Bladder Cancer in Europe

Bladder cancer is Europe’s 5th most common cancer.

More than 203,000 people are diagnosed annually with bladder cancer in the EU.

By 2030 the annual incidence is projected to increase to 219,000.

67,000 people die from bladder cancer every year.

Risk Factors

Smoking is the biggest risk for bladder cancer. However, it is not the only factor. Exposure to carcinogens at work, past radiation exposure, chronic bladder inflammation and parasitic infections also play a part.

Diagnosis

51%-80% of bladder cancer cases are Non-Muscle Invasive Bladder Cancer (NMIBC) at the diagnosis level, and 20%-25% of patients are diagnosed with Muscle-Invasive Bladder Cancer (MIBC).

Research

Despite the enormous disease burden, bladder cancer is significantly lagging behind in terms of funding research compared to other types of cancers.

Awareness

60% of European adults are either unfamiliar with the disease or unaware of its seriousness.

Survival Rates

80% of people will survive for five years or more when diagnosed early. If diagnosed late, this falls to only around 10%.

Health Systems Costs

Bladder cancer has the highest lifetime cost of any cancer, amounting to €4,900,000,000 a year across the EU.

Productivity Impact

Productivity losses due to bladder cancer mortality and morbidity in the European Union amount to 23% and 18% of bladder cancer costs.

Notes:


*Non-Muscle Invasive Bladder Cancer (NMIBC) – cancer has not grown into the muscle wall of the bladder
*Muscle-invasive Bladder Cancer (MIBC) – cancer has spread to other parts of the body, also called metastatic bladder cancer.

Updated in October 2023.
Improve legislation in the field of occupational cancer to recognise the link between certain chemicals and bladder cancer explicitly. Include bladder cancer in the list of occupational cancers in future revisions of the EU Carcinogens Directive.

Ensure the implementation of minimum standards on tobacco use

The introduction of pictorial warnings on bladder cancer in the EU Tobacco Directive should complement these actions.

Guarantee that the EU and Member States abide by the revised Council Recommendation on Cancer Screening to invest in developing effective early detection of bladder cancer for at-risk groups.

Facilitate funding for research into unmet areas of bladder cancer therapies at European and national level.

Ensure Access to clinical trials should be an option to be discussed with the physician, with the therapeutic decision made depending on individual patients and disease characteristics.

Strengthen Collaboration between EU and Member States’ health authorities to improve access to innovative treatments and recognise the value of incremental innovation.

Facilitate Funding from the EU and Member States for developing a reliable risk-based technology to screen bladder cancer at an early stage.

Support patient groups at European and national level in advocating for greater bladder cancer disease awareness in primary care settings and among the general public regarding bladder cancer symptoms and risk factors.

Address the Gender Gap in diagnosing and treatment for bladder cancer through better training of healthcare professionals (HPCs).

Unleash the potential of European Health Data Space (EHDS) to improve bladder cancer care by developing Electronic health records and a standardised registry of patient-centred outcomes for muscle-invasive and non-muscle-invasive bladder cancer.