

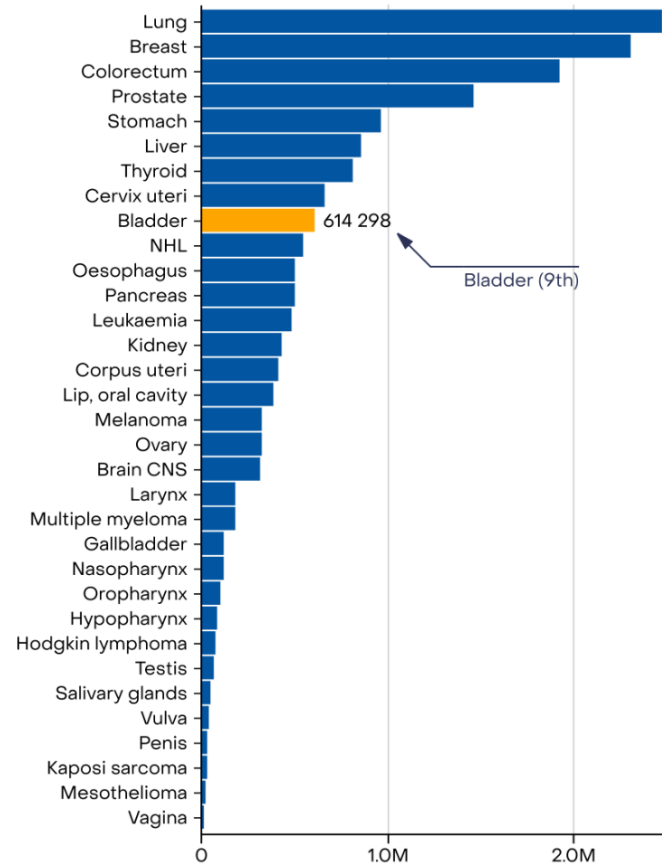
# Racial Inequity and Other Social Disparities in the Diagnosis and Management of Bladder Cancer

Karine Tawagi MD, Medical Oncologist, UI  
Health, University of Illinois in Chicago

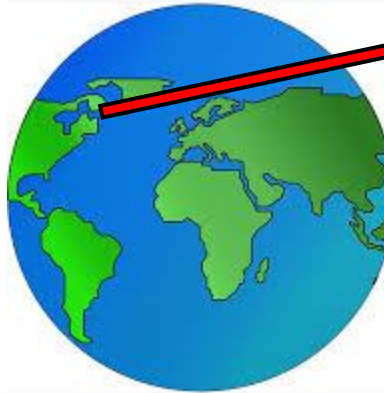
MATOS GU, Charlotte, NC, March 2025

# Bladder Cancer Prevalence

## Incidence



Worldwide –  
increasing  
incidence +  
mortality

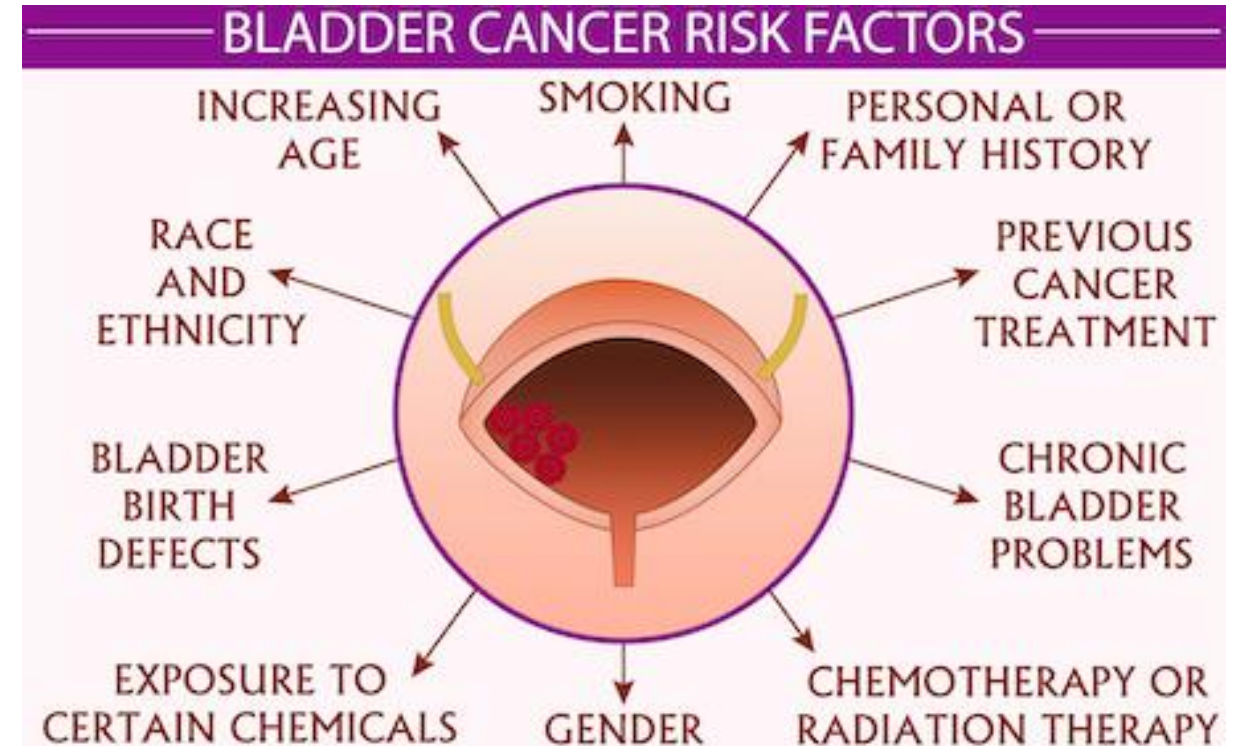
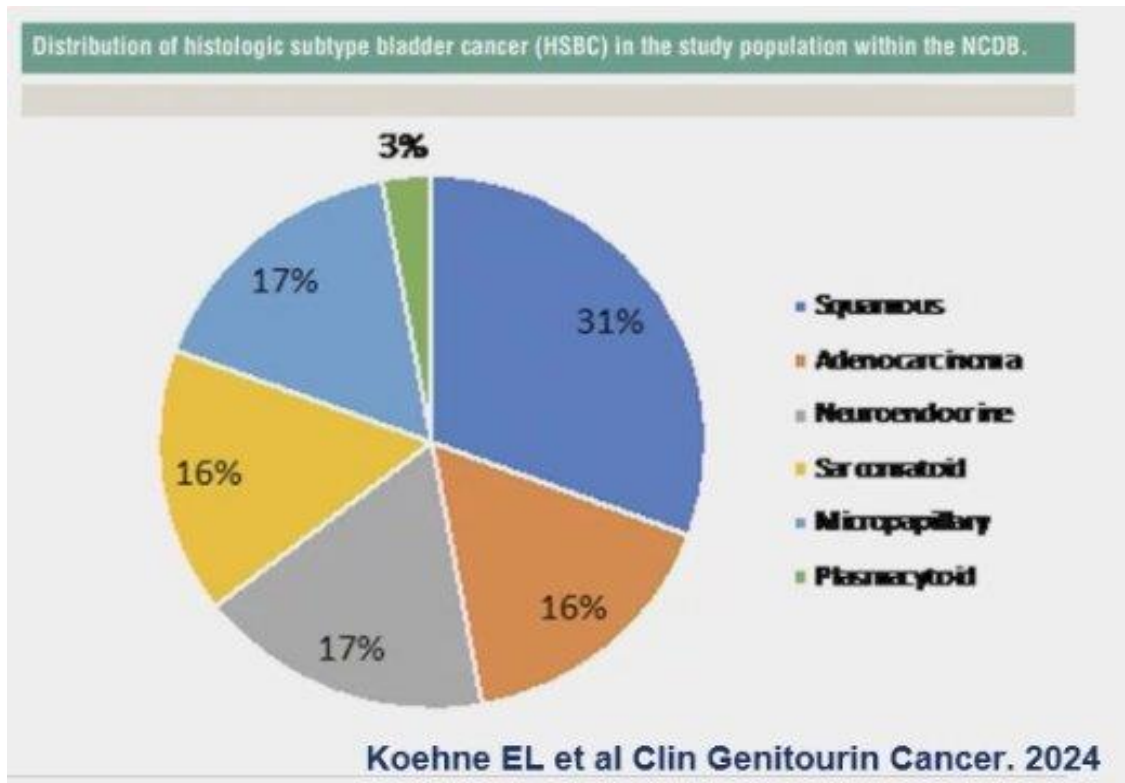


In the **US**, bladder cancer makes up 4% of cancers and is the **6th** most common cancer

- New cases (2024): 83,190
- Deaths (2024): 16,940

# Histology and Risk Factors

- 90% urothelial histology





# Disparities in Bladder Cancer



Gender

Race and  
Ethnicity

Access  
to Care

Clinical  
Trials

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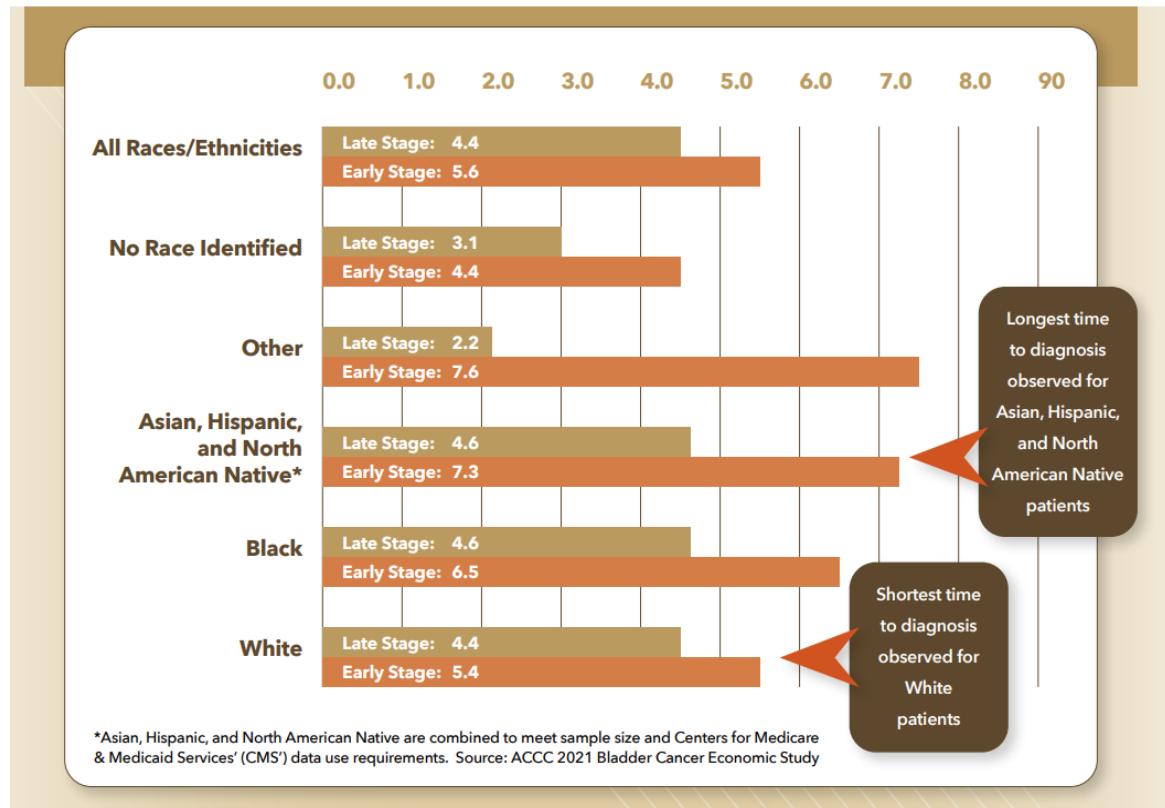
# Gender

Women may wait 2-4x weeks longer than men to receive a complete hematuria evaluation (attributed as UTI)

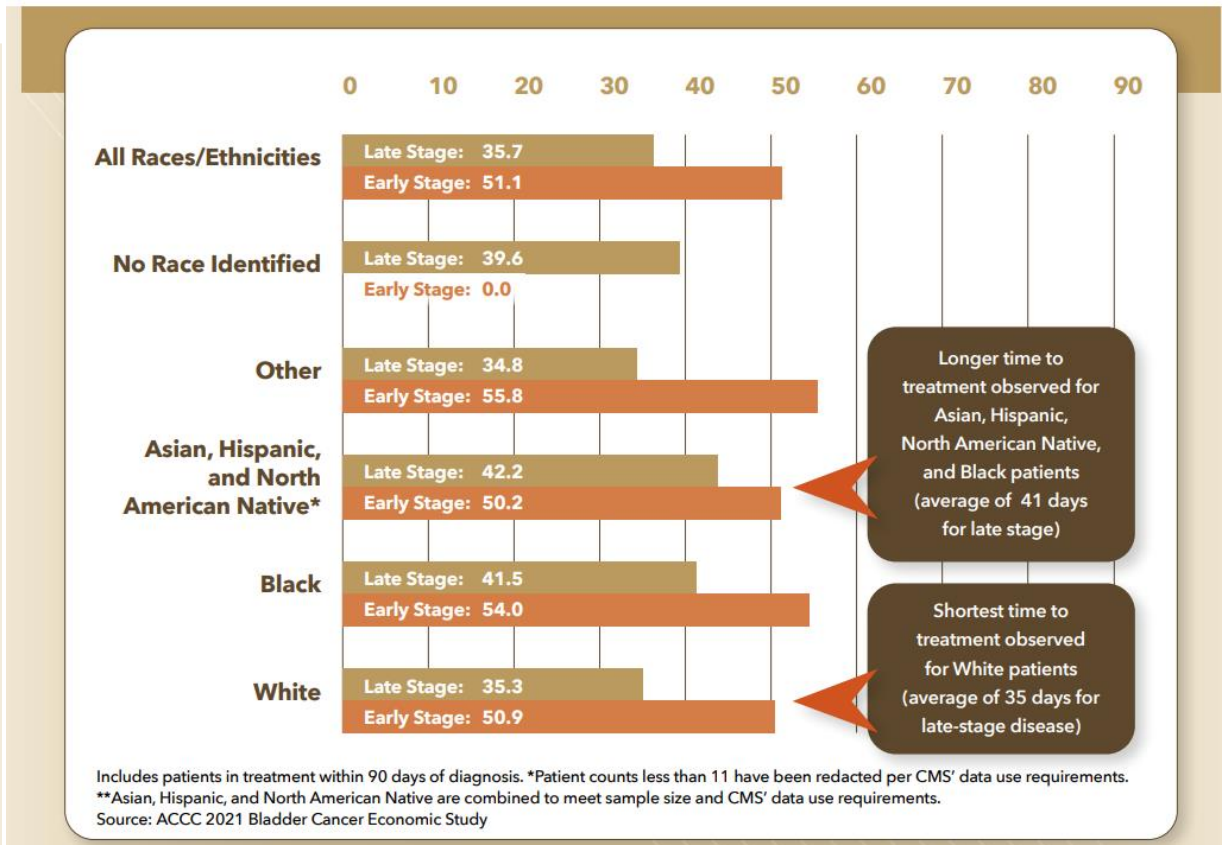
Women are less likely to be referred to a urologist, receive completion evaluation for hematuria (fewer cystoscopies), or undergo definitive curative radical cystectomy

# Race and Ethnicity - Diagnosis

**FIGURE 2. Average Time from Hematuria Diagnosis to Bladder Cancer Diagnosis (30-Day Months) by Race/Ethnicity**



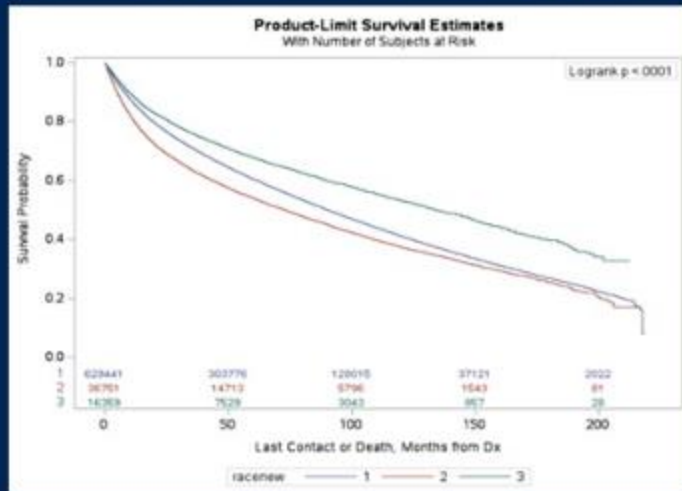
**FIGURE 3. Average Days from Bladder Cancer Diagnosis to Initial Treatment**





# Race and Ethnicity – Treatment + Outcomes

**Fig 2. Race differences - Urothelial**



Race	Median Survival	CI
White	90.38	(89.95, 90.81)
Black	73.03	(71.03, 74.84)
Other	134.6	(129.58, 140.91)

- National Cancer Database 2004-2020: Black individuals exhibited a statistically significantly lower median overall survival (mOS) of **73.03 months** (CI 71.03-74.84) compared to White individuals, who had an mOS of **90.38 months** (CI 89.95-90.81)
- Black patients have **21% lower odds of receiving guideline-based treatment** compared to White or Hispanic patients

# Race and Ethnicity – Treatment + Outcomes

- *Kotha et al, ASCO GU 2021:*
- Greater disparities seen in survival for Black patients vs White patients in the SEER/US hybrid-payer healthcare database compared to the Veterans Health Administration (VHA)/equal-access cohort
- Limitations: Retrospective study, race simplified, lack of treatment data

Outcome	SEER		VHA	
	Race Black vs White Hazard Ratio (95% CI)	P	Race Black vs White Hazard Ratio (95% CI)	P
Overall Survival (OS)	1.29 (1.23-1.34)	<0.0001*	0.99 (0.93-1.05)	0.76
Bladder Cancer-Specific Survival (BCS)	1.23 (1.16-1.30)	<0.0001*	0.97 (0.88-1.07)	0.54



# Access to Care

- Academic centers are more likely to offer optimal treatment options
- Black patients' care more likely to be managed in community setting
- Rural areas or lower incomes experience more peri-operative challenges, 2000 counties in the US w/o urologist
- Concerns with type of insurance: uninsured and Medicaid-insured patients are likely to experience delays in treatment longer than 90 days + have greater anxiety related to cost of treatment, transportation, time off from work

*Oftentimes it's not the symptomology that is the most disturbing thing to them. It really is, "Am I going to bankrupt my family? Am I going to be able to live and pay my bills? Am I going to be able to keep a roof over my head?"*

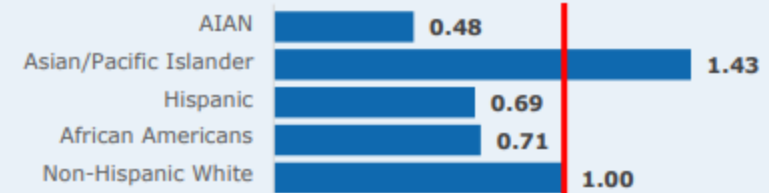
Heather Honoré Goltz, PhD, LCSW, MEd

# Clinical Trials – Race/Ethnicity

- *ASCO GU 2022 (Iver et al)*
- A total of 28 bladder cancer clinical trials were assessed, with a pooled sample of 8003 participants. race was reported for 1786 participants.
  - A total of 17 clinical trials did not report race.
- This study observed that the distributions of race in MBC and NMIBC clinical trials are different from that of the population affected by bladder cancer.

Race/Ethnicity	Bladder cancer incidence over corresponding years*	Number of trial participants†
Non-Hispanic White	194,946	1,813
<b>African Americans</b>	<b>12,985</b>	<b>87</b>
<b>Hispanic</b>	<b>10,615</b>	<b>69</b>
Asian/Pacific Islander	4,436	59
AIAN	889	4

**Probability of clinical trial participation<sup>3</sup>**



# Clinical Trials – "Real-World Patients"

- Clinical trials often don't represent the "typical" bladder cancer patient – age, comorbidities, fitness
  - Median age for bladder cancer is 73-years-old
  - <25% of adults in clinical trials were of ≥70 years
  - EV-302: new SOC

Characteristic	Enfortumab Vedotin–Pembrolizumab (N=442)
Median age (range) — yr	69 (37–87)
Age ≥75 yr — no. (%)	102 (23.1)
Sex — no. (%)	
Male	344 (77.8)
Female	98 (22.2)
Race or ethnic group — no. (%)†	
Asian	99 (22.4)
Black	3 (0.7)
White	308 (69.7)
Other‡	5 (1.1)
Unknown or not reported	27 (6.1)
Geographic region — no. (%)	
North America	103 (23.3)
Europe	172 (38.9)
Rest of the world	167 (37.8)
ECOG performance-status score — no. (%)§	
0	223 (50.5)
1	204 (46.2)
2	15 (3.4)



# Tips to Mitigate Disparities in Bladder Cancer

1. Consider bladder cancer as a potential diagnosis in Black and female patients with hematuria who are referred to oncology via PCP, OB/GYN, urgent care, ER + promptly refer to urology
  2. Screen patients for financial distress at diagnosis, refer patients to financial advocates or navigators before treatment initiation to identify financial navigation interventions
    - *ACCC Financial Advocacy Playbook*
    - *ACCC Patient Assistance and Reimbursement Guide*
  3. Practice culturally competent/health literacy communication and shared-decision making to keep patients engaged in their care
    - *Ask Me 3*
-

# Ask Me 3

## Every time you talk with a health care provider **ASK THESE 3 QUESTIONS**

**1**

**What is  
my main  
problem?**

### **When to ask questions**

You can ask questions when:

- You see a doctor, nurse, pharmacist, or other health care provider.
- You prepare for a medical test or procedure.
- You get your medication.

**2**

**What do  
I need  
to do?**

### **What if I ask and still don't understand?**

- Let your health care provider know if you still don't understand what you need.
- You might say, "This is new to me. Will you please explain that to me one more time?"
- Don't feel rushed or embarrassed if you don't understand something. Ask your health care provider again.

**3**

**Why is it  
important  
for me to  
do this?**

### **Who needs to ask 3?**

Everyone wants help with health information. You are not alone if you find information about your health or care confusing at times. Asking questions helps you understand how to stay well or to get better.



# Tips to Mitigate Disparities in Bladder Cancer

4. Consider concurrent consultation with urology, medical + radiation oncology, as well as shared-decision making between patients and other members of the care team, including oncology nurses, wound ostomy and continence nurses, social workers
  5. Provide information and education to patients with cancer at the time of diagnosis about the different treatment types based on stage, options for clinical trial participation, roles and responsibilities of providers at different points in treatment
    - *Resources like Bladder Cancer Advocacy Network (BCAN)*
  6. Develop clinical trials inclusive of a real-world population, with efforts to improve racial/ethnic diversity enrollment
-



# Thank You.

Karine Tawagi - [ktawagi@uic.edu](mailto:ktawagi@uic.edu) @drkarinetawagi