



Bladder Cancer Early Detection, Diagnosis, and Staging

Detection and Diagnosis

Catching cancer early often allows for more treatment options. Some early cancers may have signs and symptoms that can be noticed, but that is not always the case.

- [Can Bladder Cancer Be Found Early?](#)
- [Signs and Symptoms of Bladder Cancer](#)
- [Tests for Bladder Cancer](#)

Stages and Outlook (Prognosis)

After a cancer diagnosis, staging provides important information about the extent of cancer in the body and anticipated response to treatment.

- [Bladder Cancer Stages](#)
- [Survival Rates for Bladder Cancer](#)

Questions to Ask About Bladder Cancer

Here are some questions you can ask your cancer care team to help you better understand your cancer diagnosis and treatment options.

- [What Should You Ask Your Health Care Team About Bladder Cancer?](#)

Can Bladder Cancer Be Found Early?

Bladder cancer can sometimes be found early. Finding it early improves your chances that it can be treated successfully.

Screening for bladder cancer

Screening is the use of tests or exams to look for a disease in people who have no symptoms. At this time, no major professional organizations recommend routine screening of the general public for bladder cancer. This is because no screening test has been shown to lower the risk of dying from bladder cancer in people who are at average risk.

Some doctors may recommend bladder cancer tests for people at **very high risk**, such as:

- People who **had** bladder cancer before
- People who had certain **birth defects** of the bladder
- People exposed to certain **chemicals at work**

Tests that might be used to look for bladder cancer

Tests for bladder cancer look for different substances or cancer cells in the urine.

Urinalysis: One way to test for bladder cancer is to check for blood in the urine (called *hematuria*). This can be done during a urinalysis, which is a simple test to check for blood and other substances in a sample of urine. This test is sometimes done during a general health checkup.

Blood in the urine is usually caused by benign (non-cancerous) conditions such as infections, but it also can be the first sign of bladder cancer. Large amounts of blood in urine can be seen if the urine turns pink or red, but a urinalysis is needed to find small amounts.

Urinalysis can help find some bladder cancers early, but it has not been shown to be useful as a routine screening test.

Urine cytology: In this test, the doctor uses a microscope to look for cancer cells in urine. Urine cytology does find some cancers, but it is not reliable enough to make a good screening test.

Urine tests for tumor markers: Several newer tests look for substances in the urine that might indicate bladder cancer. These include:

- UroVysion™: This test looks for chromosome changes that are often seen in

bladder cancer cells.

- BTA tests: These tests look for a substance called *bladder tumor-associated antigen* (BTA), also known as CFHrp, in the urine.
- Immunocyt™: This test looks at cells in the urine for the presence of substances such as mucin and carcinoembryonic antigen (CEA), which are often found on cancer cells.
- NMP22 BladderChek®: This test looks for a protein called *NMP22* in the urine, which is often found at higher levels in people who have bladder cancer.

These tests might find some bladder cancers early, but they can miss some as well. In other cases, the test result might be abnormal even in some people who do not have cancer. At this time the tests are used mainly to look for bladder cancer in people who already have [signs or symptoms](#) of cancer, or in people who have had a bladder cancer removed to check for cancer recurrence. Further research is needed before these or other newer tests are proven useful as screening tests.

Watching for possible symptoms of bladder cancer

While no screening tests are recommended for people at average risk, bladder cancer can often be found early because it causes blood in the urine or other urinary symptoms (see [Signs and symptoms of bladder cancer](#)). Many of these symptoms often have less serious causes, but it's important to have them checked by a doctor right away so the cause can be found and treated, if needed. If the symptoms are from bladder cancer, finding it early offers the best chance for successful treatment.

- [References](#)

[See all references for Bladder Cancer](#)

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Signs and Symptoms of Bladder Cancer

Bladder cancer can often be found early because it causes blood in the urine or other urinary symptoms.

Blood in the urine

In most cases, blood in the urine (called *hematuria*) is the first sign of bladder cancer. Sometimes, there is enough blood to change the color of the urine to orange, pink, or, less often, darker red. Sometimes, the color of the urine is normal but small amounts of blood are found when a urine test (urinalysis) is done because of other symptoms or as part of a general medical checkup.

Blood may be present one day and absent the next, with the urine remaining clear for weeks or months. If a person has bladder cancer, blood eventually reappears.

Usually, the early stages of bladder cancer cause bleeding but little or no pain or other symptoms.

Blood in the urine does not always mean you have bladder cancer. More often it is caused by other things like an infection, benign (non-cancerous) tumors, stones in the kidney or bladder, or other benign kidney diseases. But it's important to have it checked by a doctor so the cause can be found.

Changes in bladder habits or symptoms of irritation

Bladder cancer can sometimes cause changes in urination, such as:

- Having to urinate more often than usual
- Pain or burning during urination
- Feeling as if you need to go right away, even when the bladder is not full
- Having trouble urinating or having a weak urine stream

These symptoms are also more likely to be caused by a urinary tract infection (UTI), bladder stones, an overactive bladder, or an enlarged prostate (in men). Still, it's important to have them checked by a doctor so that the cause can be found and treated, if needed.

Symptoms of advanced bladder cancer

Bladder cancers that have grown large enough or have spread to other parts of the body can sometimes cause other symptoms, such as:

- Being unable to urinate

- Lower back pain on one side
- Loss of appetite and weight loss
- Feeling tired or weak
- Swelling in the feet
- Bone pain

Again, many of these symptoms are more likely to be caused by something other than bladder cancer, but it's important to have them checked so that the cause can be found and treated, if needed.

If there is a reason to suspect you might have bladder cancer, the doctor will use one or more [exams or tests](#) to find out if it is cancer or something else.

- [References](#)

[See all references for Bladder Cancer](#)

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Tests for Bladder Cancer

Bladder cancer is often found because of [signs or symptoms](#) a person is having, or it might be found because of lab tests a person gets for another reason. If bladder cancer is suspected, exams and tests will be needed to confirm the diagnosis. If cancer is found, further tests will be done to help determine the extent ([stage](#)) of the cancer.

Medical history and physical exam

Your doctor will want to get your medical history to learn more about your symptoms. The doctor might also ask about possible risk factors, including your family history.

A physical exam can provide other information about possible signs of bladder cancer and other health problems. The doctor might do a digital rectal exam (DRE), during which a gloved, lubricated finger is put into your rectum. If you are a woman, the doctor might do a pelvic exam as well. During these exams, the doctor can sometimes feel a

bladder tumor, determine its size, and feel if and how far it has spread.

If the results of the exam are abnormal, your doctor will probably do lab tests and might refer you to a urologist (a doctor specializing in diseases of the urinary system and male reproductive system) for further tests and treatment.

Urine lab tests

Urinalysis

This is a simple test to check for blood and other substances in a sample of urine. (For more on this test, see [Can bladder cancer be found early?](#))

Urine cytology

For this test, a sample of urine is looked at with a microscope to see if it has any cancer or pre-cancer cells. Cytology is also done on any bladder washings taken during a cystoscopy (see below). Cytology can help find some cancers, but this test is not perfect. Not finding cancer on this test doesn't always mean you are cancer free.

Urine culture

If you are having urinary symptoms, this test may be done to see if an infection (rather than cancer) is the cause. Urinary tract infections and bladder cancers can have similar symptoms. For a urine culture, a sample of urine is put into a dish in the lab to allow any bacteria that are present to grow. It can take time for the bacteria to grow, so it may take a few days to get the results of this test.

Urine tumor marker tests

Different urine tests look for specific substances released by bladder cancer cells. One or more of these tests may be used along with urine cytology to help determine if you have bladder cancer. These include the tests for NMP22 (BladderChek) and BTA (BTA stat), the Immunocyt test, and the UroVysion test, which are discussed in [Can bladder cancer be found early?](#)

Some doctors find these urine tests useful in looking for bladder cancers, but they may not help in all cases. Most doctors feel that cystoscopy is still the best way to find bladder cancer. Some of these tests are more helpful when looking for a possible

recurrence of bladder cancer in someone who has already had it, rather than finding it in the first place.

Cystoscopy

If bladder cancer is suspected, doctors will recommend a cystoscopy. For this exam, a urologist places a cystoscope – a thin tube with a light and a lens or a small video camera on the end – through the opening of the urethra and advances it into the bladder. Sterile salt water is then injected through the scope to expand the bladder and allow the doctor to look at its inner lining.

Cystoscopy can be done in a doctor's office or in an operating room. Usually the first cystoscopy will be done in the doctor's office using a small, flexible fiber-optic device. Some sort of local anesthesia may be used to numb the urethra and bladder for the procedure. If the cystoscopy is done using general anesthesia (where you are asleep) or spinal anesthesia (where the lower part of your body is numbed), the procedure is done in the operating room.

Fluorescence cystoscopy (also known as **blue light cystoscopy**) may be done along with routine cystoscopy. For this exam, a light-activated drug is put into the bladder during cystoscopy. It is taken up by cancer cells. When the doctor then shines a blue light through the cystoscope, any cells containing the drug will glow (fluoresce). This can help the doctor see abnormal areas that might have been missed by the white light normally used.

Transurethral resection of bladder tumor (TURBT)

If an abnormal area (or areas) is seen during a cystoscopy, it will be biopsied to see if it is cancer. A biopsy is the removal of small samples of body tissue to see if it is cancer. If bladder cancer is suspected, a biopsy is needed to confirm the diagnosis.

The procedure used to biopsy an abnormal area is a *transurethral resection of bladder tumor* (TURBT), also known as just a *transurethral resection* (TUR). During this procedure, the doctor removes the tumor and some of the bladder muscle near the tumor. The removed samples are then sent to a lab to look for cancer. If cancer is found, this can also show if it has invaded into the muscle layer of the bladder wall. For more on how this procedure is done, see [Bladder cancer surgery](#).

Bladder cancer can sometimes develop in more than one area of the bladder (or in other parts of the urinary tract). Because of this, the doctor may take samples from

several different areas of the bladder, especially if cancer is strongly suspected but no tumor can be seen. Salt water washings of the inside the bladder may also be collected to look for cancer cells.

Biopsy results

The biopsy samples are sent to a lab, where they are looked at by a pathologist, a doctor who specializes in diagnosing diseases with lab tests. If bladder cancer is found, two important features are its invasiveness and grade.

Invasiveness: The biopsy can show how deeply the cancer has invaded (grown into) the bladder wall which is very important in deciding treatment.

- If the cancer stays in the inner layer of cells without growing into the deeper layers, it is called **non-invasive**.
- If the cancer grows into the deeper layers of the bladder, it is called **invasive**.

Invasive cancers are more likely to spread and are harder to treat.

You may also see a bladder cancer described as *superficial* or *non-muscle invasive*. These terms include both non-invasive tumors as well as any invasive tumors that have not grown into the main muscle layer of the bladder.

Grade: Bladder cancers are also assigned a grade, based on how they look under the microscope.

- **Low-grade cancers** look more like normal bladder tissue. They are also called *well-differentiated* cancers. Patients with these cancers usually have a good prognosis (outlook).
- **High-grade cancers** look less like normal tissue. These cancers may also be called *poorly differentiated* or *undifferentiated*. High-grade cancers are more likely to grow into the bladder wall and to spread outside the bladder. These cancers can be harder to treat.

Imaging tests

[Imaging tests](#) use x-rays, magnetic fields, sound waves, or radioactive substances to create pictures of the inside of your body.

If you have bladder cancer, your doctor may order some of these tests to see if the

cancer has spread to structures near the bladder, to nearby lymph nodes, or to distant organs. If an imaging test shows enlarged lymph nodes or other possible signs of cancer spread, some type of biopsy might be needed to confirm the findings.

Intravenous pyelogram (IVP)

An intravenous pyelogram (IVP), also called an *intravenous urogram* (IVU), is an x-ray of the urinary system taken after injecting a special dye into a vein. This dye is removed from the bloodstream by the kidneys and then passes into the ureters and bladder. The dye outlines these organs on x-rays and helps show urinary tract tumors.

It's important to tell your doctor if you have any allergies or have ever had a reaction to x-ray dyes, or if you have any type of kidney problems. If so, your doctor might choose to do another test instead.

Retrograde pyelogram

For this test, a catheter (thin tube) is placed through the urethra and up into the bladder or into a ureter. Then a dye is injected through the catheter to make the lining of the bladder, ureters, and kidneys easier to see on x-rays.

This test isn't used as often as IVP, but it may be done (along with ultrasound of the kidneys) to look for tumors in the urinary tract in people who can't have an IVP.

Computed tomography (CT) scan

A [CT scan](#) uses x-rays to make detailed cross-sectional images of your body. A CT scan of the kidney, ureters, and bladder is known as a *CT urogram*. It can provide detailed information about the size, shape, and position of any tumors in the urinary tract, including the bladder. It can also help show enlarged lymph nodes that might contain cancer, as well as other organs in the abdomen and pelvis.

CT-guided needle biopsy: CT scans can also be used to guide a biopsy needle into a suspected tumor. This is not used to biopsy tumors in the bladder, but it can be used to take samples from areas where the cancer may have spread. For this procedure, you lie on the CT scanning table while the doctor advances a biopsy needle through the skin and into the tumor.

Magnetic resonance imaging (MRI) scan

Like CT scans , [MRI scans](#) show detailed images of soft tissues in the body. But MRI scans use radio waves and strong magnets instead of x-rays.

MRI images are particularly useful in showing if the cancer has spread outside of the bladder into nearby tissues or lymph nodes. A special MRI of the kidneys, ureters, and bladder, known as an *MRI urogram*, can be used instead of an IVP to look at the upper part of the urinary system.

Ultrasound

[Ultrasound](#) uses sound waves to create pictures of internal organs. It can be useful in determining the size of a bladder cancer and whether it has spread beyond the bladder to nearby organs or tissues. It can also be used to look at the kidneys.

This is usually an easy test to have, and it uses no radiation.

Ultrasound-guided needle biopsy: Ultrasound can also be used to guide a biopsy needle into a suspected area of cancer spread in the abdomen or pelvis.

Chest x-ray

A [chest x-ray](#) may be done to see if the bladder cancer has spread to the lungs. This test is not needed if a CT scan of the chest has been done.

Bone scan

A [bone scan](#) can help look for cancer that has spread to bones. Doctors don't usually order this test unless you have symptoms such as bone pain, or if blood tests show the cancer might have spread to your bones.

For this test, you get an injection of a small amount of low-level radioactive material, which settles in areas of damaged bone throughout the body. A special camera detects the radioactivity and creates a picture of your skeleton.

A bone scan may suggest cancer in the bone, but to be sure, other imaging tests such as plain x-rays, MRI scans, or even a bone biopsy might be needed.

Biopsies to look for cancer spread

If imaging tests suggest the cancer might have spread outside of the bladder, a [biopsy](#) might be needed to be sure.

In some cases, biopsy samples of suspicious areas are obtained during surgery to remove the bladder cancer.

Another way to get a biopsy sample is to use a thin, hollow needle to take a small piece of tissue from the abnormal area. This is known as a *needle biopsy*, and by using it the doctor can take samples without an operation. Needle biopsies are sometimes done using a CT scan or ultrasound to help guide the biopsy needle into the abnormal area.

- [References](#)

[See all references for Bladder Cancer](#)

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Bladder Cancer Stages

After someone is diagnosed with bladder cancer, doctors will try to figure out if it has spread, and if so, how far. This process is called *staging*. The stage of a cancer describes the extent of the cancer in the body. It helps determine how serious the cancer is and [how best to treat it](#). **The stage is one of the most important factors in deciding how to treat the cancer and determining how successful treatment might be.**

To determine the cancer's stage after a bladder cancer diagnosis, doctors try to answer these questions:

- How far has the cancer grown into the wall of the bladder?
- Has the cancer reached nearby structures?
- Has the cancer spread to the nearby lymph nodes or to distant organs?

The stage of bladder cancer is based on the results of physical exams, biopsies, and imaging tests (CT or MRI scan, x-rays, PET scan, etc.), which are described in [Tests for Bladder Cancer](#), as well as the results of [surgery](#).

Understanding your bladder cancer stage

A staging system is a standard way for the cancer care team to describe how far a cancer has spread. The staging system most often used for bladder cancer is the American Joint Committee on Cancer (AJCC) **TNM** system, which is based on 3 key pieces of information:

- **T** describes how far the main (primary) **tumor** has grown through the bladder wall and whether it has grown into nearby tissues.
- **N** indicates any cancer spread to lymph **nodes** near the bladder. Lymph nodes are bean-sized collections of immune system cells, to which cancers often spread first.
- **M** indicates if the cancer has spread (**metastasized**) to distant sites, such as other organs or lymph nodes that are not near the bladder.

Numbers or letters after T, N, and M provide more details about each of these factors. Higher numbers mean the cancer is more advanced. Once a person's T, N, and M categories have been determined, usually after surgery, this information is combined in a process called *stage grouping* to assign an overall stage.

The earliest stage cancers are called stage 0 (carcinoma in situ), and then range from stages I (1) through IV (4).

As a rule, the lower the number, the less the cancer has spread. A higher number, such as stage IV, means a more advanced cancer. And within a stage, an earlier letter means a lower stage. Cancers with similar stages tend to have a similar outlook and are often treated in much the same way.

The staging system in the table below uses the *pathologic stage*. It is based on the results of physical exam, biopsy, imaging tests, and the results of surgery. This is likely to be more accurate than *clinical staging*, which only takes into account the tests done *before* surgery.

Bladder cancer staging can be complex. If you have any questions about your stage, please ask your doctor to explain it to you in a way you understand. (An explanation of the TNM system also follows the stage table below.)

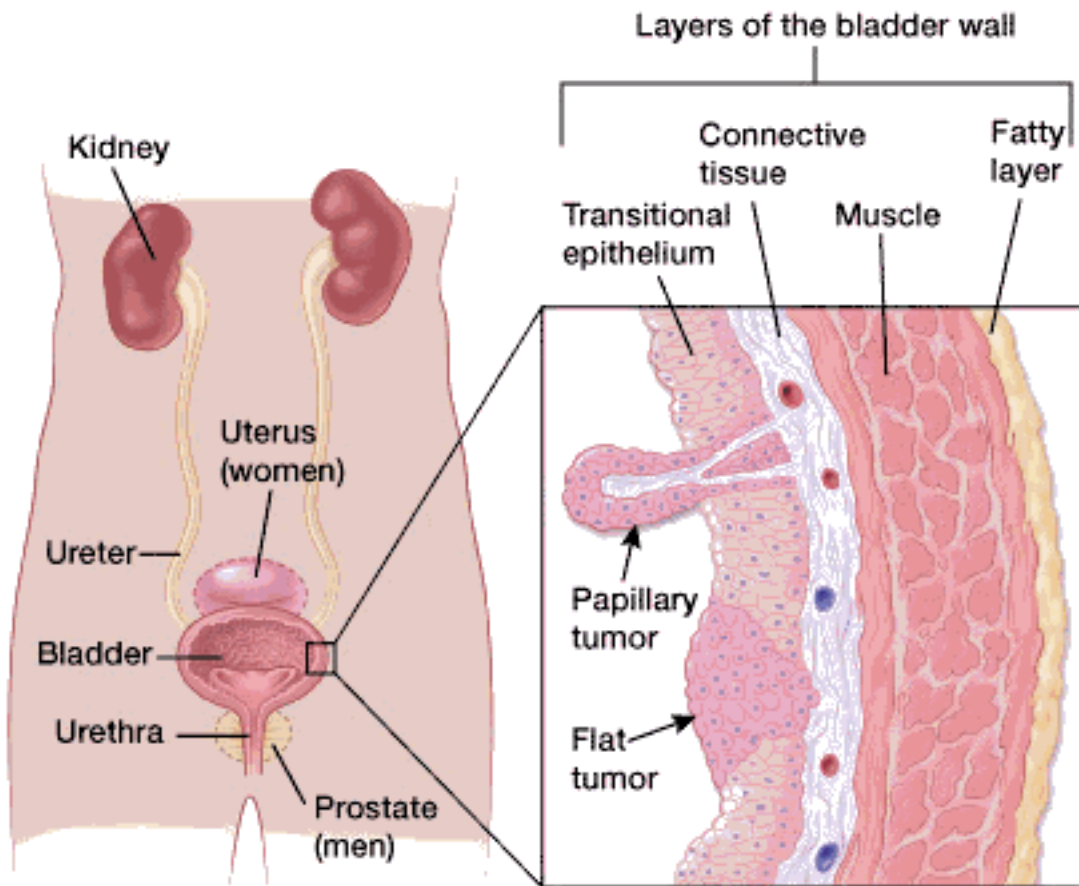
Stage	Stage grouping	Stage description
0a	Ta N0 M0	The cancer is a non-invasive papillary carcinoma (Ta). It has grown toward the hollow center of the bladder but has not grown into the connective tissue or muscle of the bladder wall. It has not spread to nearby lymph nodes (N0) or distant sites

		(M0).
0is	Tis N0 M0	The cancer is a flat, non-invasive carcinoma (Tis), also known as <i>flat carcinoma in situ (CIS)</i> . The cancer is growing in the inner lining layer of the bladder only. It has not grown inward toward the hollow part of the bladder, nor has it invaded the connective tissue or muscle of the bladder wall. It has not spread to nearby lymph nodes (N0) or distant sites (M0).
I	T1 N0 M0	The cancer has grown into the layer of connective tissue under the lining layer of the bladder but has not reached the layer of muscle in the bladder wall (T1). The cancer has not spread to nearby lymph nodes (N0) or to distant sites (M0).
II	T2a or T2b N0 M0	The cancer has grown into the inner (T2a) or outer (T2b) muscle layer of the bladder wall, but it has not passed completely through the muscle to reach the layer of fatty tissue that surrounds the bladder. The cancer has not spread to nearby lymph nodes (N0) or to distant sites (M0).
	T3a, T3b or T4a N0 M0	The cancer has grown through the muscle layer of the bladder and into the layer of fatty tissue that surrounds the bladder (T3a or T3b). It might have spread into the prostate, uterus, or vagina, but it is not growing into the pelvic or abdominal wall (T4a). The cancer has not spread to nearby lymph nodes (N0) or to distant sites (M0).
	OR	
IIIA	T1-4a N1 M0	The cancer has: <ul style="list-style-type: none"> • grown into the layer of connective tissue under the lining of the bladder wall (T1), OR • into the muscle layer of the bladder wall (T2), OR • into the layer of fatty tissue that surrounds the bladder, (T3a or T3b) OR • it might have spread into the prostate, uterus, or vagina, but it is not growing into the pelvic or abdominal wall (T4a). AND the cancer has spread to a nearby lymph node in the true pelvis (N1). It has not spread to distant sites (M0).
IIIB	T1-T4a N2 or N3 M0	The cancer has: <ul style="list-style-type: none"> • grown into the layer of connective tissue under the lining of the bladder wall (T1), OR • into the muscle layer of the bladder wall (T2), OR

		<ul style="list-style-type: none"> • into the layer of fatty tissue that surrounds the bladder (T3a or T3b), OR • it might have spread into the prostate, uterus, or vagina, but it is not growing into the pelvic or abdominal wall (T4a). <p>AND the cancer has spread to 2 or more lymph nodes in the true pelvis (N2) or to lymph nodes along the common iliac arteries (N3).</p> <p>It has not spread to distant sites (M0).</p>
IVA	T4b N0 M0	<p>The cancer has grown through the bladder wall into the pelvic or abdominal wall (T4b).</p> <p>The cancer has not spread to nearby lymph nodes (N0) or to distant sites (M0).</p>
	OR	
	Any T Any N M1a	<p>The cancer might or might not have grown through the wall of the bladder into nearby organs (Any T).</p> <p>It might or might not have spread to nearby lymph nodes (Any N).</p> <p>It has spread to a distant set of lymph nodes (M1a).</p>
IVB	Any T Any N M1b	<p>The cancer might or might not have grown through the wall of the bladder into nearby organs (Any T).</p> <p>It might or might not have spread to nearby lymph nodes (Any N).</p> <p>It has spread to 1 or more distant organs (such as the bones, liver or lungs) (M1b).</p>

T categories for bladder cancer

The T category describes how far the main tumor has grown into the wall of the bladder (or beyond).



The wall of the bladder has 4 main layers.

- The innermost lining is called the *urothelium* or *transitional epithelium*.
- Beneath the urothelium is a thin layer of connective tissue, blood vessels, and nerves.
- Next is a thick layer of muscle.
- Outside of this muscle, a layer of fatty connective tissue separates the bladder from other nearby organs.

Nearly all bladder cancers start in the urothelium. As the cancer grows into or through the other layers in the bladder, it becomes more advanced.

The T categories are described in the table above, except for:

TX: Main tumor cannot be assessed due to lack of information

T0: No evidence of a primary tumor

N categories for bladder cancer

The N category describes spread only to the lymph nodes near the bladder (in the true pelvis) and those along the blood vessel called the *common iliac artery*. These lymph nodes are called *regional lymph nodes*. Any other lymph nodes are considered distant lymph nodes. Spread to distant nodes is considered metastasis (described in the M category). Surgery is usually needed to find cancer spread to lymph nodes, since it is not often seen on imaging tests.

The N categories are described in the table above, except for:

NX: Regional lymph nodes cannot be assessed due to lack of information.

NO: There is no regional lymph node spread.

M categories for bladder cancer

The M categories are described in the table above.

- [References](#)

[See all references for Bladder Cancer](#)

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Survival Rates for Bladder Cancer

Survival rates tell you what portion of people with the same type and [stage](#) of cancer are still alive a certain amount of time (usually 5 years) after they were diagnosed. They can't tell you how long you will live, but they may help give you a better understanding about how likely it is that your treatment will be successful. Some people will want to know the survival rates for their cancer, and some people won't. If you don't want to know, you don't have to.

What is a 5-year survival rate?

Statistics on the outlook for a certain type and stage of cancer are often given as 5-year survival rates, but many people live longer – often much longer – than 5 years. The 5-year survival rate is the percentage of people who live at least 5 years after being diagnosed with cancer. For example, a 5-year survival rate of 70% means that an estimated 70 out of 100 people who have that cancer are still alive 5 years after being diagnosed. Keep in mind, however, that many of these people live much longer than 5 years after diagnosis.

Relative survival rates are a more accurate way to estimate the effect of cancer on survival. These rates compare people with bladder cancer to people in the overall population. For example, if the 5-year relative survival rate for a specific stage of bladder cancer is 80%, it means that people who have that stage of cancer are, on average, about 80% as likely as people who don't have that cancer to live for at least 5 years after being diagnosed.

But remember, the 5-year relative survival rates are estimates – your outlook can vary based on a number of factors specific to you.

Cancer survival rates don't tell the whole story

Survival rates are often based on previous outcomes of large numbers of people who had the disease, but they can't predict what will happen in any particular person's case. There are a number of limitations to remember:

- The numbers below are among the most current available. But to get 5-year survival rates, doctors have to look at people who were treated at least 5 years ago. As treatments are improving over time, people who are now being diagnosed with bladder cancer may have a better outlook than these statistics show.
- These statistics are based on the stage of the cancer when it was first diagnosed. They do not apply to cancers that later come back or spread, for example.
- The outlook for people with bladder cancer varies by the stage (extent) of the cancer – in general, the survival rates are higher for people with earlier stage cancers. But many other factors can affect a person's outlook, such as age and overall health, and how well the cancer responds to treatment. The outlook for each person is specific to their circumstances.

Your doctor can tell you how these numbers may apply to you, as he or she is familiar with your particular situation.

Survival rates for bladder cancer

According to the most recent data, when including *all stages* of bladder cancer:

- The 5-year relative survival rate is about 77%
- The 10-year relative survival rate is about 70%
- The 15-year relative survival rate is about 65%

Keep in mind that just as 5-year survival rates are based on people diagnosed and first treated more than 5 years ago, 10-year survival rates are based on people diagnosed more than 10 years ago (and 15-year survival rates are based on people diagnosed at least 15 years ago).

Survival rates, by stage

The numbers below are based on thousands of people diagnosed with bladder cancer from 1988 to 2001. These numbers come from the National Cancer Institute's SEER database.

- The 5-year relative survival rate for people with stage 0 bladder cancer is about 98%.
- The 5-year relative survival rate for people with stage I bladder cancer is about 88%.
- For stage II bladder cancer, the 5-year relative survival rate is about 63%.
- The 5-year relative survival rate for stage III bladder cancer is about 46%.
- Bladder cancer that has spread to other parts of the body is often hard to treat. Stage IV bladder cancer has a relative 5-year survival rate of about 15%. Still, there are often treatment options available for people with this stage of cancer.

Remember, these survival rates are only estimates – they can't predict what will happen to any individual person. We understand that these statistics can be confusing and may lead you to have more questions. Talk to your doctor to better understand your specific situation.

- [References](#)

[See all references for Bladder Cancer](#)

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What Should You Ask Your Health Care Team About Bladder Cancer?

It's important to have honest, open discussions with your cancer care team. Ask any question, no matter how small it might seem. Some questions to consider:

When you're told you have bladder cancer

- What type of bladder cancer do I have?
- Do you think my cancer has spread beyond the bladder?
- What is the stage and grade of my cancer, and what does that mean?
- Do I need any other tests before we can decide on treatment?
- Do I need to see any other doctors?
- If I'm concerned about the costs and insurance coverage for my diagnosis and treatment, who can help me?

When deciding on a treatment plan

- How much experience do you have treating this type of cancer?
- What are my treatment options?
- What do you recommend and why?
- What is the goal of each treatment?
- Should I get a second opinion? How do I do that? Can you recommend someone?
- What are the chances my cancer can be cured?
- If my bladder is removed, what are my options for urinary diversion? What are the pros and cons of each?
- How soon do I need to start treatment?
- What should I do to prepare for treatment?
- How long will treatment last? What will it be like? Where will it be done?
- What risks or side effects should I expect? How long are they likely to last?
- Will treatment affect my daily activities?
- How likely is it that the cancer will come back? Is there anything I can do to lower

this risk?

- What will we do if the treatment doesn't work or if the cancer comes back?

During treatment

Once treatment begins, you'll need to know what to expect and what to look for. Not all of these questions may apply to you, but getting answers to the ones that do may be helpful.

- How will we know if the treatment is working?
- Is there anything I can do to help manage side effects?
- What symptoms or side effects should I tell you about right away?
- How can I reach you on nights, holidays, or weekends?
- Do I need to change what I eat during treatment?
- Are there any limits on what I can do?
- Should I exercise? What should I do, and how often?
- Can you suggest a mental health professional I can see if I start to feel overwhelmed, depressed, or distressed?

After treatment

- Are there any limits on what I can do?
- What symptoms should I watch for?
- What kind of exercise should I do now?
- What type of follow-up will I need after treatment?
- How often will I need to have follow-up exams and tests?
- How will we know if the cancer has come back? What should I watch for?
- What will my options be if the cancer comes back?

Along with these sample questions, be sure to write down any of your own.

Keep in mind that doctors aren't the only ones who can give you information. Other health care professionals, such as nurses and social workers, can answer some of your questions. To find more about speaking with your health care team, see [The Doctor-Patient Relationship](#).

- [References](#)

[See all references for Bladder Cancer](#)

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