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Until recently, treatment for bladder cancer had seen little progress. For 30 years, clinicians were stuck with the same, limited range of therapeutics to offer patients, and 5-year survival rates were flat (see page S34).

But some people with advanced cancer who had only months to live are now in durable remission, thanks to the introduction of checkpoint-inhibitor drugs (S36). Genomic research has revealed five subtypes of bladder cancer and is providing clues about their causes and vulnerabilities (S44). The discovery that the healthy bladder seems to be home to a cohort of bacteria offers hope that these microbes can be manipulated to improve the treatment of bladder cancer (S40).

There is still a lot to do (S51). Diagnosis occurs too late, particularly in women (S39). And monitoring for disease recurrence relies heavily on cystoscopy, which is expensive and uncomfortable. Urine tests are cheaper and less invasive, and are being developed to confirm cases, monitor tumours and even detect malignancies in asymptomatic individuals (S48).

In much of the world, smoking and exposure to chemicals are the main risk factors for bladder cancer. In Egypt, however, many cases were caused by a River Nile-dwelling parasite. The government reduced this scourge, but high rates of smoking mean that bladder cancer is still a serious problem (S46).

On a personal level, undergoing treatment can be an ordeal. One woman has written and performed an engaging, informative play about her experience (S42). Her story is sure to resonate with other patients and their loved ones (S43).

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Michelle Grayson

Senior editor, supplements

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