

43rd Congress of the Société Internationale d'Urologie

October 11-14

# Patient Awareness, Diagnosis and Treatment of Bladder Cancer: **Survey Results From 45 Countries**

Lydia E. Makaroff<sup>1,2,</sup> Alex Filicevas<sup>1</sup>, Shannon Boldon<sup>1</sup>, Patrick Hensley<sup>3,12,</sup> Peter C. Black<sup>4,5,6,7</sup>, Stephanie Chisolm<sup>1,8</sup>, Stephanie Demkiw<sup>1,9,10</sup>, Mario I. Fernández<sup>11,12</sup>, Mikio Sugimoto<sup>13</sup>, Bente Thoft Jensen<sup>14,19</sup>, Wim P. J. Witjes<sup>15</sup>, Ken Bagshaw<sup>1,7</sup>, Lori Cirefice-Funk<sup>1,16</sup>, Allen Knight<sup>1,17</sup>, Ashish M. Kamat<sup>1,5,6,12,18</sup>

1. World Bladder Cancer Patient Coalition; 2. Fight Bladder Cancer (UK); 3. University of Kentucky (USA); 4. University of British Columbia (Canada); 5. International Bladder Cancer Network; 6. Société International d'Urologie; 7. Bladder Cancer Canada; 8. Bladder Cancer Advocacy Network (USA); 9. Bladder Cancer Awareness Australia; 10. Access Health and Community (Australia); 11. Department of Urology; Clinica Alemana Universidad del Desarrollo, Santiago, Chile; 12. International Bladder Cancer Group; 13. Kagawa University (Japan); 14. European Association of Urology Nurses; Aarhus University Hospital (Denmark); 15. European Association of Urology, Research Foundation (Netherlands); 16. Cancer Vessie Fr. 17. Action Bladder Cancer UK; 18. MD Anderson Cancer Center (USA) 19. Department of Urology, Aarhus University Hospital (Denmark)

# World Bladder **Cancer Patient COALITION**

#### **PURPOSE / OBJECTIVES**

Few global studies exist detailing the lived experiences of bladder cancer patients. The objective was to collect the views and experiences of people with bladder cancer worldwide.

#### MATERIAL & METHOD

A comprehensive survey consisting of 65 questions was administered by the World Bladder Cancer Patient Coalition and Quality Health, an IQVIA business, from October 2021 to February 2022 and was disseminated online in Arabic. English, French, Hindi, Italian, Japanese, Norwegian, Polish, Portuguese, Russian, and Spanish.

The survey results were cleaned by removing duplicates and incorrectly formatted data. The dataset was analysed using the software SPSS to produce descriptive and comparative statistics. The percentage responses were calculated after excluding respondents that did not answer that question.

RESPONDENT CHARACTERISTICS

Sub-analyses were conducted for sex, time to diagnosis, age, geographic region, and stage.

Our survey was distributed online, via social media and patient support organisations. While stage distribution and sociodemographic characteristics in this cohort reflect realworld bladder cancer patients, there may be disproportionately represented patient populations. The online nature of the survey means that older people, people without internet access, and disabled people may have been excluded. There were few responses from low- and middle-income countries.

The percentage of respondents by geographic area was:

Small city or med / large town

Rural area

# **RESULTS - AWARENESS**



did not know the signs and symptoms of bladder cancer before diagnosis

did not know visible blood in urine was a symptom of bladder cancer of respondents were diagnosed with another

understood the signs and symptoms of bladder cancer, compared to other common cancers (completely, to some extent)

### **RESULTS - DIAGNOSIS**

of males diagnosed

within 3-months



of respondents over 74 were diagnosed within 3 condition before bladder months



months

of females diagnosed



of respondents under 55 were diagnosed within 3

**AWARENESS VIDEOS** 

# **RESULTS - CYSTECTOMIES**



survey respondents had a radical cystectomy



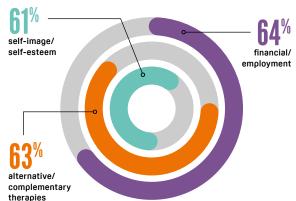
of females were counselled

#### **SUMMARY**

Before diagnosis, awareness of the signs and symptoms of bladder cancer was low. Women were twice as likely to be misdiagnosed with a UTI than men. More women and younger respondents had delays in diagnosis. Many respondents were not counselled about sexual side effects before surgery.

We thank Alessandro Boni, Tony Cornacchia, Melanie Costin Ferg Devins, Dr Makarand Khochikar, Dr Rajeev Kumar, Dr Mohammed Shahait, Dr Ignacio Duran, David Guttman, Ekaterina larkova-Vizuroiu, Helen Lacy, Robert McConkey Jack Moon, Lauren Pretorius, Anita Eik Roald (Norwegian Bladder Cancer Society), Laura Magenta (Associazione PaLiNUro, Italy), Jim Scott, Brittney Tellekamp, Laura Magenta (Associazione PaLiNUro, Italy), Liesbeth de Boer Oosterhuis (Living with Bladder / Kidney Cancer, Netherlands), All.Can International, Association of Cancer Patients in Finland, European Association of Urology, European Association of Urology Nurses, European Cancel Organisation, Friends of Cancer Patients UAE, Polish Coalition of Oncological Patient Organisations, Société Internationale d'Urologie, Uro-today, com, Marylou Bosco & Adam Taylor (IQVIA), and Emma Moore & Hatty O'Sullivan (formerly IQVIA) for contributing to the survey and report

# **RESULTS - SUPPORT**















Areas well







not receive enough emotional support

**Emotional** support

