



Your guide to diagnosing bladder and kidney cancers earlier

Early detection of bladder and kidney cancers can be challenging, and without a national screening programme, timely recognition and referral of suspected cancer in primary care is crucial. This guide provides information and practical tips to support you in the management of suspected bladder and kidney cancers.

Why is earlier diagnosis of bladder and kidney cancer important?

Patient outcomes are significantly improved when bladder and kidney cancers are diagnosed at an earlier stage. However, early recognition is challenging because bladder and kidney cancer symptoms can often be non-specific or easily misattributed to other common conditions. This means that bladder and kidney cancers still have a high proportion of late stage diagnosis in England and Wales [1,2].

Five-year cancer survival¹ by stage at diagnosis [3]

Diagnosed at stage 1

Diagnosed at stage 4

Bladder cancer



79%



11%*

Kidney cancer



88%



14%

*Data not age standardised.



Recognition and referral of suspected bladder and kidney cancers

Who is at risk?

Older people and those who smoke have the highest risk of both bladder and kidney cancer [4,5]. Family history of cancer and inherited conditions (eg Von Hippel-Lindau syndrome) can also increase the risk. Ask about these factors to inform your decision-making.

Symptoms [6,7,8]

- Visible or non-visible haematuria
- Persistent lower back pain on one side
- Non-specific symptoms including weight-loss, fever and fatigue
- Pain when urinating, frequent urination and/or urinary urgency (*bladder only*)

NICE NG12 guidelines

Consider an urgent suspected urological cancer referral for:

- People over 45 with unexplained visible haematuria without a UTI or persisting/recurring UTI** following successful treatment.
- People over 60 with unexplained non-visible haematuria and either dysuria or a raised white cell count on a blood test (*bladder only*).

Consider a routine urological referral for:

- People over 60 with recurrent or persistent UTI** (*bladder only*).

**Recurrent UTI is defined as 2+ episodes in six months or 3+ in a year [9].



If clinical concern persists, use advice and guidance from secondary care to support your decision-making and referrals. Make sure you're also aware of local guidance and pathways.

What actions can GPs take to support earlier diagnosis?

GPs play a vital role in identifying signs and symptoms of cancer and promptly referring patients for tests. However, there are several barriers to timely recognition and referral in primary care.



Challenges

Non-specific symptom presentation (eg unexplained weight loss, fever etc.).

Misattribution of symptoms to other conditions such as UTI or associated with ageing.

UTI symptom history can be unclear due to past presentation via remote or alternative management routes. UTIs may also be treated before test results have confirmed infection.

False reassurance from painless haematuria that is intermittent.

Low awareness of bladder and kidney cancer symptoms outside of haematuria.

Only 50% of people diagnosed with bladder cancer and 18% of people diagnosed with kidney cancer experienced visible haematuria in published studies [8,10].



Actions you can take

Consider referral to a non-specific symptom pathway or rapid diagnosis clinic, if available, when clinically concerned.

Thoroughly investigate symptoms. For example, perform a urine test for UTI symptoms. Safety net people until their symptoms are explained or resolved.

Ask patients about UTI history and consider referral for those experiencing recurrent UTI symptoms, especially if they're over 60 years old.

Investigate every case of unexplained visible and non-visible haematuria and record all episodes of haematuria in patient history.

Check NICE guidance, consider patient risk and request direct access to CT or ultrasound, if available, for relevant urological symptoms [11].



Inequalities in timely diagnosis

Although bladder and kidney cancers are more common in men, evidence shows that women face more diagnostic delays and are often diagnosed at a later stage [12,13]. This is often due to misattribution of symptoms to a gynaecological condition or UTI [14]. Make sure to fully investigate symptoms, particularly in women, and follow-up on test results to avoid delayed diagnosis.

References

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2. [Public Health Wales, data from 2019](#)
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