

Bladder Cancer Facts

Bladder cancer is not a rare cancer – it is one of the ten most common in the UK. There are over 20,000+ new cases of bladder cancer each year in the UK. Note: this figure includes those earliest stage cases of non-muscle invasive bladder cancer, which are defined in histology as Ta or carcinoma in situ (CIS), which are not currently included in figures quoted by CRUK. NICE, however, do now recognise this figure.

1 Risk factors for bladder cancer include:

- Increasing age (less common below age 50, however should not be dismissed as a possibility in younger patients)
- 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
- Recurrent UTI in under 50s where no infection shown
- Non-visible haematuria
- Non-visible haematuria particularly if symptomatic - including voiding symptoms (especially irritative symptoms, unexplained dysuria or new onset urgency)
- Patients without haematuria will typically have longer period from onset of symptoms to a diagnosis

- Obstructive voiding symptoms including a poor flow of urine and the feeling of incomplete voiding are less common and often relate to the position of a tumour
- Pain, although usually in advanced or metastatic bladder cancer due to the size/location of tumour
- Symptoms such as weight loss and fatigue may also be associated with advanced or metastatic disease

3 Cause of bleeding

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

4 Prostate cancer

Visible haematuria – undertake digital rectal examination for men presenting with visible haematuria as prostate cancer may be another diagnosis

5 Recurrent UTIs

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. Regular cystitis has also been associated with bladder cancer risk

Bladder Cancer Incidence

About 75% of new cases of bladder cancer occur in men. However, although women have a lower incidence rate they are more likely to be diagnosed at a later stage, with higher risk disease, giving a gender disparity in outcomes which is shown in survival rates.

Although more common in older patients, bladder cancer can affect all ages, so should not be discounted in younger patients.

6 Late diagnosis in women

Symptoms in women may sometimes be mistaken for menopause or other genitourinary symptoms. Being post-menopausal, or having symptoms of GSM (Genitourinary Syndrome of Menopause including vulvovaginal symptoms and lower urinary tract symptoms related to low oestrogen levels), doesn't negate the need for further investigation of haematuria

7 Intermittent haematuria

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

8 Prognosis is closely related to stage – do not delay referral if bladder cancer is suspected, an 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

9 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

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

11 Patients may find decision aids helpful regarding treatment choice. ABC UK publish a useful decision aid for high risk patients available on website or in print (plus many other information resources) www.actionbladdercanceruk.org

Support for patients

Many patients live with long term consequences of treatment and on-going surveillance, with potential recurrence and further treatment.

Patients may be living with a urostomy and require support for supplies or infections. Adjusting to life post-cystectomy can have an impact on intimacy and sexual issues, which can

have a major impact on wider well-being and mental health.

Action Bladder Cancer UK provides information and resources for patients, and also provides direct patient support by phone or email.

Bladder cancer support groups can be a useful resource. ABC UK works to set up new groups. See www.actionbladdercanceruk.org for details of UK support groups.