

Review article

## Summary of the 8th Annual Bladder Cancer Think Tank: Collaborating to move research forward

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Received 29 March 2014; accepted 23 June 2014

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### Abstract

**Objectives:** The 8th Annual Bladder Cancer Think Tank (BCAN-TT) brought together a multidisciplinary group of clinicians, researchers, and patient advocates in an effort to advance bladder cancer research.

**Methods and Materials:** With the theme of “Collaborating to Move Research Forward,” the meeting included three panel presentations and seven small working groups.

**Results:** The panel presentations and interactive discussions focused on three main areas: gender disparities, sexual dysfunction, and targeting novel pathways in bladder cancer. Small working groups also met to identify projects for the upcoming year, including: (1) improving enrollment and quality of clinical trials; (2) collecting data from multiple institutions for future research; (3) evaluating patterns of care for non-muscle-invasive bladder cancer; (4) improving delivery of care for muscle-invasive disease; (5) improving quality of life for survivors; (6) addressing upper tract disease; and (7) examining the impact of health policy changes on research and treatment of bladder cancer.

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**Conclusions:** The goal of the BCAN-TT is to advance the care of patients with bladder cancer and to promote collaborative research throughout the year. The meeting provided ample opportunities for collaboration among clinicians from multiple disciplines, patients and patient advocates, and industry representatives. © 2014 Elsevier Inc. All rights reserved.

*Keywords:* Bladder cancer; BCAN; Think Tank; Targeted therapies; Sexual dysfunction; Gender disparities; Working groups

## 1. Introduction

From August 8 to 10, 2013, more than 120 leading clinicians, researchers, patient advocates, and industry representatives convened in Snowmass Village, Colorado, for the 8th Annual Bladder Cancer Advocacy Network-Think Tank (BCAN-TT). This year's meeting engaged participants representing more than 60 institutions from across the United States, Canada, and Europe. Bladder cancer is the sixth most common cancer in the United States. In 2013, there were an estimated 72,500 new cases and more than 15,000 deaths from this malignancy [1]. With no major changes in these statistics over the past 30 years, there continues to be a tremendous need for more bladder cancer research. Since 2006, the BCAN-TT has focused on creating collaborative opportunities for researchers, practitioners, advocates, and industry partners to move the field forward.

Dr. Harvey V. Fineberg, president of the Institute of Medicine, set the tone for the meeting in his keynote address, "Cancer Care for the Whole Patient." Fineberg emphasized the importance of patient-centered care, including patients' psychosocial needs, which are often inadequately addressed. Many clinicians do not understand their patients' psychosocial needs and thus fail to recognize and treat them, or are unaware of the psychosocial health care resources available for referral. Fineberg highlighted the Institute of Medicine committee's standard of care and suggestions for implementing the best care practices more broadly. He stressed that attending to psychosocial needs is an integral part of high-quality cancer care, and that every patient has a right to appropriate psychosocial health care services.

BCAN-TT panel presentations and interactive discussions focused on 3 main areas: sex disparities, sexual dysfunction, and targeting novel pathways in bladder cancer. Small groups of participants also met to identify projects for the upcoming year, which included the following: (1) improving enrollment in and quality of clinical trials, (2) collecting data from multiple institutions for future research, (3) evaluating patterns of care for non-muscle-invasive bladder cancer (NMIBC), (4) improving delivery of care for MIBC, (5) improving quality of life for survivors, (6) addressing upper tract disease, and (7) examining the effect of health policy changes on research and treatment of bladder cancer. The BCAN-TT also featured young researchers who presented on significant topics related to the disease.

The meeting concluded with all participants renewing their commitment to collaboratively explore new ideas, share the

latest research, and examine multidisciplinary approaches to advancing the diagnosis, treatment, and care of patients with bladder cancer.

## 2. Understanding sex disparities in bladder cancer

*2.1. Cochairs: Yair Lotan, Edward Messing, Angela Smith, and Eila Skinner*

The role of sex in bladder cancer diagnosis, outcomes, experimental evidence, and quality of life following cystectomy has not been fully explored. Men are 3 times more likely to develop bladder cancer in their lifetime than women are, which has been attributed to higher exposure to tobacco and occupational carcinogens in men [1–3]. Previous studies found that the population attributable risk owing to smoking was 50% to 65% in men and 20% to 30% in women, though recent studies have demonstrated a more balanced population attributable risk of approximately 50% for both sexes because of increased rates of smoking in women [4]. A very large cohort study that included 281,394 men and 186,134 women found that current smokers who smoked more than 40 cigarettes/d had a 4-fold (men) and 5-fold (women) higher risk of bladder cancer than never smokers of the same sex [4]. Population attributable risks explain what proportion of bladder cancer is attributable to a risk factor such as smoking; however, they do not explain differences in the incidence rates of bladder cancer in men and women with similarly high exposures to tobacco. Data from the National Bladder Cancer Study found that, when adjusted for age, men had a bladder cancer incidence of 27.5/100,000 person-years vs. 7.0/100,000 person-years for women [5]. These data were based on bladder cancer incidence in 1978, when men smoked much more frequently than women.

Over the past 20 to 30 years, rates of smoking among women have increased. A similar incidence of bladder cancer among heavy smokers of both sexes might thus be expected, as smoking is the number 1 risk factor for developing bladder cancer [4]. Although it is evident that smoking is associated with an increased risk of bladder cancer for both sexes, it does not explain the sex differences in incidence. Data from the Prostate, Lung, Colorectal, and Ovarian Cancer Screening Trial found that men had significantly higher rates of bladder cancer than women, despite similar intensity of smoking [6,7].

The second most common cause of bladder cancer is occupational exposure, primarily to aromatic amines [3]. A study of bladder cancer incidence in the United Kingdom found that the overall risk for bladder cancer owing to occupational exposure was only marginally higher in men

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