It is our great honor to be editors of this book. We feel privileged to be able to write its preface and recommend this book to all our urology colleagues.

With the recent developments in diagnostic technology, the incidence of bladder cancer (BC) has increased year by year, and BC has become one of the most commonly diagnosed malignant tumors of the genitourinary system. BC is classified into non-muscle invasive bladder cancer (NMIBC) and muscle invasive bladder cancer (MIBC) depending on the depth of tumor infiltration. At initial diagnosis, 25% of patients are muscle invasive bladder cancer (MIBC), while 10%–20% of NMIBC patients will progress to MIBC in the follow-up. The 5- and 10-year overall survival rates for MIBC with treatment are about 50% and 36%, respectively, while metastatic BC has a worse survival outcome, with a 5-year survival rate of 5%–15%. Due to the high probability of recurrence and metastasis, BC can incur a heavy economic and psychological burden on patients. It is thus crucial to find more effective and individualized treatment methods for BC patients to improve survival outcomes and quality of life.

Over the past few decades, there has been a growing awareness of both the oncologic and quality of life consequences of bladder cancer diagnosis, treatment, and surveillance. Although many urinary markers for bladder cancer have now been approved by the FDA, there is not enough evidence to support replacing surveillance cystoscopy with any given marker. The treatment of bladder cancer mainly includes surgery (transurethral resection of bladder tumors [TURBt] and radical cystectomy), immunotherapy, chemotherapy (adjuvant chemotherapy and neoadjuvant chemotherapy), radiotherapy, targeted therapy, and other methods. In patients undergoing cystectomy, reports of approaches using more standardized measures of complications have demonstrated high rates of postoperative morbidity and mortality, particularly in elderly individuals. The robot-assisted technique is now being more widely studied as a potential approach to decrease operative blood loss and shorten recovery. Despite level I evidence supporting the use of neoadjuvant chemotherapy, there remains disagreement regarding its use over selective adjuvant therapy, given the modest benefits seen with current regimens. Therefore, discussion to resolve the controversy regarding the diagnosis and treatment of BC is urgently needed.

This book covers a wide range of knowledge and includes many topics within urology. It has been informed by the collected opinions of urology experts from all over the world. It contains not only the consensus concerning the latest progress in the diagnosis and treatment of bladder cancer, but also other more controversial issues. We believe this publication provides a valuable summary of the important research in this field and can help promote clinical novelty by enlightening and provoking the thoughts of our readers.

Lastly, we would like again to thank the editorial board for their efforts in compiling this book.

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