

Impact of behavioural factors on care seeking for urinary symptoms linked to bladder cancer

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BACKGROUND

Bladder cancer often presents with noticeable urinary symptoms such as blood in urine, increased frequency of urination, and pain during urination.¹ Despite this, many people delay or avoid seeking medical guidance.² Understanding behavioural barriers to prompt medical consultation is essential to support early diagnosis through impactful patient advocacy and disease awareness initiatives. This survey investigated the behavioural factors that may affect care seeking upon experiencing urinary symptoms that may be indicative of bladder cancer.

METHODS

- A cross-sectional online survey was conducted in the USA, France, Germany, and Italy between June 2025 and July 2025. The survey was distributed online via Censuwide.
- Inclusion criteria for participating in the survey included:
 - Female, age ≥45 years; or male, age ≥55 years
 - Experienced one or more urinary symptoms in the past year
- Urinary symptoms were assessed alongside 4 other potential challenges to ensure blinded recruitment.
- The survey assessed socio-demographics, symptom experience, emotional response, attitudes to health management, and awareness of bladder cancer through 17 questions.
- Bayesian modelling and ordinary least squares regression analysis estimated the influence of these factors on seeking healthcare within 3 months.
- The online nature of the survey means that older people, people without internet access, and disabled people may have been excluded.

RESULTS

PARTICIPANTS

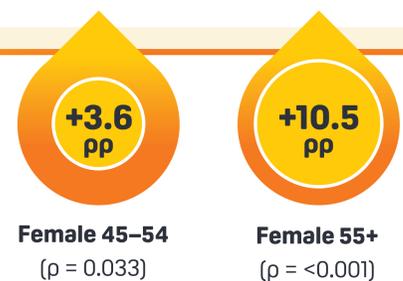
- A total of 4,067 respondents were included.
- 65% sought medical care within 3 months of experiencing symptoms.

PARTICIPANT CHARACTERISTICS		COUNT (N = 4,067)
Country	USA	1000
	France	1000
	Germany	1001
	Italy	1066
Age & Sex	Female 45–54	1055
	Female 55+	1557
	Male 55+	1455

DEMOGRAPHICS

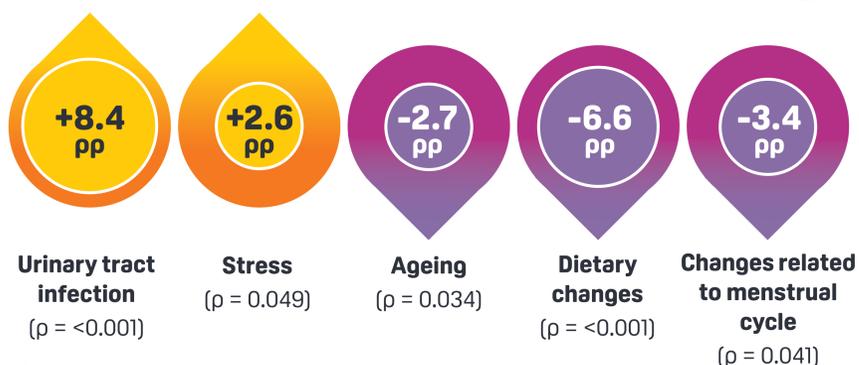
Sex and age associated with a significant change in likelihood of seeking care

- Female participants were significantly more likely to seek care than male participants across age groups.



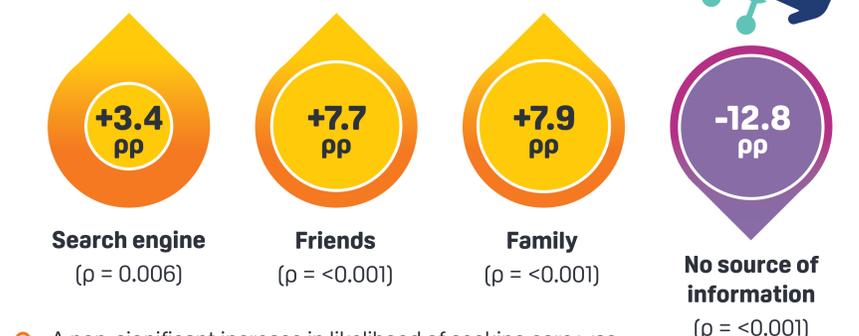
SYMPTOM EXPERIENCE & AWARENESS

Attribution of urinary symptoms associated with a significant change in likelihood of seeking care



- A non-significant increase in likelihood of seeking care was seen for attributing symptoms to a more serious condition (1.9 pp; $p = 0.244$).
- Non-significant decreases in likelihood of seeking care were seen for attributions to side effects of medication (-0.5 pp; $p = 0.732$) and uncertainty (-3.6 pp; $p = 0.109$).

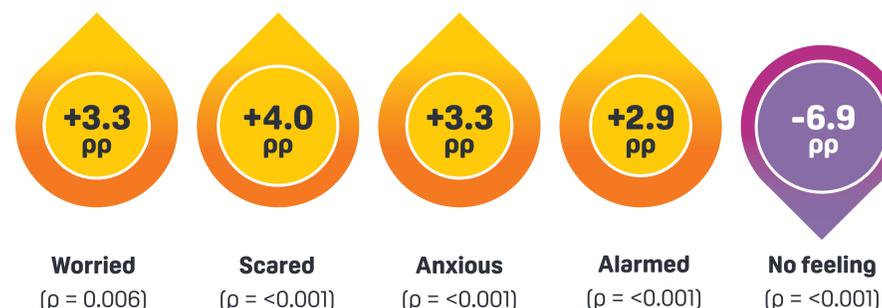
Sources of information associated with a significant change in likelihood of seeking care



- A non-significant increase in likelihood of seeking care was seen for people who used podcasts (2.1 pp; $p = 0.258$), colleagues (0.3 pp; $p = 0.845$), or AI tools (2.0 pp; $p = 0.183$) as their source of information.
- If a person used social media (-2.1 pp; $p = 0.200$) or online forums (-2.3 pp; $p = 0.153$) as their source of information, a non-significant decrease in likelihood of seeking care was seen.
- No significant change in likelihood of seeking care was associated with patient organisations as a source of information (0.0 pp; $p = 0.986$).

EMOTIONS & WORRIES

Emotions upon experiencing urinary symptoms associated with a significant change in likelihood of seeking care



- A non-significant increase in likelihood of seeking care was associated with feeling frustrated (1.4 pp; $p = 0.280$), embarrassed (0.4 pp; $p = 0.741$), sad (1.6 pp; $p = 0.300$), or angry (1.2 pp; $p = 0.431$) upon experiencing urinary symptoms.
- Non-significant decreases in likelihood of seeking care were associated with feeling lonely (-2.6 pp; $p = 0.162$) or disgusted (-1.6 pp; $p = 0.371$) upon experiencing urinary symptoms.
- No significant change in likelihood of seeking care was associated with feeling confused (0.0 pp; $p = 0.991$) upon experiencing urinary symptoms.

Worries upon experiencing urinary symptoms associated with a significant change in likelihood of seeking care

- Non-significant increases in likelihood of seeking care were seen for those that worried their symptom(s) would limit their activities (2.1 pp; $p = 0.093$) or that other people would avoid them because of their symptoms (0.8 pp; $p = 0.570$).
- A non-significant decrease in likelihood of seeking care was seen for those that worried about what people would say or think if they knew about the symptom (-0.9 pp; $p = 0.491$).



CONCLUSION

- Care seeking for urinary symptoms common in bladder cancer is shaped by cognitive beliefs, information access, and relational experiences.
- Addressing misconceptions and misattributions of urinary symptoms, improving symptom risk literacy, the quality or impact of common information sources, and fostering trust and emotional safety in healthcare interactions may reduce undiagnosed cancer risk and support earlier presentation.