

Awareness and Early Detection Key to Good Bladder Cancer Outcomes

May is Bladder Cancer Awareness Month. Experts emphasize asking your health care provider about anything that doesn't seem right.

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In its early stages, bladder cancer can be easy to ignore or write off as something it isn't – a UTI, a bladder infection, or other conditions that are commonly treated with an antibiotic.

This isn't the only reason that makes [bladder cancer](#) the sixth most common type of cancer in the United States, but it can be a factor. This year, [82,290 new cases](#) of bladder cancer will be diagnosed in the United States, representing 4.2% of all new cancer cases.

May is World Bladder Cancer Awareness Month, a key time to highlight the importance of early diagnosis and of asking a health care provider about any symptom that seems out of the ordinary or is concerning.

[Simon Kim, MD](#), a professor of [urology](#) in the University of Colorado [Department of Surgery](#) and [CU Cancer Center](#) member, addresses some commonly asked questions about bladder cancer risk, symptoms, and treatment.

Who is generally most at risk for bladder cancer?

The biggest risk factor for bladder cancer is smoking. Smoking is commonly associated with lung cancer, but many patients are not aware that smoking is a predominant cause of bladder cancer in the U.S. Most people who are diagnosed are typically older, generally in their 60s, and even though incidence rates are about four times higher for men, women often present with later stages of the disease compared with men.

We do need to be doing a better job of providing education for patients as well as primary care providers, because it's not uncommon to go to their primary care doctor with hematuria (blood in the urine), think it's a UTI, and get antibiotics. That can really delay the patient in seeing a urologist, and in that time the disease could be progressing.

What are some of the most common bladder cancer symptoms to be aware of?

The most common symptom we see is patients presenting with blood in the urine – that occurs in about 80% of patients. No matter what, you should make an appointment with a doctor if you have blood in your urine, because that's never a good sign even when the diagnosis doesn't end up being bladder cancer. Some patients may also experience pelvic pain and burning with urination.

Unfortunately for bladder cancer, other than hematuria, there aren't many other symptoms. And one of the most challenging aspects of hematuria is that it can be microscopic, so unlike gross hematuria, where you can see that the urine looks pink or red or much darker than normal, microscopic hematuria can only be seen under a microscope.

Is there any type of screening for bladder cancer?

Some people have looked at using urinalysis as screening, and there's been at least one clinical trial done, but it didn't show as being very effective for catching bladder cancer earlier. That's why awareness is so important, so people can know that if they're a smoker, if they've had workplace exposures to certain chemicals, then they need to be communicating with their doctor about the possibility of cystoscopy or other imaging tests.

What is the standard of treatment for bladder cancer?

Bladder cancer, unfortunately, is probably one of the most aggressive forms of cancer to treat. It has two forms – one is non-muscle invasive bladder cancer and the other is muscle invasive. With the first one, non-muscle invasive, we have very effective strategies to help patients keep their bladder, with scopes and trans-urethral resections of the bladder tumor. We also have a very good cure rate.

Muscle-invasive bladder cancer is considered a systemic disease and we typically recommend chemotherapy and radiation, really working for bladder preservation with those therapies. The outcomes for muscle-invasive bladder cancer are sub-optimal, unfortunately, and there's significant room for improvement.

We are seeing exciting new things, which are having significant impact in terms of improving survival with metastatic disease, in immunotherapy. That has markedly changed survival and really allowed for effective treatment with not as many side effects as chemotherapy. At present, immunotherapy is being used to supplement chemotherapy, but I do think down the road an important question will be whether immunotherapy will continue to be used in combination with chemotherapy, or whether it will replace chemo as the systemic treatment for advanced bladder cancer.

Surgically, the biggest change that we've had is going from open surgery to minimally invasive surgery for doing cystectomies. It's been shown to reduce the risk of blood loss and improve earlier functional recovery, and I think it's made surgery easier for patients in what already is a

life-altering diagnosis. I think in the near future doing these surgeries robotically will be the standard of care.

Because bladder cancer sometimes doesn't receive as much attention as other types of cancer, what are some things you want people to know about it?

I just want people to be aware of any symptoms and to ask their doctor about them as soon as possible. The earlier we can catch bladder cancer, the better the outcomes. I think often people don't have a clear idea of how significant the quality of life implications can be. Especially in cases where we're having to remove the bladder and give a patient a diversion, that still can be associated with incontinence and other outcomes that can have a real impact on quality of life. I do believe patients can still have a very good life, but our goal is to catch bladder cancer as early as possible and to help educate people about the risk factors associated with it.

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