

PRIMARY CARE 10 TOP TIPS

Bladder cancer

1 Risk factors for bladder cancer include:

- Increasing age (rare below age 50)
- Smoking
- Chronic infections including Schistosomiasis, bladder stones and patients with stasis due to neuropathic bladder.
- Radiation (e.g. previous pelvic radiotherapy)
- Drugs (e.g. cyclophosphamide)
- Occupational exposure (classically rubber and dye industries).
- Family history (1st degree relative).

2 Presentation

- Visible haematuria is commonest
- Recurrent UTI in the over 60s
- Non-visible haematuria; particularly if symptomatic, especially unexplained dysuria or new onset urgency.

Please see our Haematuria 10 top tips to aid early diagnosis of urinary tract malignancy.

3 Don't assume aspirin, warfarin or other anti-coagulants are the cause of bleeding without excluding cancer.

4 Bladder cancer is easily missed, especially in women. Investigate by routine referral, patients with recurrent unexplained UTI especially if over 60 years old. Develop safety netting systems to identify patients treated repeatedly with antibiotics for presumed or unexplained proven recurrent UTI – often in different settings.

5 The usual pattern of bleeding in malignancy is intermittent haematuria. So don't assume all is well if the bleeding stops.

6 Prognosis is closely related to stage – do not delay referral if bladder cancer is suspected, as early diagnosis can be crucial.

- Ta survival is > 90% at 5 years
- T1 around 80% 5 year survival
- T2 / T3 around 50% 5 year survival
- T4 20% 5 year survival.

7 Carcinoma in situ is a precursor of advanced disease and is treated aggressively with BCG or cystectomy. It typically presents with persistent dysuria, urgency and non-visible haematuria.

8 Patients may find decision aids helpful when choosing between equivalent treatments [sdm.rightcare.nhs.uk/pda/ bladder-cancer/](http://sdm.rightcare.nhs.uk/pda/bladder-cancer/)

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Date: August 2016

Review date: August 2018

9 Many patients live with long term consequences of the treatment they have received for bladder cancer, as well as long term surveillance. Bladder cancer support groups can be a very useful resource. See actionbladdercanceruk.org for details of support groups around the country.

10 Renal impairment is common in a palliative setting. Early care planning regarding the role for nephrostomy is recommended.



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