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Int J Cancer Manag. 2026; 19(1): e175540 https://doi.org/10.5812/ijcm-175540

Published Online: 2026 November 16 **Editorial**

The Significance of Bladder Cancer in Iran

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Received: 28 September, 2026; **Revised:** 16 October, 2026; **Accepted:** 8 November, 2026

Keywords: Urinary Bladder Neoplasms, Iran

Bladder cancer is one of the most common malignancies of the urinary tract and is considered highly heterogeneous in terms of pathology and clinical behavior. More than 90% of patients with this cancer have urothelial carcinoma; other types include squamous cell carcinoma, adenocarcinoma, and neuroendocrine tumors (1).

Bladder cancer is the tenth most common cancer (1, 2), the second most common cancer of the genitourinary tract, and the thirteenth leading cause of cancer-related death worldwide (3). It is highly prevalent among men, ranking as the sixth most common cancer and the ninth leading cause of cancer-related death among men globally (4). In Iran, bladder cancer is the ninth most common cancer overall (5); it is the most common urinary tract cancer in both sexes and ranks as the fourth (6)—or, according to some sources, the fifth—most common cancer among Iranian men, with an incidence rate exceeding the global average (7). Studies conducted in Iran have indicated an upward trend in the age-standardized incidence rate of the disease across various provinces and years, with rates ranging from 2.1 to 17.7 per 100,000 population in men and from 0.4 to 4.1 in women (8). According to the Surveillance, Epidemiology, and End Results (SEER) Program, approximately 84,530 new cases and 17,870 deaths were estimated in the United States. Similar patterns are observed globally: despite a decline in age-adjusted rates, the absolute burden of the disease is increasing. This indicates that bladder cancer remains a persistent and growing public health challenge (9). Furthermore, bladder cancer is one of the most costly types of cancer to treat on a per-patient, lifetime basis and imposes a heavy economic burden on patients and the health care sector (10). Managing this disease typically requires lifelong monitoring and repeated therapeutic interventions.

Recommendations for Future Research

Given the importance of this subject, the following studies are recommended to complement and deepen existing knowledge of bladder cancer:

1. Conduct large-scale cohort studies with long-term follow-up to confirm the causal relationships between identified risk factors, particularly occupational exposure and opium use, and the incidence of bladder cancer.

2. Conduct studies involving quantitative exposure assessment through measurement of carcinogen metabolites, such as aromatic amines, in the blood or urine of workers in high-risk industries.

3. Investigate the association between risk factors, including specific concentrations of carcinogens in the workplace, and the incidence of specific histopathological subtypes of bladder cancer.

4. Design and evaluate the effectiveness of targeted screening programs for workers in high-risk occupations and individuals with a positive family history.

5. Focus on research into urinary biomarkers, conduct cost-effectiveness analyses, and precisely define target groups.

Conducting such research could lead to the development of strategies for the prevention and early

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How to Cite: Najafi S, Rafiei Asl S. The Significance of Bladder Cancer in Iran. Int J Cancer Manag. 2026;19(1):e175540. doi: https://doi.org/10.5812/ijcm-175540

detection of bladder cancer and more targeted treatment at the national level.

Acknowledgements

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Footnotes

AI Use Disclosure: The authors declare that no generative AI tools were used to create this article.

Authors' Contribution: Sirous Rafiei Asl performed study conceptualization and design, data analysis and interpretation, critical revision of the manuscript, and study supervision; Safa Najafi collected the data and drafted the manuscript.

Conflict of Interests Statement: The authors declare no conflicts of interest. Sirous Rafiei Asl is a faculty member at Ahvaz Jundishapur University of Medical Sciences and a reviewer for this journal.

Funding/Support: The authors received no funding for this study.

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