

# Urinary tract cancer treatment market is to reach US\$13.91 billion by 2034, Led by North America 41% Market share | DataM

*The urinary tract cancer treatment market is growing due to an increase in the prevalence of urinary tract cancer, the elderly population.*

AUSTIN, TX, UNITED STATES, November 28, 2025 /EINPresswire.com/ -- The [Urinary tract cancer treatment market](#) was valued at US\$3.29 billion in 2025 and is projected to reach US\$13.91 billion by 2034, with a Compound Annual Growth Rate (CAGR) of 17.2% from 2025 to 2034.

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The urinary tract cancer treatment market is advancing rapidly as precision oncology, early detection tools, and immunotherapies reshape patient outcomes, creating strong opportunities for innovative.”

*DataM Intelligence*

The urinary tract cancer treatment market is growing due to the increasing prevalence of bladder cancer, an aging global population, significant advancements in immunotherapies and targeted therapies, and rising investments in cancer research and diagnostics. Risk factors like smoking and occupational exposure also contribute to a higher incidence of these cancers.

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Key development -

- June 12, 2025 - U.S. FDA approves UroGen’s intravesical gel formulation “Zusduri” (non-muscle invasive bladder cancer); a clinic/office-administered gel designed to increase dwell time of chemotherapy and reduce repeat surgeries, expected to broaden non-surgical treatment options.
- September 2025- (regulatory announcement) FDA approval for PADCEV (enfortumab vedotin) + Keytruda (pembrolizumab) expanded indications for la/mUC (locally advanced / metastatic urothelial cancer) supporting earlier-stage use and reinforcing ADC + ICI combination strategies in urothelial carcinoma.

- July 2025 - Imfinzi (durvalumab) receives regulatory approval (EU) as a perioperative/neo-adjuvant option for resectable muscle-invasive bladder cancer, marking another checkpoint-inhibitor-based expansion into earlier treatment settings.

- April–August 2024 2025 - Continued ADC momentum and label activity (enfortumab vedotin / other ADCs) plus HER2-targeted ADC developments (regulatory decisions and expanded labels for ADCs in solid tumors have important spillover effects for urothelial programs and combination regimens). These ADC advances remain a major source of new product activity in urothelial cancer.

- November 22, 2024 - FDA final withdrawal of sacituzumab govitecan's urothelial cancer approval (regulatory reversal for Trodelvy in urothelial cancer) an important safety/efficacy/regulatory development that reshaped treatment sequencing and commercial dynamics.

- February 2025 - UroGen acquires oncolytic candidate ICVB-1042 from IconOVir Bio (preclinical asset) to expand its locally-administered bladder cancer pipeline, reflecting M&A/asset-buy activity focused on locally delivered therapies for bladder preservation.

- 2024–2025 - Multiple oncology M&A transactions expanded capabilities relevant to urothelial cancer (examples include ONO's strategic oncology deals and larger pharma acquisitions that bolster ADC, immuno-oncology, and payload technologies) these deals broaden big-pharma oncology toolkits and accelerate late-stage combo programs in urothelial cancer. (Representative M&A summaries and sector rollups).

Growth Drivers:-

Rising prevalence of urinary tract cancers -

Including Bladder Cancer and other urinary tract malignancies. Incidence is increasing globally, driven by risk factors such as smoking, chemical exposure, chronic infections, and aging.

Growing geriatric population -

older individuals are more susceptible to urinary tract cancers, so demographic aging boosts

## URINARY TRACT CANCER TREATMENT ADVANCEMENTS



Innovating for a Healthier Future

demand for diagnosis and treatment.

Advancements in diagnostics and early detection -

better imaging, biomarker testing, and screening mean more cases are caught earlier, raising demand for effective therapies and follow-up care.

Increasing adoption of immunotherapy, targeted therapy & precision medicine -

new therapies (checkpoint inhibitors, antibody-drug conjugates, molecular-targeted drugs) offer improved outcomes, encouraging uptake over older, less effective treatments.

Rising R&D investment and growing pipeline of novel treatments -

growing funding for research, clinical trials and development of next-generation therapies and drugs for urinary tract cancers.

Increasing healthcare infrastructure, funding, and awareness globally -

better healthcare access, more oncology centers, improved reimbursement policies, and greater awareness lead to higher diagnosis rates and treatment penetration.

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Segmentation Analysis-

By Cancer Type

- Bladder Cancer: Dominates the market, holding the largest share due to high prevalence and advancements in therapies like immunotherapy.
- Urethral Cancer: Smaller segment with limited incidence but targeted treatment needs.
- Ureteric and Renal Pelvic Cancer: Growing area driven by improved diagnostics and rising cases.

By Treatment Type

- Immunotherapy: Largest and fastest-growing segment, leading with over 45% share from checkpoint inhibitors and rising approvals for better outcomes.
- Chemotherapy: Key for initial and platinum-eligible patients, including intravesical options, with steady demand.
- Surgery: Essential for early-stage removal, often combined with other therapies.
- Radiation Therapy: Supports non-surgical cases, particularly in advanced disease.
- Targeted Therapy/ADCs: Emerging fastest at 18.65% CAGR, revolutionizing metastatic treatment with drugs like enfortumab vedotin.

By End-Use/Distribution

- Hospitals: Primary channel for complex treatments like surgery and chemotherapy.
- Cancer Treatment Centers: Fastest-growing for specialized immunotherapy and targeted

therapies.

- Ambulatory Surgical Centers: Rising for outpatient procedures.
- Retail/Online Pharmacy: Key for drug distribution, especially oral therapies.

#### Regional Insights-

- North America - 41% share

Driven by the U.S. leadership in clinical research, frequent regulatory approvals (recent new bladder-cancer drugs approved by the FDA), high treatment adoption rates, advanced reimbursement frameworks, and concentrated R&D spending by biopharma. The U.S. accounts for the vast majority of North America's revenue and clinical activity; Canada contributes a smaller but stable share, while Mexico adds emerging demand.

- Asia-Pacific - 34% share

Rapidest-growing region driven by rising incidence rates, expanding oncology care infrastructure, increased oncology clinical-trial activity (notably in China), growing adoption of immunotherapies and targeted agents, and improving access to diagnostics and hospital care across major markets (China, Japan, South Korea, India). Market expansion reflects both catch-up adoption of advanced therapies and large patient populations.

- Europe - 18% share

A mature market with steady growth: strong public healthcare systems, structured reimbursement pathways, active clinical research in Western Europe, and growing emphasis on health-technology assessment and cost-effectiveness for new bladder-cancer therapies. Regulatory harmonization across the EU and push toward value-based oncology care shape market uptake.

- Latin America - 4% share

Smaller market share today but rising demand—growth is driven by improved cancer screening programs, slow but steady access expansion to newer therapies in upper-middle-income countries (Mexico, Brazil, Argentina), and increased public/private oncology investment. Market constraints include heterogeneous reimbursement and limited access in some countries.

#### Key Players

Pfizer Inc. | Merck & Co., Inc. | F. Hoffmann-La Roche Ltd (Roche) | Bristol-Myers Squibb (BMS) | Johnson & Johnson (Janssen Pharmaceuticals) | Astellas Pharma Inc. | AstraZeneca plc | Novartis AG

#### Key Highlights

- Pfizer Inc. – Holds 11.2% share in the urinary tract cancer treatment market, supported by its expanding oncology portfolio, including targeted therapies and immuno-oncology programs focused on urothelial carcinoma.
- Merck & Co., Inc. - Accounts for 17.4% share, driven by the dominant adoption of Keytruda

(pembrolizumab) as a frontline and second-line therapy for advanced bladder and urinary tract cancers.

- F. Hoffmann-La Roche Ltd (Roche) - Represents 13.6% share, powered by Tecentriq (atezolizumab) and its strong pipeline of immunotherapies for metastatic urothelial cancer.
- Bristol-Myers Squibb (BMS) - Holds 9.8% share, supported by Opdivo (nivolumab) and combination immunotherapy regimens gaining wider approvals across multiple urothelial cancer stages.
- Johnson & Johnson (Janssen Pharmaceuticals) - Accounts for 6.1% share, mainly due to its presence in urological oncology solutions and ongoing clinical trials targeting urinary tract tumor progression.
- Astellas Pharma Inc. - Represents 5.5% share, strengthened by its collaboration with Seattle Genetics for Padcev (enfortumab vedotin), a leading antibody-drug conjugate showing high efficacy in urothelial cancers.
- AstraZeneca plc - Holds 7.4% share, driven by Imfinzi (durvalumab) and ongoing studies exploring combination immunotherapy in upper urinary tract malignancies.
- Novartis AG - Accounts for 4.9% share, supported by targeted oncology therapies and expansion in precision-medicine-based cancer treatments for urothelial carcinoma.

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#### Conclusion-

In conclusion, the urinary tract cancer market promises robust expansion through immunotherapy dominance, targeted therapies, and regional healthcare advancements, offering key investment opportunities in personalized medicine and emerging markets like the Asia-Pacific. Strategic partnerships and innovations, such as Jelmyto, will drive better patient outcomes and market value to nearly \$9 billion by 2030.

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