

Bladder Cancer White Paper



Bladder Cancer in Europe

Bladder cancer is Europe's¹

5th most common cancer

More than

203,000

people are **diagnosed annually with bladder cancer in the EU**¹

67,000

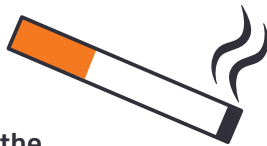
people **die from bladder cancer every year**¹

By 2030 the annual incidence is **projected to increase to**²

219,000

Risk Factors³

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)**⁴

at the diagnosis level, and

20%-25%

of patients are diagnosed with **Muscle-Invasive Bladder Cancer (MIBC)**.⁵



Research⁶

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



Awareness⁷

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%.⁸



Health Systems Costs

Bladder cancer has the highest lifetime cost of any cancer, amounting to



€4,900,000,000

a year across the EU.²

Productivity Impact

Productivity losses due to bladder cancer mortality and morbidity in the European Union

amount to **23%** and **18%** of bladder cancer costs.²



- SOURCE:
1. International Agency for Research on Cancer. (2021). *The Global Cancer Observatory: Europe Factsheet*. World Health Organization. <https://gco.iarc.fr/today/data/factsheets/populations/908-europe-fact-sheets.pdf>
 2. Leal, J., et al. (2016). Economic Burden of Bladder Cancer Across the European Union. *European Urology*, 69(3), 438-447.
 3. Burger, M., et al. (2013). Epidemiology and risk factors of bladder cancer. *European Urology Journal*, 63(2), 234-241.
 4. Boegemann, M., et al. (2020). Prognostic Implications of Immunohistochemical Biomarkers in Non-muscle-invasive Bladder Cancer and Muscle-Invasive Bladder Cancer. *Mini-Reviews in Medical Chemistry*, 20(12), 1133-1152.
 5. Krishna, S., et al. Current concepts in the management of muscle-invasive bladder cancer. *Indian Journal of Surgical Oncology*, 8(1), 74-81.
 6. Richters, A., Aben, K.K.H., & Kiemeny, L.A.L.M. (2020). The global burden of urinary bladder cancer: an update. *World Journal of Urology*, 38(8), 1895-1904. doi: 10.1007/s00345-019-02984-4.
 7. European Association of Urology. (2022). *Bladder Cancer: The Forgotten Cancer*. <https://uroweb.org/news/bladder-cancer-the-forgotten-cancer>
 8. Cancer Research UK. *Survival for Bladder Cancer*. <https://www.cancerresearchuk.org/about-cancer/bladder-cancer/survival>

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.

Top 10 Policy Recommendations



Prevention:

- 1. 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.
- 2. 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.

Access to diagnosis & treatment:



- 3. 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.
- 4. Facilitate funding**
for research into unmet areas of bladder cancer therapies at European and national level.
- 5. 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.
- 6. Strengthen Collaboration**
between EU and Member States' health authorities to improve access to innovative treatments and recognise the value of incremental innovation.
- 7. Facilitate Funding**
from the EU and Member States for developing a reliable risk-based technology to screen bladder cancer at an early stage.



Awareness:

- 8. 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.
- 9. Address the Gender Gap**
in diagnosing and treatment for bladder cancer through better training of healthcare professionals (HPCs).



Survivorship:

- 10. 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.