

What do these results mean for individuals with MIBC?

Patients who do not receive a definitive treatment for muscle-invasive bladder cancer (MIBC), such as bladder removal surgery or chemotherapy + radiotherapy, are generally older, have a lower chance of living long-term, and lower but still substantial healthcare resource use compared with patients who receive definitive treatments through the US Veterans Affairs System. These findings highlight the need for new, more tolerable therapies for patients not receiving definitive treatments.

What was the purpose of this study?

The purpose of this study was to compare **survival, patient characteristics, and healthcare resource use** between **patients with muscle-invasive bladder cancer (MIBC)** who **received definitive treatment** (such surgical removal of the whole bladder or chemotherapy + radiotherapy) compared with those who **did not receive such treatment**.

How was the study carried out?

- This study analyzed electronic medical records to identify patients with MIBC in the US Veterans Affairs system from 2010–2019
- Patients were divided into 3 groups based on the treatment received:
 - No definitive treatment
 - Surgical removal of the whole bladder (radical cystectomy)
 - Combined chemotherapy and radiotherapy
- Survival outcomes and healthcare resource use (overall and bladder cancer-specific) in each group were compared

Who was in the study?

1524
Patients with MIBC

650
Received no definitive treatment

740
Surgical removal of the whole bladder

134
Received combined chemotherapy + radiotherapy

Median age:
78 years
Received no definitive treatment

68 years
Surgical removal of the whole bladder

72 years
Received combined chemotherapy + radiotherapy

Patients who received no definitive treatment were older at MIBC diagnosis than patients who received a definitive treatment

Outcomes, healthcare resource utilization and costs of patients receiving definitive versus non-definitive treatment for muscle-invasive bladder cancer: A real-world analysis within the Veterans Affairs system

Renning Zheng,^{1,2} Jaruda Ithisuphalap,³ Bolan Linghu,⁴ Eleanor O. Caplan,⁴ Kirk A Keegan,^{5,6} Sydney A. McIntire,³ Joshua A. Parrish,³ Claire Evans,³ Amanda M. De Hoedt,³ Sanjay Das,^{2,7} Ariel B. Bourla,⁴ Sabine Brookman-May,^{4,8} Hussein Sweiti,⁴ Joel Greshock,⁴ Stephen J. Freedland,^{2,3,9} Stephen B. Williams,¹⁰ Anirban P. Mitra^{2,9,11}

¹School of Medicine, Tsinghua Medicine, Tsinghua University, Beijing, China; ²Department of Urology, Cedars-Sinai Medical Center, Los Angeles, CA, USA; ³Department of Surgery, Durham Veterans Affairs Health Care System, Durham, NC, USA; ⁴Janssen Research & Development, LLC, Raritan, NJ, USA; ⁵Nashville Veterans Affairs Health Care System, Nashville, TN, USA; ⁶Vanderbilt University, Department of Urology, Nashville, TN, USA; ⁷Cleveland Clinic, Digestive Disease & Surgery Institute, Cleveland OH, USA; ⁸University of Munich, LMU, Munich, Germany; ⁹Samuel Oschin Comprehensive Cancer Institute, Cedars-Sinai Medical Center, Los Angeles, CA, USA; ¹⁰Department of Surgery, Division of Urology, The University of Texas Medical Branch, Galveston, TX, USA; ¹¹Department of Computational Biomedicine, Cedars-Sinai Medical Center, Los Angeles, CA, USA

What were the results?

- Patients who received definitive treatments (e.g., surgical removal of the whole bladder or a combination of chemotherapy and radiation) were more likely to live longer and less likely to die of bladder cancer than those who did not receive such treatments
- Patients who had their whole bladder removed by surgery had the highest inpatient healthcare resource use, while those who had a combination of chemotherapy + radiotherapy had the highest outpatient healthcare resource use

What was the impact of definitive treatment on overall survival and health resource use?

51%

Patients with MIBC who had their **whole bladder removed by surgery** had a **51% lower rate of death within 10 years** compared with those who did not receive definitive treatment

35%

Patients with MIBC who received a combination of **chemotherapy + radiotherapy** had a **35% lower rate of death within 10 years** when compared with those who did not receive definitive treatment

Analyses were adjusted for age differences and other specific characteristics such as race and smoking status

Inpatient healthcare resource use was highest in patients with **surgical removal of the whole bladder**

Outpatient healthcare resource use was highest in patients receiving **chemotherapy + radiotherapy**

Glossary of Terms

Definitive treatments	Treatments aimed at curing the disease, including bladder removal surgery and chemotherapy + radiotherapy	Muscle-Invasive Bladder Cancer (MIBC)	A type of bladder cancer that has spread into or through the muscle layer of the bladder wall
Inpatient	A person who receives medical care while staying overnight in hospital	Outpatient	A patient who visits a healthcare facility for diagnosis or treatment without staying overnight

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AI was used in the preparation of these summaries.