

# Health-related quality of life in patients with metastatic urothelial cancer: results of a cross-sectional survey in Europe

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## CONCLUSIONS

- This study assessed real-world health-related quality of life (QOL) of patients with metastatic urothelial cancer (mUC) in Europe
- At the time of data collection, most patients were older, retired, and receiving first-line (1L) systemic anti-cancer treatment for mUC
- An impact on general QOL and patient functioning was reported vs the general male population despite low pain interference and symptom scale scores
- This indicates a need to account for patient's QOL when managing mUC, with further research into the impact of treatments on QOL needed
- Physician understanding of symptom burden should be improved, thus helping to identify components of QOL that can be improved for patients<sup>1</sup>
- Most patients had a caregiver; however, the impact of the patient's disease on caregiver's QOL was not assessed. Future research should also aim to understand the effects on patients' caregivers

## PLAIN LANGUAGE SUMMARY

- Metastatic urothelial cancer is a form of cancer that first started within the urinary tract and has spread
- Understanding how living with metastatic urothelial cancer impacts a patient's quality of life is important to make sure that the correct treatment choices are being made for the patient
- Patients voluntarily completed a number of patient-reported outcome questionnaires as part of a survey of physicians who treat patients with metastatic urothelial cancer in France, Germany, Italy, Spain and the United Kingdom between December 2023 and July 2024
- An impact on quality of life and the patient's ability to function was found. Symptoms such as fatigue and pain were found to negatively impact patients' quality of life
- It is important for physicians to monitor their patients' quality of life so appropriate treatments can be offered to reduce the impact of the disease on quality of life

## BACKGROUND

- UC is the 10th most common cancer globally, primarily affecting the older population (>65 years old)<sup>2</sup>
- mUC, an advanced stage of the disease, is associated with poor outcomes, with a 5-year survival rate of <5%
- Of new UC cases, approximately 6% are metastatic at initial diagnosis<sup>3</sup>
- In Europe, the treatment landscape for mUC has changed significantly, with the approval of avelumab 1L maintenance therapy in 2021, the combination of enfortumab vedotin with pembrolizumab in 2023, and nivolumab in combination with cisplatin and gemcitabine followed by nivolumab maintenance in 2024
- With the uptake of these novel sequential and combination therapies, it is important to understand the disease burden and impact on QOL for patients with mUC
- We aimed to address the scarcity of QOL data by describing disease burden in a real-world mUC population in the context of a general male population

## METHODS

- Data were drawn from the Adelphi Real World (ARW) mUC Disease Specific Programme (DSP), a cross-sectional survey of medical oncologists and urologists and their patients with mUC in France, Germany, Italy, Spain, and the UK from December 2023 to July 2024. The DSP methodology has been previously published and validated<sup>4,5</sup>
- Physicians were eligible for inclusion if they were personally responsible for the treatment and management of patients with mUC, spent at least half their time in patient management, saw a minimum of 4 patients with bladder cancer per month, and accepted all survey rules and requirements. Patients were eligible for inclusion if they were ≥18 years of age and had a confirmed diagnosis of mUC
- Physicians completed patient record forms (PRFs), reporting patient demographics and clinical characteristics

- Patients for whom a PRF was completed were invited to voluntarily complete a patient self-completion form (PSC) capturing the EQ-5D-5L, European Organisation for Research and Treatment of Cancer QOL Questionnaire Core 30 (EORTC QLQ-C30), and the Brief Pain Inventory (BPI), a pain assessment tool for use in patients with cancer
- EQ-5D-5L scores range from 1 (full health) to <0 (worse than death). EORTC QLQ-C30 global health status/quality of life (GHS/QOL), function, and symptom scale scores were reported; scores range from 0-100, where high scores indicate high function/symptomatology. BPI composite and pain interference scores range from 0 (no pain/interference) to 10 (severe)
- Analyses were descriptive

## RESULTS

- Overall, 98 physicians reported on 445 patients who provided QOL data (France, n=63; Germany, n=182; Italy, n=66; Spain, n=108; UK, n=26)
- Mean (SD) patient age was 68.6 (7.8) years, 64% were male, 72% were retired, and 61% had a caregiver (Table 1)
- At the time of the survey, 20% were receiving second-line or later treatment (Table 1)
- Mean (SD) EQ-5D-5L score was 0.77 (0.21) (Figure 1), and mean (SD) EORTC QLQ-C30 GHS/QOL score was 54.1 (18.1) (Figure 2A)
- Mean (SD) EORTC QLQ-C30 role functioning and fatigue scores were 57.4 (28.1) and 42.6 (24.1), respectively (Figure 2B)
- Mean (SD) BPI composite and interference scores were 3.3 (2.0) and 3.7 (2.2), respectively (Figure 3)

Table 1. Patient characteristics

|   | All patients (n=445) |
|---|----------------------|
| Age, mean (SD), years                   | 68.6 (7.8)           |
| Male, n (%)                             | 287 (64)             |
| Employment status, n (%)                |                      |
| Retired                                 | 319 (72)             |
| On long-term sick leave                 | 47 (11)              |
| Working (full or part time)             | 31 (7)               |
| Homemaker                               | 23 (5)               |
| Unemployed                              | 18 (4)               |
| Unknown                                 | 7 (2)                |
| Caregiver status, n (%)                 |                      |
| Has a caregiver                         | 270 (61)             |
| No caregiver                            | 120 (27)             |
| Unknown whether patient has a caregiver | 55 (12)              |
| LOT at data collection, n (%)           |                      |
| 1L (including maintenance)              | 358 (80)             |
| 2L or later                             | 87 (20)              |

1L, first line; 2L, second line; LOT, line of therapy.

Figure 1. EQ-5D-5L scores

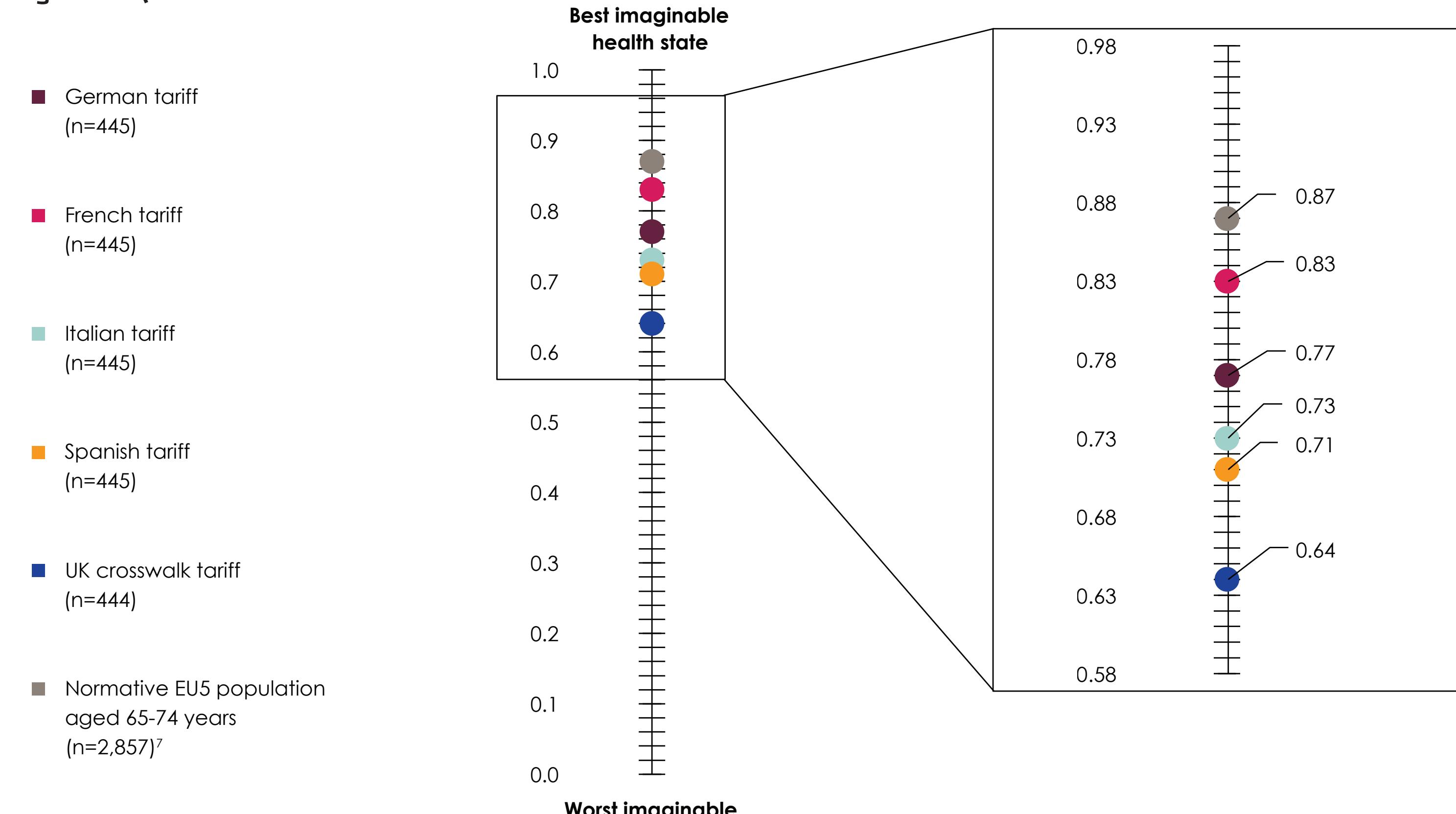
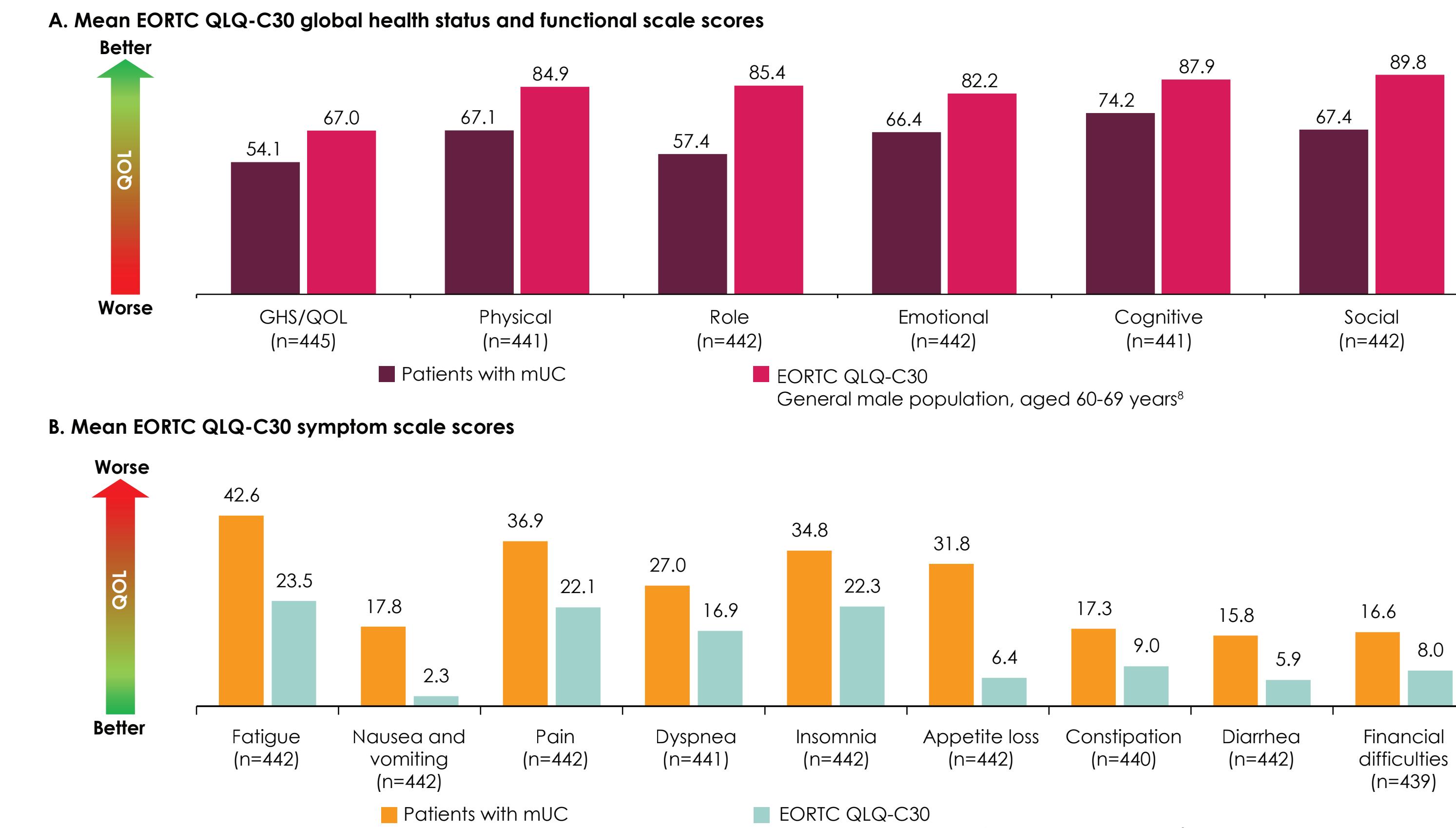
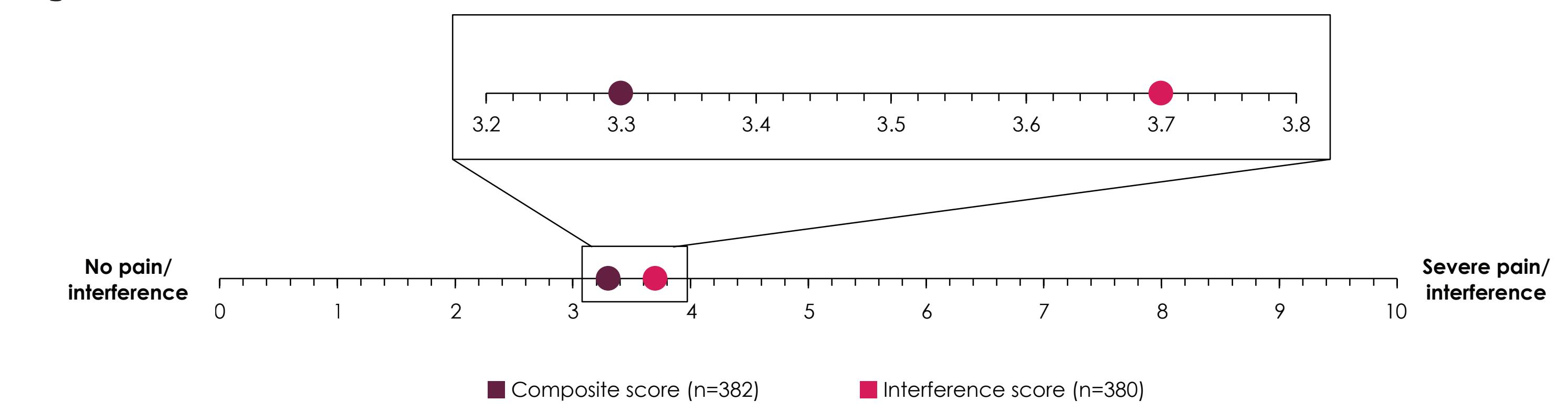


Figure 2. EORTC QLQ-C30 score



EORTC QLQ-C30, European Organisation for Research and Treatment of Cancer QOL Questionnaire Core 30; GHS, global health status; mUC, metastatic urothelial cancer; QOL, quality of life.

Figure 3. Mean BPI scores



## LIMITATIONS

- Physicians were asked to provide data on consecutively consulting patients who met the eligibility criteria; thus, this does not reflect a true random sample because patients who consulted more frequently were more likely to be included
- Physicians and patients were requested to capture patient information retrospectively within the PRFs and PSCs, which may introduce recall bias—a common limitation of survey data. However, physicians did have the ability to refer to the patients' medical records when completing the PRFs, thus minimizing the possibility of recall bias. Moreover, most questions within the PSCs have a limited recall period to further minimize the risk of recall bias
- Study data are self-reported by physicians and patients. No independent verification was possible due to the nature of the ARW DSP methodology

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