

About bladder cancer – a short guide

- Bladder cancer is not a rare cancer with around 22,500 people being diagnosed each year in the UK – over 4.5% of all new cancer cases* Today, around 100,000 people are living with bladder cancer in the UK
- Bladder cancer is one of the 10 most common cancers in the UK for both males and females
- Bladder cancer affects both men and women, although generally more common in men – about 75% male, 25% female – and can affect any age group.
- Whilst more common in males, it tends to be diagnosed at a more advanced stage in females, which can affect the likelihood of successful treatment
- About 80% of people diagnosed will have non-muscle invasive bladder cancer
- Although more common in older people, younger people can get bladder cancer too
- Smoking can be a contributory cause of bladder cancer in some cases. A cause may not be known in others.
- Although not a rare cancer, many people have never heard of bladder cancer until they are diagnosed with it.

*The 22,500 incidence figure includes the earliest stage cases of non-muscle invasive bladder cancer (those defined in histology with Ta or CIS).

Symptoms of bladder cancer - the most common symptoms are:

- Blood in the urine (even just once)
- Recurrent urinary infections
- Frequency, urgency or pain on passing urine when no infection found during urine tests
- Pain or aches in lower back or stomach (only some people will experience these)

It is very important that you go to see your GP at the first sign of blood or other symptoms. Even if it goes away don't wait. It may not be bladder cancer but don't take that risk. The earlier that bladder cancer is diagnosed, the sooner it can be treated and the better the outcome.

Incidence rates: About 25% (1 in 4) of people with visible blood in their urine (haematuria) will have bladder cancer identified. This means that 75% (3 in 4) will not. Sometimes you can't actually see the microscopic blood particles in urine (non-visible haematuria). In these cases, only around 5% of people will be confirmed with bladder cancer.

In many cases, bladder cancer is treatable and unlikely to be life-threatening. Treatment will depend on the type of bladder cancer that you have, where your cancer is, and how quickly it is growing. Your doctor will talk to you about this in more detail.

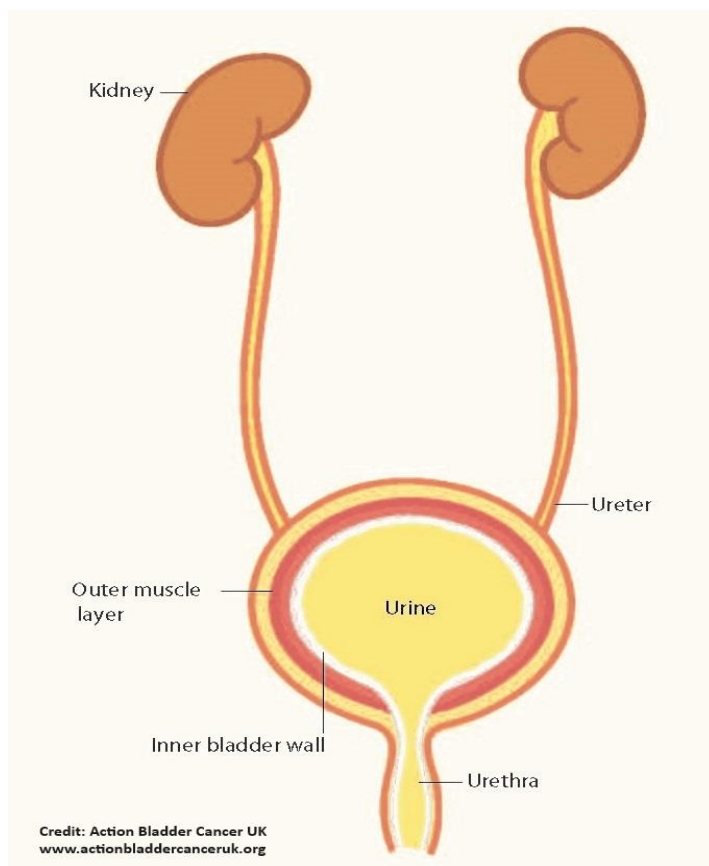
More information on bladder cancer and treatments is on the ABC UK website and in our free ABC UK patient information leaflets – all available online or in print copies.

What is bladder cancer?

The bladder is made up of thousands of different cells, over 200 different types, all work together to provide the structure of the body, its organs and tissues and a multitude of different functions.

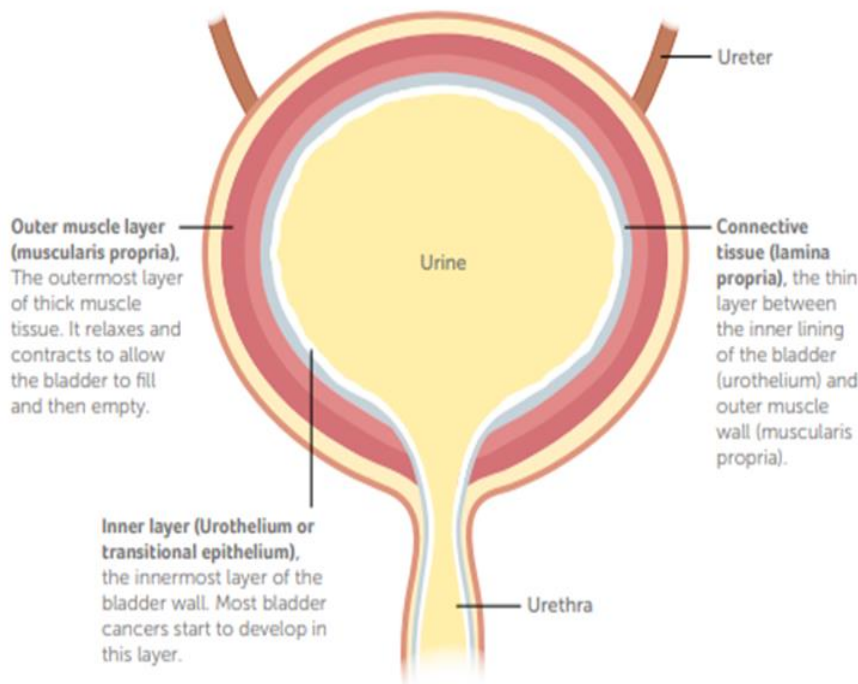
Cells regularly divide and make new cells, to enable the body to heal, repair and grow. Normally, when cells grow old, or become damaged, they die. Healthy cells divide to make new cells and replace them, but cancer cells are different. They don't die like normal cells and keep dividing into more cells. Cancer starts when one cell becomes abnormal and starts to grow or multiply in an uncontrolled way. These abnormal cells form a lump or tumour, and some of these may be cancerous. Bladder cancer is an abnormal tissue growth (tumour) that forms in the lining of the bladder. For some people, the tumour may grow into other layers of the bladder, becoming more advanced and harder to treat. A primary tumour is where the cancer starts, in this case the bladder.

Anatomy of the bladder



The bladder is part of the body's urinary system. It's a hollow, muscular organ that stores urine before it leaves the body to produce urine.

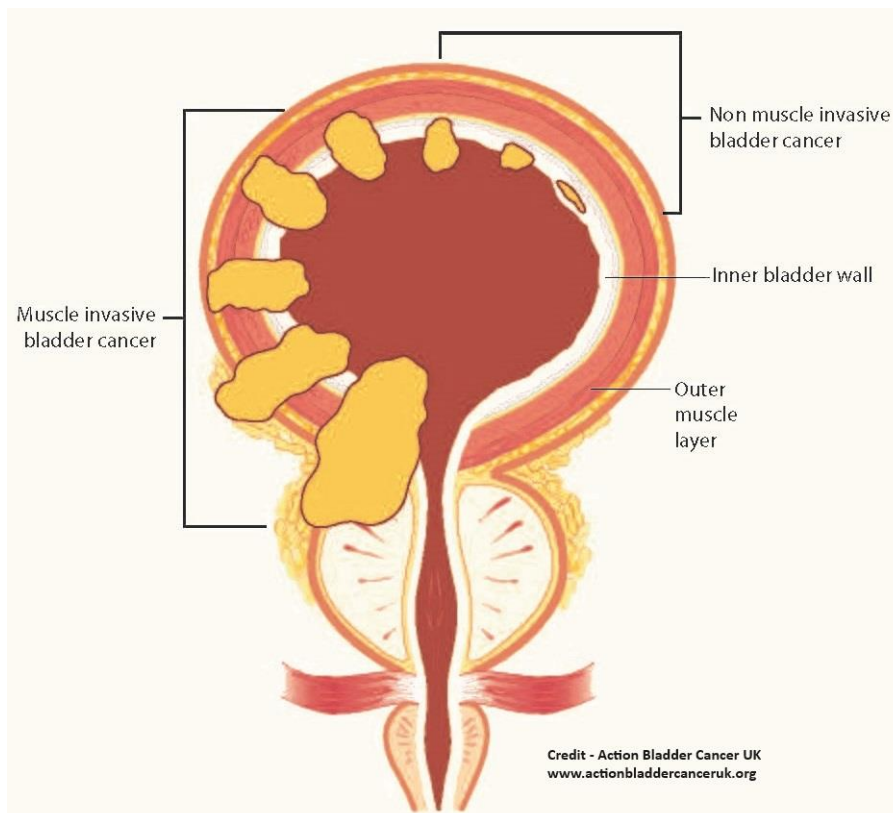
The kidneys filter the waste products from the body to produce urine. This passes down the two tubes called ureters from the kidneys into the bladder. It stays here until the person is ready to urinate, when the bladder's muscular layer contracts, or squeezes, to expel the urine. The bladder can expand to store about 500 ml of urine.



The bladder has three main layers the innermost layer (the urothelium) which is where most bladder cancers start to develop; the tissue layer which connects the inner and outer muscle layers (the lamina propria); and the outer muscle layer (muscularis propria) which relaxes and contracts to allow the bladder to fill and then empty.

Types of bladder cancer

Non-muscle invasive bladder cancer (NMIBC) - In most cases, bladder cancer begins in the cells in the inner layers of the bladder, this is referred to as NMIBC. Most people have this type of bladder cancer. It is when a cancerous tumour occurs in the inner layer of cells lining the bladder (the urothelium) and the thin middle layer (lamina propria), but has not grown into the deeper muscle layers of the bladder.



Muscle-invasive bladder cancer (MIBC) is when the cancer grows into the muscle walls of the bladder. These types of tumour are more difficult to treat and are more likely to spread. In a very few cases, the tumour may have grown through the bladder wall to elsewhere in the body.

Advanced or metastatic bladder cancer is when the cancer has spread outside the bladder to other parts of the body.