Patients face many challenges and roadblocks on their treatment path, which can be exacerbated by social determinants of health and health disparities. Cancer care team members can take evidence-based steps to improve quality care and minimize disparities for patients with bladder cancer.

**Common Challenges**
- Delays in diagnosis, evaluation, and treatment are common for women and Black patients.\(^1\,^2\)
- Patients are often overwhelmed by a diagnosis of bladder cancer.
- Patients may not know or understand treatment options.\(^3\)
- Black patients are less likely to receive guideline-concordant care than White patients with the same disease characteristics treated at the same institution.\(^4\)
- Tobacco smoking and exposure to occupational carcinogens are key risk factors for bladder cancer.

**Real-Life Perspective**
The intersection of gender and race compounds disparities. Black women are diagnosed at later stages than either White women or Black men.\(^5\)

- *The doctor let me know the mass was four by two centimeters and a grade T4. I had no idea what that meant.*
  - PATIENT\(^6\)
- *I didn’t know immunotherapy was an option for me.*
  - PATIENT\(^6\)

**Recommended Actions**
- Consider concurrent consultation with urology throughout oncology evaluation.
- Engage patients in discussions about goals of care.
- Practice shared decision-making with patients, aligning treatment to their goals.
- Present guideline-concordant treatment options to patients.
- Direct patients and caregivers to resources from Bladder Cancer Advocacy Network (BCAN) and other patient support organizations.
- Share information with patients about potential clinical trial options.
- Connect patients with oncology nurses who can help them understand their diagnosis and treatment options.
- Advise patients to stop smoking as a modifiable risk factor and connect them with resources.

**Common Challenges**
- Limited access to timely care leads to delays in treatment.
- Travel burden, including taking time off of work or finding childcare, is high for patients and their caregivers, especially for patients treated in specialized oncology centers.\(^7\)
- Many patients have limited transportation.

**Real-Life Perspective**
Being female, Black, older, uninsured/Medicaid-insured or living in rural areas contributes to less timely access to specialist treatment.\(^8\,^9\)

- *It’s a win if patients make it to a cancer program.*
  - PATIENT ADVOCATE
- *How will I get time off work?*
  - PATIENT
- *I don’t have transportation. How will I get to my treatment?*
  - PATIENT

**Recommended Actions**
- Liaise with urology specialists to enhance timely patient access to oncology care.
- Refer patients to oncology social workers to ensure access to social support.
- Implement adaptive scheduling and flexible clinic hours.
- Direct patients toward travel assistance resources during treatment and follow-up.

**Common Challenges**
- Costs of care are high and lead to financial hardship for many patients.\(^10\)

**Real-Life Perspective**
Patients diagnosed at late-stage incur 90% more out-of-pocket costs (co-pays, co-insurance, deductibles) in the first year following diagnosis than early-stage treated patients ($9,970 vs $5,225).\(^11\)

- *How will I pay for treatment?*
  - PATIENT

**Recommended Actions**
- Screen patients for financial distress at diagnosis and throughout treatment.
- Refer patients to financial navigators for assessment and support in accessing assistance.
- Reduce orders for unnecessary tests or imaging.

* ACCC analysis of claims data. ** MIBC = muscle invasive bladder cancer; NMIBC = non-muscle invasive bladder cancer.
References