcohol use may be risk factors for worse outcome in clear cell renal carcinoma. Nonmalignant diagnoses in patients. Right atrial thrombus associated with a central venous catheter in a patient with metastatic adrenocortical carcinoma. Phase II trial of gemcitabine plus cisplatin in patients with metastatic urothelial cancer. A phase I trial of a recombinant vaccinia virus expressing prostate-specific antigen in advanced prostate cancer. Clin Cancer Res ; 6: Effects of ligand activation of PPAR gamma on human prostate cancer. Phase II study of vinorelbine and estramustine for androgen-independent prostate cancer. Paclitaxel, estramustine phosphate and carboplatin TEC in patients with advanced prostate cancer. A phase II trial of interferon-alpha and toremifene in advanced renal cell carcinoma. Cancer Investigation ; 20 2: Cancer ; 94 3: Progessive sclerosis of isolated foot metastasis of prostate cancer. J Urol ; 3: Initial decline in hemoglobin during neoadjuvant hormonal therapy predicts for early PSA failure following radiation and hormonal therapy for patients with intermediate and high risk prostate cancer. Cancer ; 95 2: Selective aromatase inhibition for patients with androgen-independent prostate carcinoma. Cancer ; 95 9: Physician attitudes toward cytotoxic chemotherapy use in advanced prostate cancer. Cancer ; 97 9: Neoadjuvant Doxil chemotherapy prior to androgen ablation plus radiotherapy for high risk localized prostate cancer: Am J Clin Oncol ; 26 3: Transitional cell carcinoma of the upper uroepithelial tract. Finasteride and flutamide therapy in patients with advanced prostate cancer: Urology ; 62 1: Laparoscopic retroperitoneal lymph node dissection for clinical stage I nonseminomatous germ cell testicular cancer: Urology ; 62 2: Overtreatment of a patient with presumed recurrent prostate cancer based on false-positive prostate specific antigen results. J Urol ; 4: A phase II study of estramustine, docetaxel and carboplatin with granulocyte-colony-stimulating-factor support in patients with hormone refractory prostate carcinoma: Cancer and Leukemia Group B Cancer ; 98 Male patients with diagnoses of both breast cancer and prostate cancer. Breast J ; 9 3: A phase II trial of flavopiridol NSC in patients with previously untreated metastatic androgen-independent prostate cancer. Clin Cancer Res ; 10 3: Radical prostatectomy lowers plasma vascular endothelial growth factor levels in patients with prostate cancer. Urology ; 63 2: Finasteride and bicalutamide as primary hormonal therapy in patients with advanced adenocarcinoma of the prostate. Ann Oncol ; 15 6: Plasma levels of heat shock protein 70 Hsp70 in prostate cancer patients: Clin Prostate Cancer ; 3 1: A prospective, multicenter, randomized phase II trial of the herbal supplement, PC-SPES, and diethylstilbestrol in patients with androgen-independent prostate cancer. J Clin Oncol ; 22 A multi-institutional phase II trial of gemcitabine plus paclitaxel in patients with locally advanced or metastatic urothelial cancer. Urol Oncol ; 22 5: Cancer ; 7: A phase I study of estramustine, weekly docetaxel and carboplatin chemotherapy in patients with hormone refractory prostate cancer. Clin Cancer Res ; 11 1: Multi-institutional randomized phase II trial of the epothilone B analog ixabepilone BMS with or without estramustine phosphate in patients with progressive castrate metastatic prostate cancer. J Clin Oncol ; 23 7: Efficacy of nilutamide as secondary hormonal therapy in androgen-independent prostate cancer. BJU Int ; 96 6: Neoadjuvant docetaxel prior to radical prostatectomy in patients with high risk localized prostate cancer. Clin Cancer Res ; 11 Response to docetaxel plus carboplatin in hormone refractory prostate cancer patients who are not responding to taxane-based chemotherapy. Clin Prostate Cancer ; 4 1: A retrospective evaluation of second-line chemotherapy response in hormone-refractory prostate carcinoma: Cancer ; 1: Treatment of a radiation-induced rectal ulcer with hyperbaric oxygen therapy in a man with prostate cancer. Urologic Oncology ; 24 6: Failure of gonadotropin-releasing hormone agonists with and without sterile

abscess formation at depot sites: The application of oligonucleotide microarrays to assess the biological effects of neoadjuvant imatinib mesylate treatment for localized prostate cancer. Clin Cancer Res ; 12 1: Treatment of bicalutamide-induced gynecomastia with breast reduction surgery in a man with prostate cancer. J Clin Oncol ; 24 Response to second-line chemotherapy in patients with hormone refractory prostate cancer receiving two sequences of mitoxantrone and taxanes. Urology ; 67 6: Randomized phase II study of atrasentan alone or in combination with zoledronic acid in men with metastatic prostate cancer. Cancer ; 3: Response to low-dose ketoconazole and subsequent dose escalation to high-dose ketoconazole in patients with androgen-independent prostate cancer. Cancer ; 5: Prostate specific antigen doubling time calculation: Not as easy as 1, 2, 4. J Urol ; 5: Development of an integrated prostate cancer information system: Clin Genitourin Cancer ; 5 1: Risk of renal impairment in hormone refractory prostate cancer patients with bone metastases treated with zoledronic acid. Cancer ; 6: Response to vinorelbine with or without estramustine as second-line chemotherapy in patients with hormone refractory prostate cancer. Cancer J ; 13 2: Phase II study of low dose and high dose conjugated estrogen for androgen independent prostate cancer. J Urol ; 6: Distinct prognostic role of prostate specific antigen doubling time and velocity at the emergence of androgen independence in patients treated with chemotherapy. Urology ; 70 3: J Immunother ; 30 7: Higher prostate-specific antigen levels predict improved survival in men with bone metastatic hormone-refractory prostate cancer and normal alkaline phosphatase. Platelet-derived growth factor receptor inhibition and chemotherapy for castration-resistant prostate cancer with bone metastases. Clin Cancer Res ; 13 A phase II trial of docetaxel plus carboplatin in men with hormone-refractory prostate cancer who are refractory to docetaxel. Response to docetaxel plus carboplatin-based chemotherapy as first and second line therapy in patients with metastatic hormone-refractory prostate cancer. BJU Int ; 3:

Chapter 2 : Genitourinary Cancer Treatment - San Diego - Scrips Health

MD Anderson's Genitourinary Cancer Center is one of the most active programs in the country for treating cancers of the urinary tract and male reproductive system. We take a team approach to treating genitourinary cancers, and you are an important part of the team.

New Patient Guide What are genitourinary cancers? Cancers start when a change occurs in the DNA in a cell in our body. This abnormal growth can result in the cancerous cells invading the surrounding tissues in the body and even invading blood or lymphatic vessels in the body, which results in the spread of the disease to other sites in our body also known as metastases. These behaviors are what constitutes a cancerous condition. The causes of cancer are quite varied. It can result from being born with a predisposition being born with abnormal DNA to develop a specific cancer or by being exposed to DNA-damaging chemicals in our environment, such as cigarette smoke. For many cancers, we do not know why a person develops the DNA changes. The genitourinary tract traditionally includes the kidneys, the bladder, the tubes that collect and drain urine from the kidneys and drain it into the bladder the ureters , the tube that drains urine from the bladder to the outside the urethra , and specifically in men, the testicles and the prostate. The prostate is an accessory sex gland necessary for reproduction. Also classified as genitourinary cancers are cancers that develop on the penis or in the adrenal glands. The adrenal glands are small hormone-producing glands, which are located on the top of each kidney. In women, cancers that develop in the ovaries, the uterus, the cervix, or the vagina are in a separate category of cancers called gynecologic cancers. What follows is a brief description of each of the major types of genitourinary cancer. More than , men will be diagnosed with prostate cancer in the United States in Prostate cancer behavior is highly variable and not all men need to be treated. However, in , prostate cancer will be the second-leading cause of cancer-related deaths in men in the U. If prostate cancer is found before it has spread metastasized , potentially curative treatments can be considered either with a surgical procedure to remove the prostate or with a number of different types of radiotherapy exposing the cancer to charged particles. Because of its highly variable behavior, most men found with the disease must be carefully assessed for exactly how aggressive the cancer is. This assessment can best be accomplished in a multidisciplinary clinic staffed by urologists, pathologists, radiation oncologists and medical oncologists who can provide the best possible estimate as to how aggressive his cancer is and what all of his management options are. Kidney cancer Most humans are born with two kidneys, one on the left side of the body and one on the right side. The kidneys help remove waste products from the body and also help control blood formation and fluid balances in the body. Most cancers of the kidney develop in the cells that line the filtration apparatus in the kidney that produces urine. Kidney cancer is quite rare before age 50, but the incidence increases with age. Kidney cancer is much more predictable in its behavior than is prostate cancer. Unless someone is likely to be in the last few years of his or her life because of age or other health problems, a kidney containing a cancer should be completely removed. The part of the kidney that contains the cancer be removed unless the cancer has already metastasized. There have been a number of advances in the treatment of kidney cancer in the last five years. At the University of Arizona Cancer Center, a multidisciplinary approach can provide someone afflicted with this cancer the information and evaluation that he or she needs to receive the best treatment possible. Testicular cancer Testicles have two functions in men. One is to produce sperm, permitting reproduction, and the other is to make male hormone. The cells that can become cancerous are the cells that make sperm. All men who develop testicular cancer are born with an abnormality on their 12th chromosome. Testicular cancer is very rare before puberty and after the age of There are five different subtypes of testicular cancer and treatments almost always involve removing the impacted testicle surgically. Additional treatments with chemotherapy or sometimes radiotherapy can have the potential to cure even advanced cases that have spread in the body. For this disease, a multidisciplinary approach is very important to achieve the highest chance of success. Bladder urothelial cancer The cells that line the tube that collects urine produced by the kidney and drain the urine into the bladder ureters , plus lining the bladder itself, are called urothelial cells. These cells can have their DNA damaged by waste chemicals that are in the urine and

can become cancerous anywhere from the kidneys to the bladder. Most cancers are found in the bladder, where the urine has the longest contact with the lining urothelial cells. Most of these cancers can result in bleeding into the urine. A majority of bladder cancers are found early before they invade deeply or metastasize. When a superficial bladder cancer is found, it can frequently be treated by simply "scraping it off" the surface. These cancers can commonly recur, so continued procedures to look at the lining of the bladder to check for recurrences needs to be done. If a cancer grows deeper into the wall of the bladder, consideration has to be given to surgically removing the entire bladder, with the surgery sometimes preceded by chemotherapy. If the cancers cannot be cured with surgery, treatments with chemotherapy or radiation need to be considered to help control the disease.

Chapter 3 : Prostate/Genitourinary Cancer | Maine Medical Center | Portland, ME

An update of the state of the art of cancer chemotherapeutic treatment of genitourinary tract cancer is described in this multi-part series. Included in the review are cancers of the kidney, bladder, prostate, testicle, ovary, uterus, vulva, and gestational trophoblastic neoplasms. Part 2 focuses on.

The team has experience with many unusual and complex cases and sees patients with advanced cancers and other complex medical problems. Team members meet as a group monthly to review imaging, pathology, and other matters unique to each patient. Members follow National Comprehensive Cancer Network guidelines in developing treatment plans. This team also includes a coordinator who helps guide patients through the ins and outs of cancer treatment and coordinates their initial visit. Meet the genitourinary cancer care team. Appointments and Locations Contact the coordinator to schedule appointments or ask questions beforehand. Most services will be at the Cancer Institute in the Jackson Medical Mall, but we also provide cancer care on the main campus at University Hospital and the University Physicians Pavilion. For appointments or questions, call our genitourinary cancer coordinator at African-American men or men with a close family history of prostate cancer should talk to their doctor about beginning the annual screening earlier. Men can also conduct a self-exam for testicular cancers at home. Treatment Options UMMC offers the leading-edge technology and treatment for genitourinary cancer, including surgery, chemotherapy, radiation therapy, and clinical trials, when appropriate. Learn more about our cancer treatments options. Support Services Cancer can take an emotional toll on you and your family, and our job is to help you through it. See our cancer patient support services. Genitourinary Cancer Stages Before treatment begins, the team determines the type of genitourinary cancer and how far it has progressed stage. If a tumor is found, doctors will determine its grade, or how abnormal the cells look, and how many are dividing. Increasingly, molecular subtyping of the tumor tissue is being done to aid in developing a prognosis and plan of therapy. If the cancer has moved beyond the location in the body where it began, doctors say it has metastasized. Staging indicates how far a cancer has spread. Stages run from stage zero to stage four, depending on how advanced the cancer is and how far it has spread. The stage of cancer affects the recommended treatment plan. Adrenocortical Carcinoma A rare cancer that forms in the outer layer of tissue of the adrenal gland a small organ on top of each kidney that makes steroid hormones, adrenaline, and noradrenaline to control heart rate, blood pressure, and other body functions. Also called adrenocortical cancer and cancer of the adrenal cortex. Bladder Cancer Cancer that forms in tissues of the bladder the organ that stores urine. Most bladder cancers are transitional cell carcinomas cancer that begins in cells that normally make up the inner lining of the bladder. Other types include squamous cell carcinoma cancer that begins in thin, flat cells and adenocarcinoma cancer that begins in cells that make and release mucus and other fluids. The cells that form squamous cell carcinoma and adenocarcinoma develop in the inner lining of the bladder as a result of chronic irritation and inflammation. Kidney Cancer Cancer that forms in tissues of the kidneys. The most common type of kidney cancer in adults is renal cell carcinoma. It forms in the lining of very small tubes in the kidney that filter the blood and remove waste products. Transitional cell cancer of the renal pelvis is kidney cancer that forms in the center of the kidney where urine collects. Wilms tumor is a type of kidney cancer that usually develops in children under the age of 5. Penile Cancer A rare cancer that forms in the penis an external male reproductive organ. Most penile cancers are squamous cell carcinomas cancer that begins in flat cells lining the penis. Prostate Cancer Cancer that forms in tissues of the prostate a gland in the male reproductive system found below the bladder and in front of the rectum. Renal Cell Cancer The most common type of kidney cancer. It begins in the lining of the renal tubules in the kidney. The renal tubules filter the blood and produce urine. Also called hypernephroma, renal cell adenocarcinoma, and renal cell carcinoma. Renal Pelvis Cancer The renal pelvis is the area at the center of the kidney. Urine collects here and is funneled into the ureter, the tube that connects the kidney to the bladder. Transitional cells line the renal pelvis and ureter. Transitional cells can change shape and stretch without breaking. Cancer in the transitional cells can start in your renal pelvis, ureter, or both. Cancer that starts in the renal pelvis or ureter is rare, accounting for about 5 percent of cancers of the kidney

and upper urinary tract. Testicular Cancer Cancer that forms in tissues of one or both testicles. Testicular cancer is most common in young or middle-aged men. Most testicular cancers begin in germ cells cells that make sperm and are called testicular germ cell tumors. Urethral Cancer A rare cancer that forms in tissues of the urethra the tube through which urine empties the bladder and leaves the body. Types of urethral cancer include transitional cell carcinoma cancer that begins in cells that can change shape and stretch without breaking apart , squamous cell carcinoma cancer that begins in flat cells lining the urethra , and adenocarcinoma cancer that begins in cells that make and release mucus and other fluids.

Chapter 4 : Genitourinary Cancer | Icahn School of Medicine

Note: Citations are based on reference standards. However, formatting rules can vary widely between applications and fields of interest or study. The specific requirements or preferences of your reviewing publisher, classroom teacher, institution or organization should be applied.

Expert care for urinary and male genital cancers Expert care for urinary and male genital cancers Genitourinary cancer is cancer that affects parts of the genitourinary tract, which includes the urinary system and the male reproductive organs. Cancer that affects the female reproductive organs is known as gynecologic cancer. Learn more about the various types of genitourinary cancer below. Expand All Collapse All Expand All Collapse All Bladder cancer Bladder cancer usually starts in the inner lining of the bladder wall, and it may spread to the outer layers and beyond to other parts of the body. There are several types of bladder cancer, but almost all are urothelial carcinomas, which are likely to spread. Symptoms of bladder cancer include blood in the urine, urinating more often than usual, and painful or difficult urination. But these symptoms also can be signs of non-cancerous conditions. Bladder cancer is most often treated with surgery. Radiation and chemotherapy also may be used. Learn more about bladder cancer. Most kidney cancers are renal cell carcinomas RCC. Clear cell RCC is the most common subtype. Kidney cancer symptoms may include blood in the urine, as well as pain or a lump or mass on one side of the lower back. But these may also be caused by non-cancerous conditions, such as an infection. Surgery is usually the first treatment for kidney cancer. Radiation and immunotherapy also may be part of the treatment plan. Learn more about kidney cancer. This rare male genital cancer usually begins in the skin cells of the penis. It can often be treated successfully if found early. Symptoms of penile cancer include changes in the feel or appearance of the skin on the penis, or a lump or mass. Treatment typically involves surgery to destroy the cancerous cells. Topical chemotherapy or biologic therapy may be used for very early-stage penile cancers. If cancer has spread, radiation or conventional chemotherapy may be part of treatment. Learn more about penile cancer. Prostate cancer symptoms may include a slow or weak urine stream, frequent urination especially at night , blood in the urine or semen, and difficulty getting an erection. Treatment for prostate cancer may include surgery, radiation therapy and hormone therapy. Learn more about prostate cancer. When found early, testicular cancer can almost always be treated successfully. Symptoms of testicular cancer may include a lump, swelling or pain in a testicle, or changes in how a testicle feels. Surgery to remove the affected testicle is the most common treatment for testicular cancer. Radiation and chemotherapy also may be part of treatment. Learn more about testicular cancer. Read Less Expand All Collapse All Urethral cancer Cancer of the urethra, which is the tube that carries urine from the bladder out of the body, is rare. Like bladder cancer, symptoms include blood in the urine and frequent urination, which also are common symptoms of non-cancerous conditions, such as a urinary tract infection. Treatment for urethral cancer usually involves surgery, and also may include radiation therapy and chemotherapy. Learn more about urethral cancer.

Chapter 5 : Genitourinary Cancer - Diagnosis & Treatments NYC | Mount Sinai - New York

Nebraska Medicine is one of the area leaders for the treatment of cancers of the genitourinary (GU) tract. These cancers, which involve the urinary tract and the male reproductive system, primarily involve the kidneys, bladder, prostate and testes.

Chapter 6 : Genitourinary Cancers - Department of Radiation Oncology, University of Washington

Genitourinary Cancers. The genitourinary tract refers to the urinary and the male genital tract. Cancer can form in any part of the genitourinary tract, including the prostate, bladder, kidneys, urethra and testis, as well as in the upper tract.

Chapter 7 : Genitourinary Cancer | Florida Hospital

DOWNLOAD PDF CANCER GENITOURINARY TRACT

Genitourinary cancer is cancer that affects parts of the genitourinary tract, which includes the urinary system and the male reproductive organs. (Cancer that affects the female reproductive organs is known as gynecologic cancer.).

Chapter 8 : Prostate, Genitourinary Cancer: New Hampshire NH, Vermont VT Oncology | Norris Cotton Ca

Genitourinary cancers affect the system that plays a role in reproduction and eliminating waste from our bodies. Abnormal cells accumulate in the tissues of the bladder, kidneys, prostate, penis, testicles and urethra, causing common cancers of the genitourinary (je-nuh-toh-YUR-uh-ner-ee) system.

Chapter 9 : What are the symptoms of urinary system cancers? | Genitourinary Cancers - Sharecare

The Genitourinary Malignancies Branch focuses on investigating the biology of genitourinary cancers, developing new strategies for treating those cancers, and evaluating these new therapeutic approaches through science-driven clinical research.