Bladder Cancer Facts

What is Bladder Cancer?

Bladder cancer ranks fifth on the list of the most common cancers in the United States. Almost 60,000 cases are diagnosed each year, and more than 12,000 will die from the disease. Men, Caucasians and smokers have twice the risk of bladder cancer than the general population. When diagnosed and treated in a localized stage, bladder cancer is very treatable, with a five-year cancer-specific survival rate approaching 95%.

Smoking is the greatest risk factor for bladder cancer. The incidence increases in people 50 years of age and older. Chronic bladder problems like infections and kidney stones may also be risk factors, although no direct link has been established.

The most common symptom of bladder cancer is **blood in the urine** (hematuria), which causes the urine to appear rusty or deep red in color. However, hematuria cannot always be detected by the naked eye, and can also be a symptom of other conditions such as kidney stones and urinary tract infection. If you experience hematuria or any of the other symptoms listed below, let your doctor know:

- Painful urination
- Frequent urination
- Having the urge to urinate, but without result

Detection & Diagnosis

Bladder cancer can be diagnosed by cystoscopy, imaging or cytology procedures. People considered at high risk should undergo one or more of these procedures on a regular basis so that the cancer is found at an early, more treatable stage.

People at high risk for bladder cancer are:

- At least 50 years old with hematuria (blood in the urine)
- Under age 50 with visible hematuria

Cystoscopy is the most common and reliable test for bladder cancer. A thin tube with a camera (cystoscope) is inserted into the bladder through the urethra to provide a view of the suspicious area. The cystoscope can also be used to take a tissue sample for biopsy, and to treat superficial tumors without the need for surgery. However, cystoscopy is not perfect. Flat lesions (carcinoma *in situ*) and small papillary tumors can be missed. M. D. Anderson recommends that cystoscopy be combined with other tests listed below for the most accurate diagnosis possible in high-risk patients.

Imaging studies such as a CT scan, ultrasound or intravenous pyelogram (IVP) supplement the information provided by cystoscopy. IVP involves injecting a dye that shows up on an X-ray as it travels through the urinary system.

Urine-based tests use a urine sample to determine the presence of cancer. Cytology is the oldest urine test, which involves looking at the sample under a microscope for the presence of abnormal cells. There are several types of urine tests available that focus on specific bladder cancer "markers." The urologist will choose the most appropriate urine test for each patient.