UK National Screening Committee

UK National Screening Committee (UK NSC)

Population screening for Bladder Cancer

Date: 26 March 2026

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Aim

We are providing an update on the public consultation phase of the evidence map on population screening for bladder cancer.

Background

The UK National Screening Committee (UK NSC) does not recommend screening for bladder cancer. The Committee originally based this recommendation on the evidence reported in the 2014 UK NSC evidence summary on screening for bladder cancer, which concluded that there was no safe, precise and valid screening test for bladder cancer.

An evidence map produced in July 2020 concluded no further evidence synthesis work on screening for bladder cancer should be commissioned and the UK NSC would review screening for bladder cancer again in 3-years' time.

2025 Evidence Map

The UK NSC evidence team commissioned an evidence map to review the volume and type of evidence available on screening for bladder cancer in 2025. The evidence map was conducted by Kleijnen Systematic Reviews. The following two questions were addressed to capture evidence that had been published since the last review:

1. What are the diagnostic accuracies of screening tests which identify pre-muscle invading bladder cancer?

2. Are there any national or international guidelines or recommendations on population screening for bladder cancer?

Summary of Findings

Question 1:

Evidence was identified highlighting some biomarkers that might have suitable diagnostic accuracy for confirming or ruling out suspected cases of bladder cancer. However, there was an insufficient volume of evidence for these being suitable for bladder cancer population screening of asymptomatic people to justify an evidence summary. The type of evidence identified was deemed unlikely to lead to a change in the UK NSC's current position.

Question 2:

The evidence map identified three updates for the five guidelines identified for the 2020 evidence map as well as three additional guidelines and two overviews of guidelines.

None of these recommended general population screening of asymptomatic adults.

Conclusions

The findings of this evidence map are unlikely to impact on current recommendations on screening for bladder cancer as no new evidence was identified that would change those conclusions.

Recommendations

On the basis of this evidence map, the volume and type of evidence relating to population screening for bladder cancer is currently insufficient to justify an update review at this stage and so should be re-considered in 3 to 4 years' time.

Public Consultation

A 3-month public consultation was hosted on the UK NSC GOV.UK website from 7th November 2025 to 9th February 2026. The UK NSC consulted on the findings of the evidence map and the recommendation not to any further evidence synthesis on population screening for bladder cancer the UK. Direct emails were sent out to 24 stakeholders (*please see Annex A)*. A total number of 5 consultation responses were received *(please see Annex B for full comments)*.

The key points raised by stakeholders are summarised below:

I. There was almost total agreement with the findings of the evidence map and the recommendation not to do further evidence synthesis work. One of the stakeholders has asked that the 2025 European Association of Urology (EAU) guidelines be referenced including the statement that "due to the low incidence of bladder cancer in the general population and the short lead-time impair feasibility and cost-effectiveness screening is not recommended".

Response: This guideline was listed within the evidence map (Page 27, Question 2, point 2)

II. The comments largely agree with the statement that more research is required in this area.

Response: This topic will be reviewed again in three years' time and any new evidence published by then will be considered.

III. One of the stakeholders, Yorkshire Cancer Research, has drawn attention to the YORKSURe trial which is currently ongoing. This is randomised controlled trial that will evaluate the feasibility of bladder cancer screening by the detection of haematuria in people who are at high risk of bladder cancer mortality in Yorkshire. Yorkshire Cancer Research recommends future screening studies are focused on high-risk populations.

Response: While this is an important trial, the focus on high-risk population represents targeted screening which is beyond the remit of this evidence map on population screening. Stakeholders are directed to the UK NSC open call as a means of introducing new topics such as targeted screening for bladder cancer for the UK NSC to consideration.

IV. A comment was received by a member of the public which referenced a bladder cancer screening program and their interest in it.

Response: The UK currently does not have a screening program for bladder cancer. The purpose of the evidence map is to gauge the volume and type of evidence relating to screening for bladder cancer which would then potentially be a pathway for further work on the subject if suitable evidence is found.

ARG 26/02/2026

1. The ARG members confirmed that they were happy with the responses to the consultation comments received.
2. The ARG members that the topic should reviewed in 3 to 4 years time. At this point, in the absence of any new evidence they were in favour of archiving the topic.

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1. The UK NSC members agreed to the recommendation that, due to insufficient volume of evidence and a lack of relevant populations in identified studies, no further evidence synthesis work be undertaken and that this topic should ideally be re-considered in 3 to 4 years time.
2. The UK NSC members decided that the topic will not be ear-marked for automatic archiving if no further evidence was found in the next evidence product. Instead, when the topic is re-considered in 3 to 4 years, archiving can be discussed and a decision made according to the findings of the next evidence map.

Annex A: List of Organisations Contacted

1. Action Bladder Cancer UK
2. British Association for Cancer Research
3. Cancer Research UK
4. Fight Bladder Cancer
5. Macmillan
6. Northern Ireland Cancer Network
7. Primary Care Urology Society
8. Rarer Cancers Forum
9. Royal College of General Practitioners
10. Royal College of Nursing
11. Royal College of Pathologists
12. Royal College of Physicians
13. Royal College of Physicians and Surgeons of Glasgow
14. Royal College of Physicians of Edinburgh
15. Royal College of Radiologists
16. Royal College of Surgeons
17. Royal College of Surgeons of Edinburgh
18. Society of Radiographers
19. The British Association for Cancer Research
20. The British Association of Urological Surgeons
21. University of Birmingham's Bladder Cancer Research Centre
22. The Urology Foundation
23. Urostomy Association
24. Yorkshire Cancer Research

Annex B: Consultation Responses

1. XXX XXX, Consultant Histopathologist (Urological Pathology), XXX XXX Hospitals

Requests addition of a reference:

2025 EAU guidelines state “due to the low incidence of bladder cancer in the general population and the short lead-time impair feasibility and cost-effectiveness screening is not recommended”.

2. XXX XXX, Consultant Histopathologist and Cytopathologist, XXX XXX Hospital

Interest in the application of urothelial biomarkers remains high, however, there is currently insufficient evidence to support their place in screening for non-muscle invasive bladder tumours.

3. XXX XXX, XXX XXX, on behalf of Yorkshire Cancer Research

Document section and page number	Text or issue to which comments relate	Comment
Question 1, page 9	What are the diagnostic accuracies of screening tests which identify pre-muscle invading bladder cancer?	The evidence map concludes that there is insufficient evidence for population screening of asymptomatic people for bladder cancer to justify a more comprehensive evidence summary. It is recommended that the topic is re-considered in three years. Yorkshire Cancer Research supports the conclusion that more research is required to increase the evidence on the feasibility of bladder cancer screening in relevant populations. The evidence map cites the Yorkshire Cancer Research funded YORKSURe study as an example of research which aims to address these limitations. This randomised controlled trial will evaluate the feasibility of bladder cancer screening. It will do so through the detection of haematuria in people who are at high risk of bladder cancer mortality in Yorkshire. In 2024, 486 people died from bladder cancer in the region, which is the equivalent of 4,858 life years lost - the number of years of life someone loses due to a premature cancer death.[1, 2] The YORKSURe trial has involved a total of 5187 people from South Yorkshire. The first cohort includes participants aged between 55-80 attending the Yorkshire Lung Screening Trial.[3, 4] This cohort completed self-testing, with those testing positive undergoing further testing and an ultrasound scan. The second cohort includes men aged 65-79 from areas of South Yorkshire considered high risk of bowel cancer mortality.[4] Men who self-test positive were invited to attend local screening clinics for urine cytology and ultrasound. The third cohort completed urine self-testing whilst already being in the NHS pathway for investigation of haematuria.[4] As part of the YORKSURe study, economic modelling has been developed to determine the cost effectiveness of urine self-testing for high-risk populations in England.[5] This found that urine self-testing was not cost effective for the general population of smokers in England at a threshold of £20,000 per QALY gained. However, screening may be cost-effective for men aged between 58 and 60 who currently or formerly smoked.[5] In addition, screening was likely to be more cost effective in areas with higher incidence and worse mortality outcomes for bladder cancer.[5] Ultimately, further analysis is required to understand if this is the case when real-world uptake of testing is considered outside of deterministic analysis. To allow for a more comprehensive evidence summary by the UK National Screening Committee, Yorkshire Cancer Research recommends future screening studies are focused on high-risk

		populations. The initial modelling conducted as part of the YORKSURe trial indicates research should focus on populations including men who currently or formerly smoked and people in occupations such as factory work. Furthermore, integrated screening approaches for different cancer types may increase patient benefit and improve cost effectiveness. It will also be important for future research to determine the effect of screening on bladder cancer mortality, in particular the impact of a stage shift resulting from screening, and future modelling should incorporate information on stage-specific mortality by diagnostic-route. The first results from the YORKSURe trial are expected in the second half of 2026. When the evidence regarding bladder cancer screening is reconsidered, the YORKSURe trial can support an evidence summary.

References

1. Nomis. Mortality statistics - underlying cause, sex and age. 2023. Accessed: 29/01/2024. Available from: https://www.nomisweb.co.uk/query/construct/summary.asp?reset=yes&mode=construct&dataset=161&version=0&anal=1&initsel=

2. Office for National Statistics. National life tables – life expectancy in the UK: 2022 to 2024. 2025. Accessed: 12/01/2025. Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/lifeexpectancies/bulletins/nationallifetablesunitedkingdom/2022to2024

3. International Standard Randomised Controlled Trial Number. Yorkshire screening of urine trial (YORKSURe). 2025. Accessed: 06/01/2025. Available from: https://www.isrctn.com/ISRCTN34273159

4. Catto JW, North B, Goff M, Carter A, Sleeth M, Mandrik O, et al. Protocol for the YORKSURe prospective multistage study testing the feasibility for early detection of bladder cancer in populations with high disease-specific mortality risk. BMJ Open. 2023;13(9):e076612.

5. Mandrik O, Thomas C, Akpan E, Catto JWF, Chilcott J. Home Urine Dipstick Screening for Bladder and Kidney Cancer in High-Risk Populations in England: A Microsimulation Study of Long-Term Impact and Cost-Effectiveness. Pharmacoeconomics. 2025;43(4):441-52.

4. XXX XXX, member of the public

I agree that there is currently no sufficiently validated and tested screening assay available for bladder cancer. More research in this field would be helpful, and some clinical trials are in progress, though these have limitations. Phase 3 RCTs with an adaptive design would enable testing and comparison of multiple options for screening.

5. XXX XXX, member of the public

Is interested in volunteering for a UK bladder cancer screening programme.