

BLADDER ADENOCARCINOMA

Clinical Characteristics, Management, and Outcomes

A Descriptive Retrospective Cohort Study | Tertiary Cancer Centre | 2005–2020

BACKGROUND & OBJECTIVE

Bladder adenocarcinoma is rare, and institution-level evidence on its presentation, management, and outcomes is limited.

Objective: describe clinicopathological characteristics, treatment patterns, recurrence patterns, and survival.

METHODS

Design: descriptive retrospective cohort study.

Adults with histologically confirmed bladder adenocarcinoma diagnosed 1 Jan 2005 – 31 Dec 2020 at a tertiary cancer centre. Two records diagnosed in 2023 were excluded.

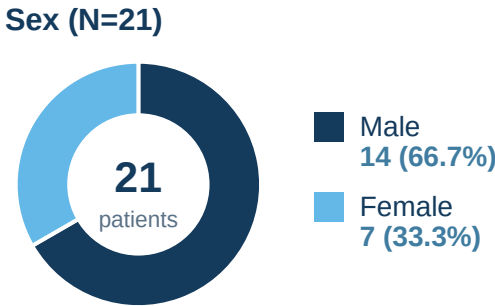
Variables: age, sex, presenting complaint, tumour site, histology, clinical and pathological stage, treatment and intent, margins, nodal status, recurrence, follow-up, vital status.

Categorical variables: n (%). Continuous: median, IQR, range. Overall survival and reconstructed recurrence-free survival (RFS) by Kaplan–Meier; follow-up by reverse KM. RFS was reconstructed because exact recurrence dates were unavailable.

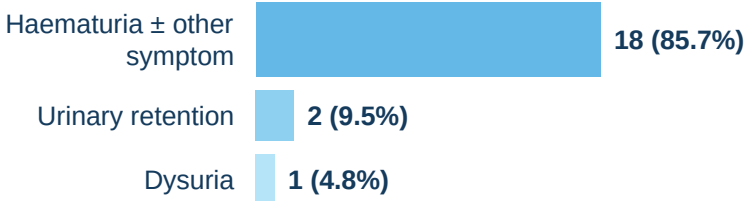
COHORT PROFILE

21	patients
43 y	median age (IQR 36–58; range 33–79)
14/21	male (66.7%)
7/21	female (33.3%)
18/21	presented with haematuria (85.7%)
15/21	tumour at bladder dome (71.4%)
17/21	clinical T3–4 disease (81.0%)
2/21	explicitly urachal-coded site (9.5%)

PRESENTATION



Presenting complaint

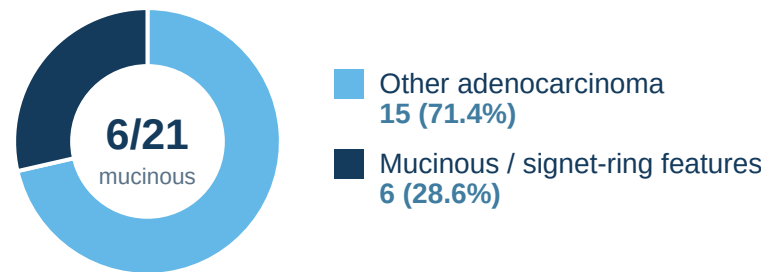


DATA HANDLING NOTES

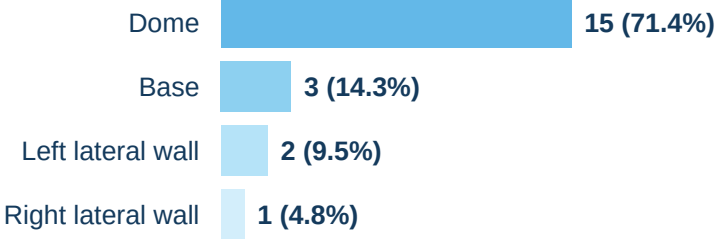
- 16 dates of birth had apparent century errors; source-recorded age was used.
- 13 source diagnosis-to-intervention intervals disagreed with exact date subtraction; exact dates were used.
- Tumour origin and AJCC edition were not reliably documented; several nodal, margin, treatment and radiotherapy fields were incomplete.

HISTOLOGICAL DISTRIBUTION

Histological feature group (N=21)



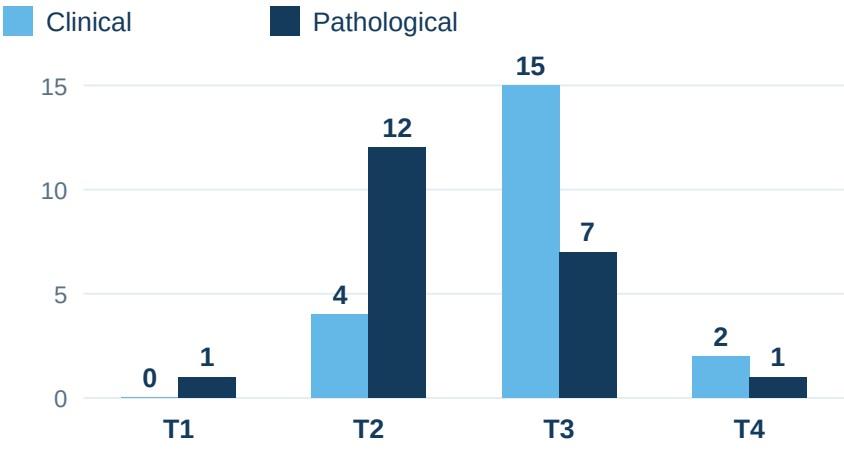
Tumour location within bladder



Dome location alone was not interpreted as proof of urachal origin.

CLINICOPATHOLOGICAL FEATURES

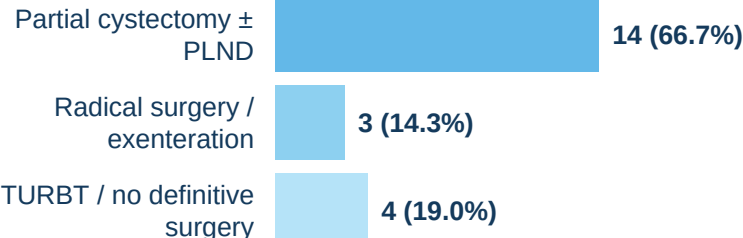
T stage distribution (patients)



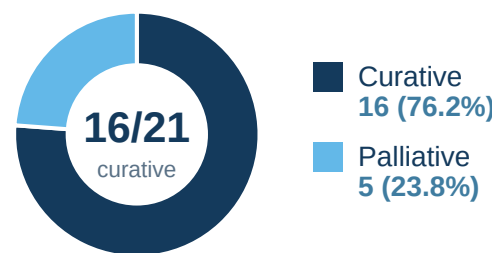
Clinical node-positive
4 (19.0%)

Clinical metastatic (M1)
3 (14.3%)

PRIMARY TREATMENT



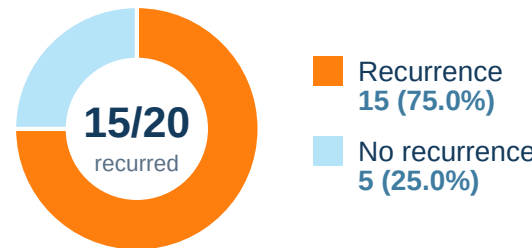
Treatment intent



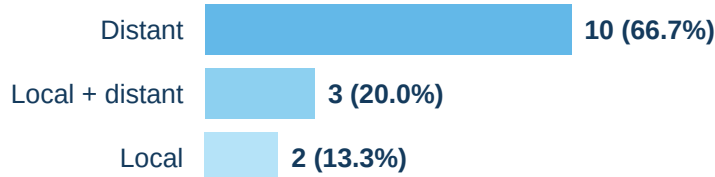
Median diagnosis-to-intervention: 43 days (IQR 30–71).

RECURRENCE PATTERN

Recurrence status (n=20 evaluable)

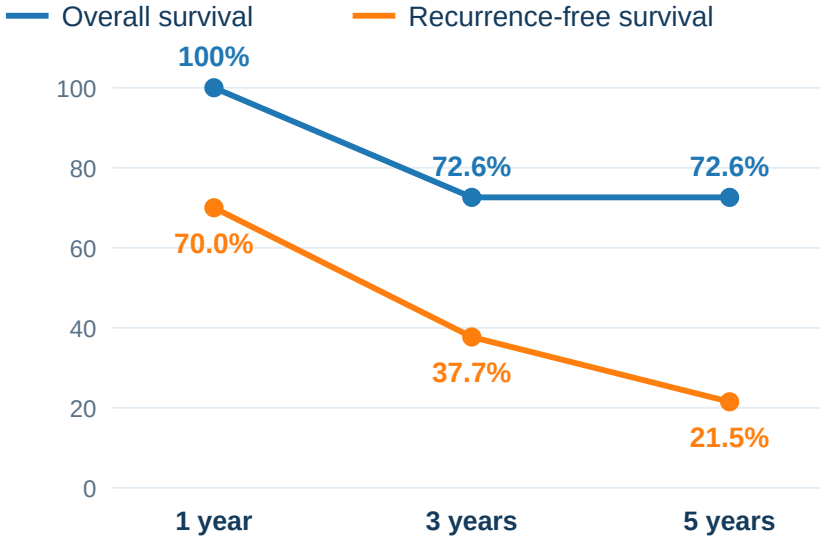


Pattern of recurrence (n=15)



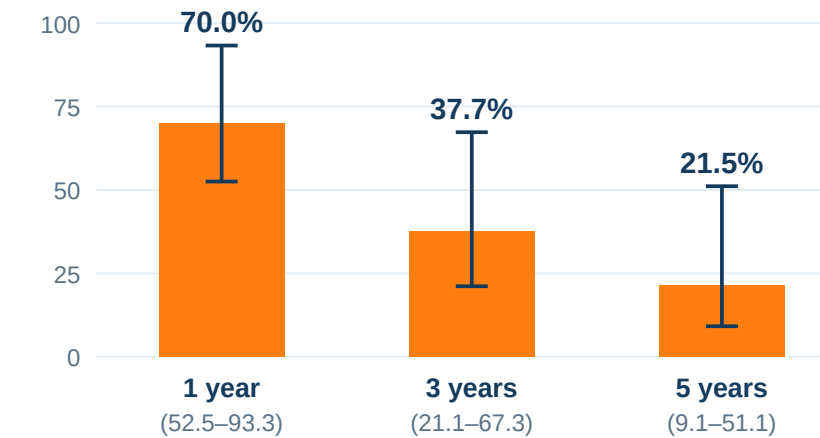
13 of 15 recurrences involved distant disease.

SURVIVAL OUTCOMES



Overall survival: 100% at 1 year; 72.6% at 3 and 5 years (95% CI 52.9–99.9). Median OS not estimable.

RECURRENCE-FREE SURVIVAL (95% CI)



RFS point estimates with 95% confidence intervals (whiskers). Median RFS 29 months (lower 95% limit 19).

FOLLOW-UP

44 months

median follow-up (reverse Kaplan–Meier)

Deaths 5/21 (23.8%)

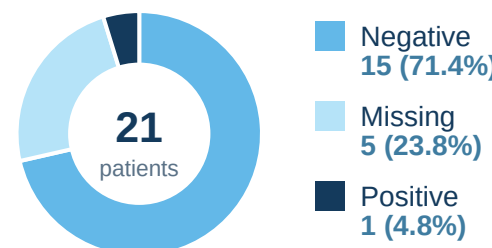
Lost to follow-up 12/21 (57.1%)

29 months

median reconstructed RFS

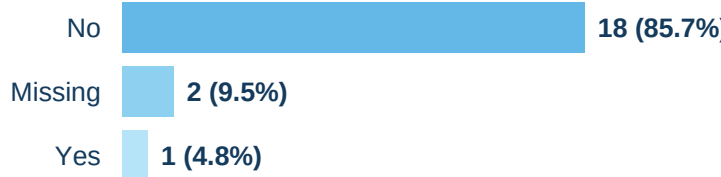
MARGINS & ADJUVANT TREATMENT

Surgical margins (N=21)



Negative among recorded margins: 15/16 (93.8%)

Adjuvant systemic treatment



CONCLUSION & LIMITATIONS

In this cohort, bladder adenocarcinoma commonly presented with locally advanced disease and was followed by frequent, predominantly distant recurrence.

Findings support careful systemic staging, multidisciplinary management, counselling, and structured local and distant surveillance.

Limitations

- Small cohort with only 5 deaths; imprecise survival estimates.
- 12/21 lost to follow-up (possible informative censoring).
- Exact death and recurrence dates unavailable; RFS reconstructed.
- Descriptive design: no comparative treatment effectiveness or independent prognostic factors.

Next steps

Larger multicentre cohorts with standardised staging and complete recurrence and mortality dates are needed.