# Real-World Insights Into the Patient Experience and Gender Disparities During Treatment for High-Risk Non-Muscle Invasive Bladder Cancer

Andrea Kokorovic<sup>1</sup>, Wassim Kassouf<sup>2</sup>, Nimira S Alimohamed<sup>3</sup>, Peter Black<sup>4</sup>, Girish Kulkarni<sup>5</sup>, Normand Blais<sup>6</sup>, Aly-Khan A Lalani<sup>7-9</sup>, Srikala S Sridhar<sup>10</sup>, Mia Unsworth<sup>11</sup>, Jacob Skilling<sup>11</sup>, Brendan Osborne<sup>12</sup>, Marie Deault-Bonin<sup>12</sup>, Chritopher JD Wallis<sup>13</sup>

Department of Urology, Dalhousie University. <sup>2</sup> Department of surgery (Urology), McGill University Health Centre. <sup>3</sup> Department of Medicine, Division of Medical Oncology, Arthur JE Child Comprehensive Cancer Centre, University of Calgary. <sup>4</sup> Department of Urologic Sciences, University of British Columbia. <sup>5</sup> Divisions of Urology and Surgical Oncology, Department of Surgery, University Health Network, University of Toronto. <sup>6</sup> Division of Medical Oncology and Hematology, Department of Medicine, Centre Hospitalier de l'University de Montréal. <sup>7</sup> Department of Oncology, Jurology, Cumming School of Medicine, University of Calgary, Calgary, Alberta, Canada, Oncology Outcomes, Calgary, Alberta, Canada. <sup>9</sup> Department of Oncology, Tom Baker Cancer Centre, University of Calgary, Calgary, Alberta, Canada. <sup>10</sup> Division of Medical Oncology, University of Toronto. <sup>11</sup> Adelphi Real World. <sup>12</sup> Johnson & Johnson Canada. <sup>13</sup> Division of Urology, Department of Surgery, Illiversity of Toronto, of Toronto.

# Key Takeaways



Integrating patient perspectives and addressing gender-specific needs in future interventions and education programs can enhance the treatment experience and outcomes for individuals living with HR-NMIBC.

## Conclusions



This real-world Canadian study highlights the substantial physical, emotional, and socioeconomic burden of HR-NMIBC, with significant gender-based differences in patient experience.



There is a disconnect between physician and patient perceptions of symptom burden and treatment impact, underscoring the need for greater incorporation of patient-reported outcomes in clinical practice.



Guideline-recommended therapies, particularly adequate BCG administration and consideration of cystectomy, remain underutilized. This suggest opportunities for improved adherence, patient counseling and new treatment modalities.

#### Disclosures

cities Kokowie, Ad boards/speaker bareas. Tolana, Analdas, Bayer, Ferring, Knight, Pitzer, Toerea, Jamesen, EMD Serros, Johnson and Johnson, Anter Zeneca, CG Oncology, Priod travel expenses. Tears are also find Kasabari, Massaudi, Horosaria for all boaster Ferring, Antaz Zeneca, BMS, Mercki, Jamesen, Bayer, Antellan, Pitzer, EMD Serros, Netros, Co Oncology, ericles, Mercki, America, Bayer, Antellan, America, Bayer, Baye



In the Circode is intended to provi scientific information for individu reference, and the information at not be altered or reproduced in a https://www.congresshub.com/O /SUO2025/TAR-200/Kokorovic

#### Introduction

Patients with high-risk non-muscle invasive bladder cancer (HR-NMIBC) face emotional distress from treatment side effects and fear of recurrence, affecting daily life and well-being.<sup>1</sup>

#### Patient experience evidence gaps

- Real-world data on patient-reported experiences are limited.
- Evidence gaps exist evaluating differences between physician and patient perception of symptom burden and treatment impact.<sup>1</sup>

#### Gender considerations

- Gender disparities are well-documented, with women presenting with more advanced disease and poorer outcomes.<sup>2-3</sup>
- Gender based differences in patient reported outcomes are not well established.

#### Results

- The cohort comprised 126 HR-NMIBC cases from 21 physicians;
   78 patients provided self-reported data.
- Median follow-up since initial NMIBC diagnosis: 26.7 months (IQR: 17.5-26.0 months).

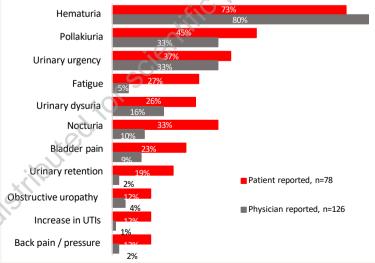
Table 1: Patient demographic and baseline clinical characteristics

Characteristics	N=126
Age, median (range)	73 year (45-88)
Male, %	73%
Ethnicity,%	90% White
Smoking Status	70% current/ex-smokers
Tumour focality at diagnosis	53% Multifocal
Most common tumour type	T1 High-Grade (>3cm; 32%)

# Symptoms Burden: Patient Versus Physician Perspective

- At diagnosis, patients reported a higher prevalence and broader range of NMIBC-related symptoms compared to those documented by treating physicians Figure 1.
- Notable symptom-specific discrepancies for nocturia (32% vs 7%), bladder pain (13% vs 1%), urinary frequency (37% vs 25%), and fatigue (27% vs 5%).

Figure 1: Patient vs. physician perspectives of bladder cancer at diagnosis



# Symptoms Burden: Gender-Based Difference

- Generally, a greater percentage of women reported HR-NMIBC related symptoms than men, particularly nocturia (50% vs 25%, p=0.028).
- Men (41%) reported experiencing fatigue at a higher percentage than women (18%), p<0.05.</li>

#### Object

- The objective of this study was to assess the real-world physical, emotional, and socioeconomic burden of HR-NMIBC in Canada from both patient and physician perspectives.
- The study aimed to evaluate treatment patterns, patient-reported outcomes, and gender-based differences to inform more patientcentered care and improve adherence to clinical guidelines.

#### **Inclusion Criteria**

For Physicians	For patients
<ul> <li>Urologists or medical oncologists actively involved in management of patients with HR-NMIBC.</li> <li>Spend ≥50% of their professional time for direct patient care.</li> <li>Manage ≥6 patients with bladder cancer per month.</li> </ul>	<ul> <li>Aged ≥18 years.</li> <li>Physician-confirmed diagnosis of HR-NMIBC (with high-grade Ta/TI, or carcinoma in situ).</li> <li>Diagnosed ≥12 months prior to data collection.</li> </ul>

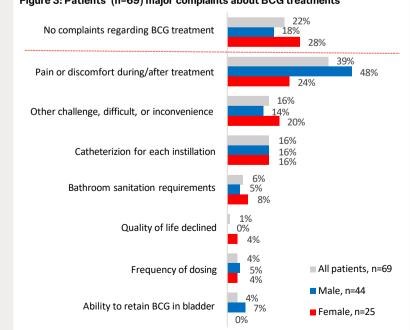
# Treatment Pattern and Outcomes

- First line (1L) therapy management included BCG therapy (82% of patients), intravesical chemotherapy (6%), or no treatment following TURBT (20%) Figure 2.
- Of the patients receiving 1L BCG, 49% (39/79) received adequate BCG (≥5/6 induction doses and ≥2/3 maintenance doses per FDA definition).
- 1L BCG treatment was discontinued in 24% (39/79) of patients.
- Common reasons for BCG discontinuation included patient request to stop treatment (47%), unacceptable tolerability (35%) and disease recurrence (35%).

# Treatment Burden: Patient's Experience with BCG

- Among BCG-treated patients (n=69), 22% reported feeling very dissatisfied or dissatisfied with their BCG treatment (23% men, 20% women), and 7% of men and 20% of women reported poor tolerability.
- The most frequently reported BCG treatment complaints included pain/discomfort (39%), difficulty/inconvenience (16%), and catheterization (16%).
- Only 22% of patients reported no complaints with their BCG treatment

Figure 3: Patients' (n=69) major complaints about BCG treatments



#### Metho

The Adelphi Real-World HR-NMIBC Disease Specific Program <sup>™</sup>, is a cross-sectional survey with retrospective element conducted with Canadian urologists and medical oncologists (Sep-2023 to Jul-2024).<sup>5-6</sup>

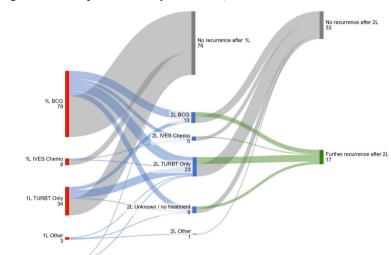
Physicians reported treatment patterns for six consecutive patients who met inclusion criteria (adults diagnosed with HRNMIBC within preceding 12-months and who were receiving/had received treatment for their HR-NMIBC).

These patients received voluntarily self-completion survey and 5Q-5D-5L questionnaire capturing their experiences with HR-NMIBC and treatment impact.

In collaboration with Bladder Cancer Canada, additional patients were recruited to complete an electronic questionnaire.

Descriptive analyses were performed on patient-reported outcomes and physician-reported data. Bivariate analyses were performed to assess gender differences.

Figure 2: Summary of treatment pattern at 1L, 2L and 3L



18 Library Company and Meeting Calimette-Guerin; IVES Chemo, Intravesical chemotherapy; 1L, First line; 2L, Second line; 3L Third line; TURBT, Transurethral resection of bladder tumor.

### Gender-Based Differences in Health Related QoL (EQ-5D-5L)

- A higher percentage of women reported anxiety/depression (24%) compared to men (12%).
- A higher percentage of men reported problems with self-care (12% vs 0% of the women, p=0.05) and moderate/severe problem in usual activities (10% vs 3%), and pain/discomfort (14% vs 7%).

#### Socio-Economic Burden

- Although many patients were retired (59%), a substantial proportion remain employed or have other daily responsibilities.
- 15% of patients reported a change in employment status (10% of men, 24% of women), and 23% required caregiver support.

#### Limitations

- The limited sample size constrained the size of effect that could be reliably measured. Causal relationships could not be established due to the limitations in analysis opportunities with the available sample.
- The duration of patient follow-up in this study does not reflect longterm patient experience.

#### References

 Grabe-Heyne K, Henne C, et al. Intermediate and high-risk NMIBC: burden and unmet needs. Front Oncol. 2023;13:1170124.
 Uhlig A, Strauss A, et al. Gender differences in NMIBC recurrence after BCG. Eur Urol Focus. 2018.
 Radkiewicz C, Edgren G, et al. Sex differences in urothelial bladder cancer survival. Clin Genitourin Cancer. 2019;18(1):26–34.e6.
 Anderson et al. CMRO. 2008;24(11). 30363-72.
 Anderson et al. CMRO. 2008;24(11).

**UROTHELIAL CANCER** 

