

Title: Patient and carer experiences with bladder cancer: results of a global survey in 45 countries

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Keywords: bladder cancer, global survey, patient experience, carer experience, diagnostic errors, psychosocial support, emotional support, quality of life, urinary bladder neoplasms

Subsequently published as: L.E. Makaroff, A. Filicevas, S. Boldon et al., Patient and Carer Experiences with Bladder Cancer: Results from a Global Survey in 45 Countries, Eur Urol (2023), https://doi.org/10.1016/j.eururo.2023.04.034

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Patient and carer experience data are vital to improving patient outcomes. Few global studies exist detailing

the lived experiences of bladder cancer (BC) patients and their carers [1,2]. To collect these real-world

experiences, a comprehensive survey was developed by the World Bladder Cancer Patient Coalition (WBCPC)

in collaboration with an international expert steering committee (Table 1 in supplementary material). The

survey was administered from October 2021 to February 2022 and a total of 1198 patients and 67 carers from

45 countries responded (Tables 2 and 3 in supplementary material).

The majority of patients (91%) had one or more signs and symptoms of BC prior to diagnosis (Figure 1a).

However, consistent with previous research [2,3], 54% were not aware of BC signs and symptoms before their

diagnosis (Figure 1b). Also, misdiagnoses prior to a BC diagnosis were common, particularly among women

and younger patients (Table 4 in supplementary material).

At the time of diagnosis, the majority of patients did not receive any information about patient organisations

(73%; n=714/980) or clinical trials (84%; n=941/1117). Information and supportive services were also lacking

across various areas (Figures 1 and 2 in supplementary material). Almost half of patients who underwent

cystectomy (45%; n=145/322) reported not being counselled on sexual side effects prior to surgery.

Compared to other common cancers, the emotional impact of BC has been greatly overlooked [1,4]. In our

survey, the emotional impact of BC was felt across many aspects of life, with younger patients being more

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severely impacted across all domains examined (Table 5 in supplementary material). Over half of patients

(58%, n=660/1135) were not offered emotional support to help them cope with their diagnosis, and 46%

(n=509/1102) indicated that the long-term emotional impact of their BC treatment was not addressed.

Financial toxicity is another major concern for BC patients; 49% (n=577/1176) of surveyed patients indicated

that having BC impacted them financially, with the burden being highest for younger patients (68%;

n=107/157) and those with advanced/metastatic BC (57%; n=16/28).

To date, research focused on the impact of BC on carers has been sparse [3,5]. In our survey, 91% (n=61/67)

of carers indicated that they were impacted emotionally by caring for someone with BC. Carers also took on

critical and diverse roles (Figure 3 in supplementary material), but the majority (79%; n=46/58) lacked

sufficient information to effectively take on these roles.

Our study has some limitations. Given the online nature of the survey, older patients, people with disabilities

or those without internet access may have been excluded. Also, there were few patients from low- and

middle-income countries; more research is needed to better understand the experiences of these patients.

Despite these limitations, our survey identifies clear areas for improvement across the BC patient pathway –

from awareness of BC signs and symptoms, to early disease detection, and access to information and

supportive services for both patients and their carers. These findings provide an evidence-base to guide the

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development of future initiatives that address the unmet needs of patients and their carers.

To view the full report of this global survey, please visit: https://worldbladdercancer.org/wp-

content/uploads/2023/06/WBCPC-Patient-Survey-Report.pdf

Author Contributions:

L.E. Makaroff, A. Filicevas and S. Boldon had full access to all the survey data and take responsibility for the integrity of the data and the accuracy of the data analysis.

Study concept and design: All authors

Data collection: L.E. Makaroff, A. Filicevas and S. Boldon

Analyses and interpretation of data: L.E. Makaroff, A. Filicevas, S. Boldon, P. Hensley, P. Black, S. Chisolm, S.

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Drafting of the manuscript: A.M. Kamat, L.E. Makaroff, A. Filicevas

Critical revision of the manuscript for important intellectual content: All authors

Obtaining funding: A. Filicevas

Administrative: A. Filicevas

Supervision: : L.E. Makaroff, A. Filicevas, P. Hensley, A.M. Kamat

Subsequently published as: L.E. Makaroff, A. Filicevas, S. Boldon et al., Patient and Carer Experiences with Bladder Cancer: Results from a Global Survey in 45 Countries, Eur Urol (2023), https://doi.org/10.1016/j.eururo.2023.04.034

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Acknowledgements:

We gratefully acknowledge the patients and carers that participated in the global survey as well as the

following individuals and organisations for contributing to the survey and/or for supporting the development

of the full report available at: https://worldbladdercancer.org/wp-content/uploads/2023/06/WBCPC-Patient-

Survey-Report.pdf

Alessandro Boni, Tony Cornacchia, Melanie Costin, Ferg Devins, Dr Makarand Khochikar, Dr. Rajeev Kumar, Dr

Mohammed Shahait, Dr Ignacio Duran, David Guttman, Ekaterina Iarkova-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),

Tony Moore (Bladder Cancer Australia Charity Foundation), Liesbeth de Boer-Oosterhuis (Living with Bladder

or Kidney Cancer, Netherlands), All.Can International, Association of Cancer Patients in Finland, European

Association of Urology, European Association of Urology Nurses, European Cancer Organisation, Friends of

Cancer Patients (UAE), Polish Coalition of Oncological Patient Organisations, Société Internationale d'Urologie,

Urotoday.com, Marylou Bosco and Adam Taylor (IQVIA) and Emma Moore and Hatty O'Sullivan (formerly at

IQVIA)

The authors would like to thank Julie Tasso for her editorial services and assistance in the preparation of this

manuscript.

Subsequently published as: L.E. Makaroff, A. Filicevas, S. Boldon et al., Patient and Carer Experiences with Bladder Cancer:

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Financial Disclosures:

Dr. Ashish Kamat has participated in clinical trials with FKD, Merck, Bristol Myers Squibb, Photocure, SWOG, Adolor, Heat Biologics, Janssen, Taris, Seattle Genetics; he has participated in laboratory research with: NIH, SPORE, AIBCCR, PCORI; he has acted as an advisory board member or consultant for: TMC Innovation, Arquer Diagnostics, Asieris, Astellas, Biological Dynamics, BMS, CG Oncology, Cystotech, Eisai, Engene, Ferring, InCyte, Imvax, Imagin Medical, Janssen, Medac, Merck, Nonagen, Photocure, ProTara, Pfizer, Roche, Seattle Genetics, Sessen Bio, Theralase, US Biotest, Urogen Inc; he is a member of the Editorial Board of European Urology Oncology, the Journal of Urology, and UroToday; Dr. Kamat is President of the International Bladder Cancer Network (IBCN) and the International Bladder Cancer Group (IBCG); he holds patent(s) with CyPRIT (Cytokine Predictors of Response to Intravesical Therapy) – joint with UT MD Anderson Cancer Center. Lydia Makaroff is an employee of Fight Bladder Cancer, which has received financial support from Astellas, AstraZeneca, Bayer, BMS, Ferring, Janssen, Medtec, Merck, MSD, Pfizer, Prokarium, Roche, Sanofi, and Seagen. Lydia Makaroff is a volunteer board member of the World Bladder Cancer Patient Coalition, which has received financial support from Astellas, AstraZeneca, BMS, Janssen, Merck, MSD, Pfizer, Roche, and Seagen. Alex Filicevas is an employee of the World Bladder Cancer Patient Coalition, which receives funding from Astellas, AstraZeneca, Bristol Myers Squibb, Janssen, Merck, MSD, Pfizer, Roche and Seagen. Alex Filicevas is a volunteer board member of All.Can International, which receives funding from Amgen, Bristol Myers Squibb, Johnson & Johnson, Illumina and Roche. Shannon Boldon is a health policy consultant and was paid for her role as a researcher in the survey. She contributed pro-bono to the development of this manuscript. Dr. Mikio Suginoto has received honoraria from Janssen, AstraZeneca, Takeda and Astellas; Mario I. Fernández has acted as a

Subsequently published as: L.E. Makaroff, A. Filicevas, S. Boldon et al., Patient and Carer Experiences with Bladder Cancer: Results from a Global Survey in 45 Countries, Eur Urol (2023), https://doi.org/10.1016/j.eururo.2023.04.034

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speaker for Eli Lilly, Grünenthal, Merck and has received consulting fees from Ferring and Janssen. Stephanie Demkiw is cofounder and Chair of Bladder Cancer Awareness Australia, a volunteer-run organisation, which has received financial support from Ferring, Merck and Pfizer. Stephanie Demkiw is cofounder and Chair of Bladder Cancer Awareness Australia, a volunteer-run organisation, which has received financial support from Ferring, Merck and Pfizer. She is also a volunteer board member of the World Bladder Cancer Patient Coalition, which has received financial support from Astellas, AstraZeneca, BMS, Janssen, Merck, MSD, Pfizer, Roche, and Seagen. Stephanie Chisolm is a volunteer board member of the World Bladder Cancer Patient Coalition, which has received financial support from Astellas, AstraZeneca, BMS, Janssen, Merck, MSD, Pfizer, Roche, and Seagen. Allen Knight is a volunteer board member of the World Bladder Cancer Patient Coalition, which has received financial support from Astellas, AstraZeneca, BMS, Janssen, Merck, MSD, Pfizer, Roche, and Seagen; he is also a volunteer Trustee of Action Bladder Cancer UK, which has received funding from various pharmaceutical companies as listed on their website, www.actionbladdercanceruk.org. Wim Witjes has received honoraria from the EAU Research Foundation, a foundation receiving grants from companies interested in research data and results. The EAU Research Foundation has received grants from Boston Scientific, Coloplast, Incyte, Laborie and the European Union. Lori Cirefice-Funk has received honoraria/consulting fees from R-Connect GmbH, PHE Consulting, Ferring; she represents Cancer Vessie France and this patient organisation has received grants/donations from: Merck-Pfizer Alliance, Astellas, Bristol Meyers Squibb and Janssen. Lori is also a volunteer board member of the World Bladder Cancer Patient Coalition, which has received financial support from Astellas, AstraZeneca, BMS, Janssen, Merck, MSD, Pfizer, Roche, and Seagen. Ken Bagshaw is a volunteer board member of the World Bladder Cancer Patient Coalition,

Subsequently published as: L.E. Makaroff, A. Filicevas, S. Boldon et al., Patient and Carer Experiences with Bladder Cancer: Results from a Global Survey in 45 Countries, Eur Urol (2023), https://doi.org/10.1016/j.eururo.2023.04.034

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which has received financial support from Astellas, AstraZeneca, BMS, Janssen, Merck, MSD, Pfizer, Roche,

and Seagen. Patrick Hensley: none. Dr. Peter Black is a member of an advisory board or equivalent with the

following commercial organisations: AbbVie, AstraZeneca, Astellas, Bayer, BMS, EMD-Serono, Ferring,

Fergene, Janssen, Merck, miR Scientific, Nonagen, NanOlogy, Prokarium, Protara Therapeutics, QED

Bioscience, Roche, Sanofi, Sesen Bio, STIMIT, TerSera, Tolmar, Urogen. He is a member of Speaker's bureaus

for: AbbVie, Biosyent, Janssen, Minogue, Ferring, TerSera, Pfizer. He has received grants/honoraria from

iProgen. He is currently participating or has participated (within last 2 years) in clinical trials with: Genentech,

Janssen, BMS, AstraZeneca, Therelase, Pacific Edge, Pfizer. He shares a patent with Veracyte. Bente Thoft

Jensen: none.

Funding Support and Role of Sponsors:

The global survey was supported by funding from Astellas, AstraZeneca, Bristol Myers Squibb, Janssen, Merck,

Pfizer, Roche and Seagen. The funding sources had no involvement in the design and conduct of the survey,

management, analysis or interpretation of data, preparation, writing or review of this manuscript or in the

decision to submit this manuscript for publication.

Subsequently published as: L.E. Makaroff, A. Filicevas, S. Boldon et al., Patient and Carer Experiences with Bladder Cancer: Results from a Global Survey in 45 Countries, Eur Urol (2023), https://doi.org/10.1016/j.eururo.2023.04.034

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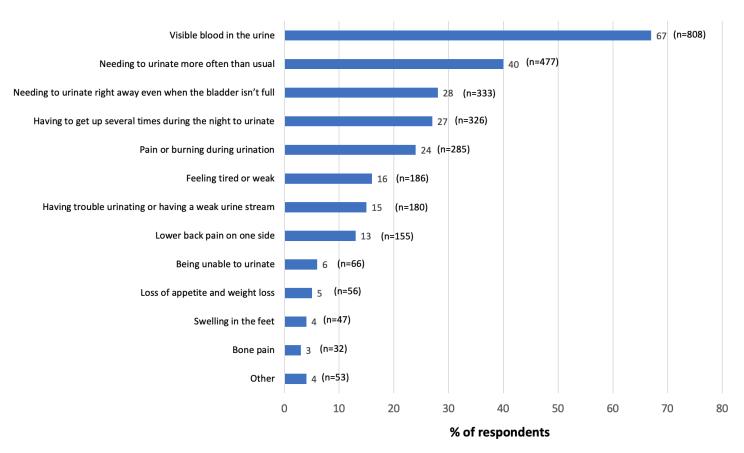
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Subsequently published as: L.E. Makaroff, A. Filicevas, S. Boldon et al., Patient and Carer Experiences with Bladder Cancer: Results from a Global Survey in 45 Countries, Eur Urol (2023), https://doi.org/10.1016/j.eururo.2023.04.034

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Figure 1a. Initial signs and symptoms experienced by BC patients*



^{*}Patients' answer to the following question: "Before you were diagnosed with bladder cancer, which signs, or symptoms were you experiencing?". Patients could select more than one option. Missing responses were excluded from analyses.

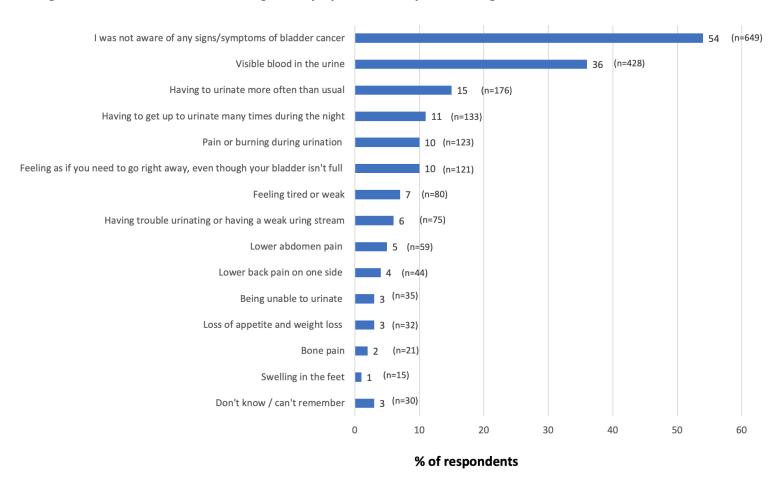
Subsequently published as: L.E. Makaroff, A. Filicevas, S. Boldon et al., Patient and Carer Experiences with Bladder Cancer: Results from a Global Survey in 45 Countries, Eur Urol (2023), https://doi.org/10.1016/j.eururo.2023.04.034

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Figure 1b. Patient awareness of signs of symptoms of BC prior to diagnosis*



^{*}Patients' answer to the following question "Before you were diagnosed with bladder cancer, did you know about any signs and symptoms of bladder cancer?". Patients could select more than one option. Missing responses were excluded from analyses.

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Supplementary Appendix. Supplementary Tables and Figures

Table 1.

Project Expert Advisory Committee

Dr Ashish Kamat (Project Chair), MD Anderson Cancer Center; International Bladder Cancer Group; International Bladder Cancer Network; International Society of Urology (USA)

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Dr Wim Witjes, European Association of Urology Research Foundation (Netherlands)

Subsequently published as: L.E. Makaroff, A. Filicevas, S. Boldon et al., Patient and Carer Experiences with Bladder Cancer: Results from a Global Survey in 45 Countries, Eur Urol (2023), https://doi.org/10.1016/j.eururo.2023.04.034

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Supplementary Table 2.

	Patients (n=1198)		
Sex, % (n)	(11-1196)		
Male	60 (697)		
Female	40 (464)		
Age Category, % (n) **	10 (101)		
Under 55 years	14 (157)		
55-74 years	66 (746)		
Over 74 years	20 (231)		
Year of Diagnosis, % (n) **			
2021	19 (215)		
2020	18 (206)		
2019	15 (176)		
2018	10 (116)		
2017	8 (91)		
More than five years ago	30 (341)		
Bladder cancer stage at initial diagnosis, % (n) **	, ,		
NMIBC	64 (746)		
MIBC	31 (364)		
Advanced and/or metastatic BC	2 (28)		
Unknown	3 (36)		
Current bladder cancer stage, % (n) **			
NMIBC	60 (661)		
MIBC	28 (315)		
Advanced and/or metastatic BC	7 (73)		
Unknown	5 (57)		
World Region*, % (n) **			
African region (AFRO)	<1 (6)		
Region of the Americas (AMRO)	27 (306)		
Western Pacific Region (WPRO)	13 (146)		
European Region (EURO)	58 (667)		
Eastern Mediterranean Region (EMRO)	1 (17)		
South-East Asia Region (SEARO)	<1 (4)		
Country economy [†] , % (n) ^{††}			
Low income	0 (0)		
Middle income	7 (80)		
High income	93 (1066)		

NMIBC, non-muscle-invasive bladder cancer; MIBC, muscle-invasive bladder cancer

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^{††}Note that missing responses were excluded from analyses.

^{*}Defined according to World Health Organization (WHO) world region; AFRO included: Algeria, Senegal, AMRO included: Argentina, Bahamas, Canada, Chile, Colombia, Ecuador, Mexico, Peru, United States, Venezuela; WPRO included: Australia, Japan, New Zealand; EURO included: Belgium, Denmark, Cyprus, Finland, France, Georgia, Germany, Greece, Ireland, Israel, Italy, Netherlands, Norway, Poland, Portugal, Russia, Slovenia, Spain, Sweden, Switzerland, Turkey, United Kingdom; EMRO included: Iraq, Tunisia, Jordan, Kuwait, Lebanon, Pakistan, United Arab Emirates (UAE); SEARO included: India

[†]Low-income economies are defined as those with a GNI per capita of USD \$1,045 or less; middle-income defined as USD \$1,046 to \$12,695; and high-income defined as USD \$12,696 or more (2020 figures) (Definitions from https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups)



Supplementary Table 3.

Breakdown of respo	ondents by country %,	(n)	
Algeria :	<1 (4)	Kuwait :	<1 (1)
Argentina :	3 (29)	Lebanon :	<1 (1)
Australia :	10 (112)	Mexico :	1 (6)
Bahamas :	<1 (1)	Netherlands :	<1 (4)
Belgium :	1 (9)	New Zealand :	1 (10)
Canada :	7 (81)	Norway :	9 (103)
Chile :	2 (21)	Pakistan :	<1 (1)
Columbia :	<1 (4)	Peru :	<1 (3)
Cyprus :	<1 (1)	Poland :	3 (34)
Denmark :	<1 (1)	Portugal :	<1 (1)
Ecuador :	<1 (3)	Russia :	<1 (4)
Finland :	1 (7)	Senegal:	<1 (2)
France :	9 (103)	Slovenia :	<1 (1)
Georgia :	<1 (1)	Spain :	2 (22)
Germany :	<1 (1)	Sweden :	1 (7)
Greece :	<1 (3)	Switzerland :	<1 (3)
India :	<1 (4)	Tunisia :	1 (8)
Iraq :	<1 (1)	Turkey :	<1 (2)
Ireland :	2 (24)	UAE:	<1 (4)
Israel :	<1 (3)	UK:	20 (227)
Italy :	9 (106)	USA:	13 (150)
Japan :	2 (24)	Venezuela :	1 (8)
Jordan :	<1 (1)		

UAE, United Arab Emirates; UK, United Kingdom;

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USA: United States of America

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Supplementary Table 4.

diagnosed with bladder cancer?"						
	Sex		Age			
	Male (n=697)	Female (n=464)	< 55 years (n=157)	55-74 years (n=746)	>74 Years (n=231)	All Survey (n=1198)
No, only bladder cancer, % (n)	52 (362)	31 (146)	33 (52)	45 (337)	48 (112)	43 (519)
Yes - urinary tract infection, % (n)	21 (143)	39 (183)	41 (64)	26 (197)	24 (55)	28 (334)
Yes – cystitis, % (n)	4 (29)	12 (55)	13 (20)	7 (50)	5 (12)	7 (84)
Yes - overactive / underactive bladder, % (n)	4 (25)	6 (29)	4 (7)	5 (34)	5 (11)	5 (56)
Yes - kidney or bladder stone, % (n)	6 (45)	9 (43)	13 (20)	7 (50)	6 (13)	7 (88)
Yes - prostate problem, % (n)	14 (100)	0.2 (1)	8 (12)	8 (58)	11 (26)	9 (106)
Yes - gynaecological problem, % (n)	0.1 (1)	13 (58)	6 (10)	5 (39)	4 (9)	5 (59)
Yes - another cancer, % (n)	2 (12)	2 (8)	1 (1)	2 (12)	2 (5)	2 (20)
Yes – other, % (n)	6 (44)	9 (40)	11 (17)	7 (53)	6 (14)	7 (86)
Don't know / can't remember, % (n)	2 (13)	2 (7)	1 (2)	2 (13)	2 (4)	2 (20)

Missing responses were excluded from analyses.

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Supplementary Table 5.

Has the emotional impact of your bladder cancer diagnosis affected any of the following? - Respondents answering 'Severely'

·				Total
	< 55 years	55-74 years	>74 years	survey
Your relationships, % (n/N)	16%	8%	9%	10%
	(23/148)	(54/648)	(17/185)	(102/1012)
Your ability to carry out day-to-day	18%	10%	10%	11%
activities, % (n/N)	(27/147)	(62/650)	(18/186)	(114/1017)
Your ability to enjoy life, % (n/N)	21%	16%	14%	17%
	(31/149)	(107/668)	(27/193)	(176/1045)
Your happiness, % (n/N)	26%	17%	14%	18%
	(38/147)	(112/656)	(26/188)	(184/1024)
Your confidence, % (n/N)	26%	17%	13%	18%
	(38/145)	(105/634)	(23/180)	(176/992)
Stress/anxiety levels, % (n/N)	41%	26%	19%	27%
	(61/147)	(176/680)	(36/189)	(289/1055)
Hopes for the future / future plans, %	34%	25%	20%	26%
(n/N)	(50/148)	(165/664)	(37/186)	(266/1033)
Trouble/inability to sleep, % (n/N)	26%	20%	14%	20%
	(38/146)	(133/652)	(25/177)	(204/1005)
Your body image, % (n/N)	24%	18%	11%	18%
	(35/143)	(110/619)	(19/170)	(172/961)
Sexual performance, % (n/N)	35%	36%	33%	36%
	(50/142)	(228/625)	(56/168)	(347/964)
Your work, % (n/N)	25%	15%	9%	16%
	(35/142)	(87/574)	(12/132)	(138/870)

Missing responses or respondents answering "Don't know/can't remember" were excluded from analyses.

Subsequently published as: L.E. Makaroff, A. Filicevas, S. Boldon et al., Patient and Carer Experiences with Bladder Cancer: Results from a Global Survey in 45 Countries, Eur Urol (2023), https://doi.org/10.1016/j.eururo.2023.04.034

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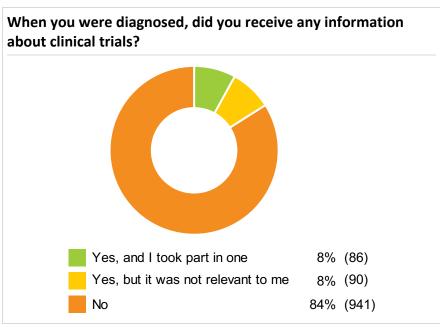
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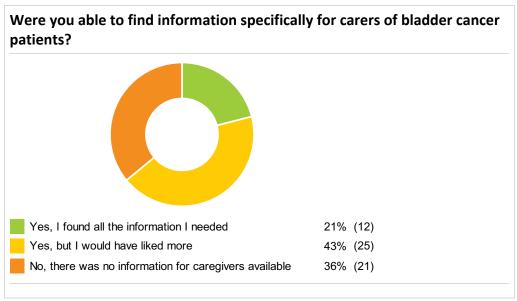


Supplementary Figure 1.



Missing responses were excluded from analyses.

Supplementary Figure 2.



Missing responses were excluded from analyses.

Subsequently published as: L.E. Makaroff, A. Filicevas, S. Boldon et al., Patient and Carer Experiences with Bladder Cancer: Results from a Global Survey in 45 Countries, Eur Urol (2023), https://doi.org/10.1016/j.eururo.2023.04.034

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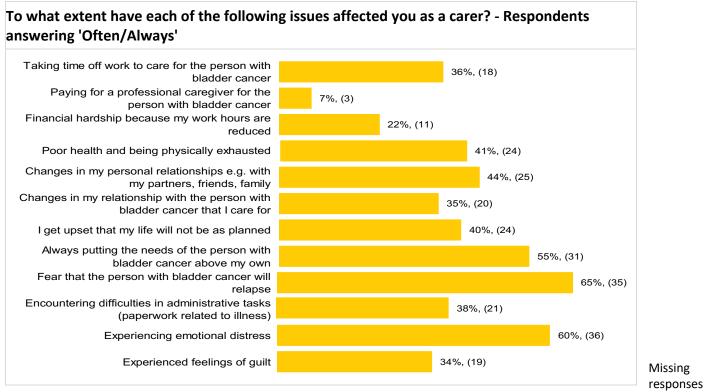
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Supplementary Figure 3.



were excluded from analyses.

Subsequently published as: L.E. Makaroff, A. Filicevas, S. Boldon et al., Patient and Carer Experiences with Bladder Cancer: Results from a Global Survey in 45 Countries, Eur Urol (2023), https://doi.org/10.1016/j.eururo.2023.04.034

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