

INTRODUCTION

Management of bladder cancer in Germany varies by institutional setting and medical specialty. Patients are treated in university hospitals (UHs), non-university hospitals (NUHs), or office-based practices (OBPs) by urologists or oncologists, depending on disease stage and treatment modality.

This study evaluates the impact of hospital type on:

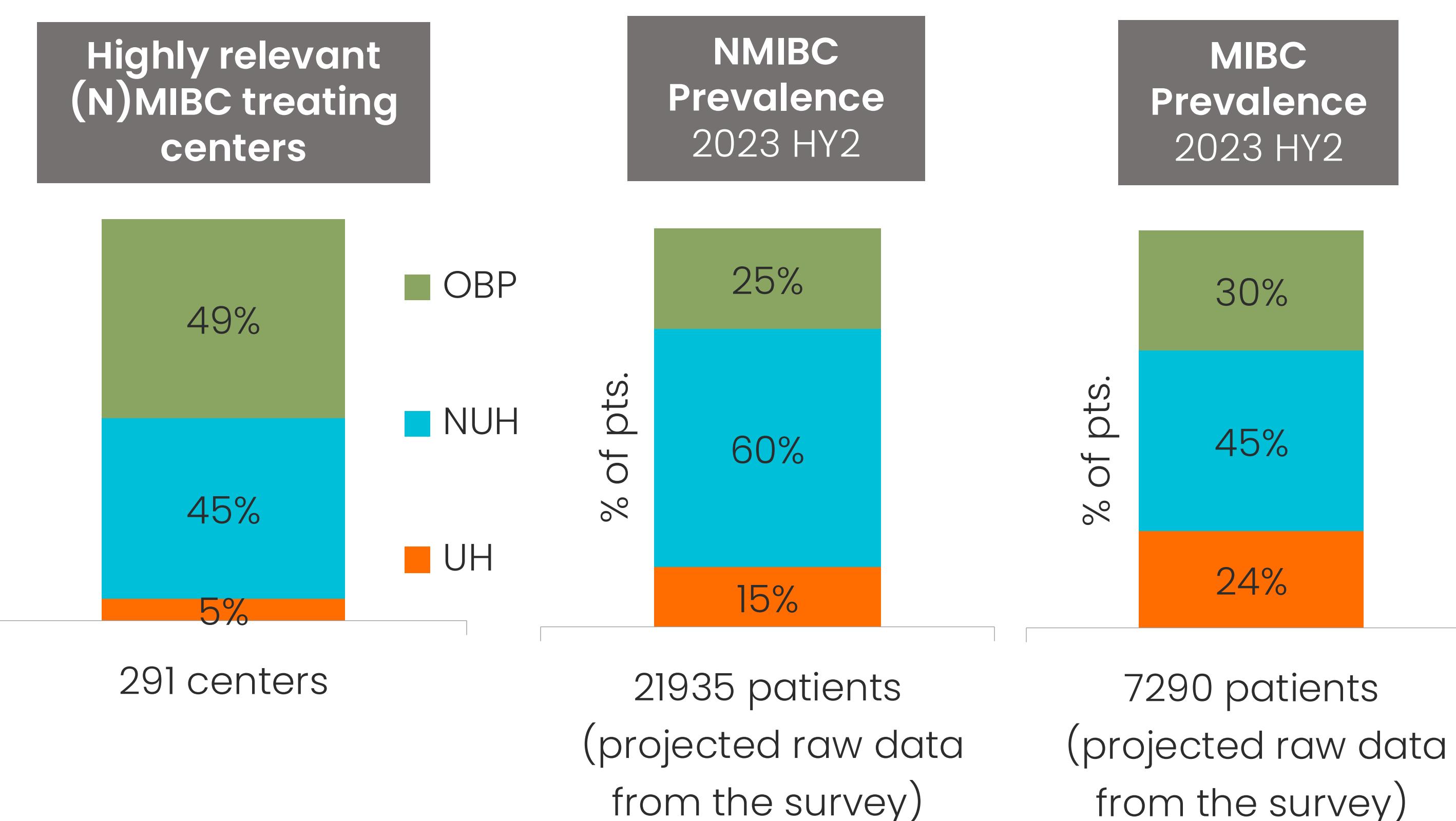
- Treatment patterns
- Healthcare resource utilization

in patients with:

- Non-muscle-invasive bladder cancer (NMIBC)
- Muscle-invasive bladder cancer (MIBC)

Figure 1. Institutional distribution

The epidemiological study identified 291 highly relevant (N)MIBC treating centers. As of second half year (HY2) of 2023, 21935 patients were projected as NMIBC prevalent and 7290 patients as MIBC prevalent.



METHODS

- We conducted a survey of relevant treating centers across Germany to capture real-world treatment practices in bladder cancer. The survey included UHs, NUHs, and OBPs, focusing on patients with NMIBC or MIBC.
- Eligible patients had an initial diagnosis prior to 2022 and were either prevalent in 2023 or incident during HY2 2023. Data collected included patient demographics, clinical characteristics, diagnostic and surgical procedures, systemic therapy use, and institutional referral pathways.
- Survey results were used to derive national 1-year estimates of treated prevalence and incidence of NMIBC and MIBC for 2023 in Germany.

Figure 2. TURB utilization

Transurethral resection of the bladder (TURB) for first-line (1L) MIBC was predominantly performed in NUHs (168 of 211; 80%).

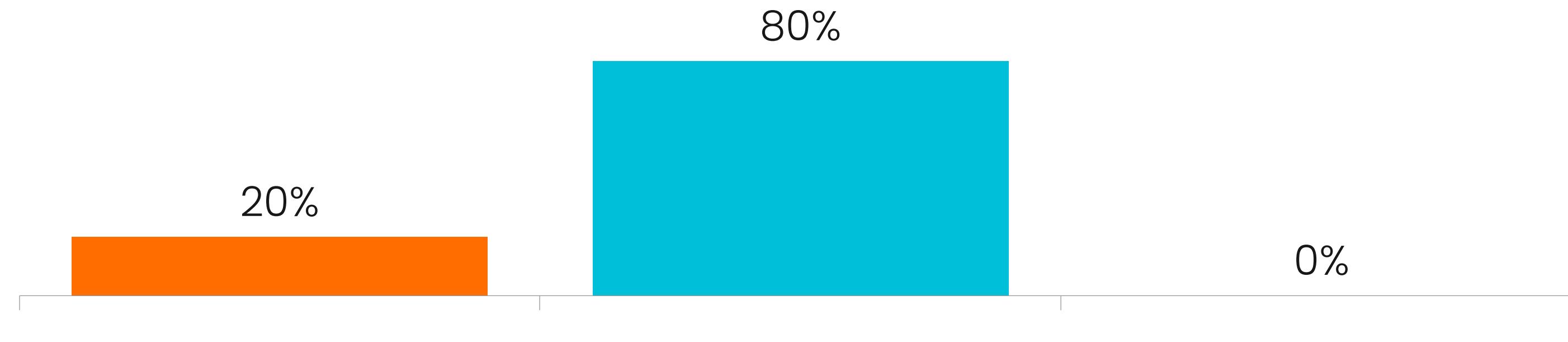


Figure 3. Cystectomy utilization in MIBC

Cystectomy after recurrence in second-line (2L) treatment was more frequent in UHs (41 of 54; 76%) versus NUHs (13 of 54; 24%).

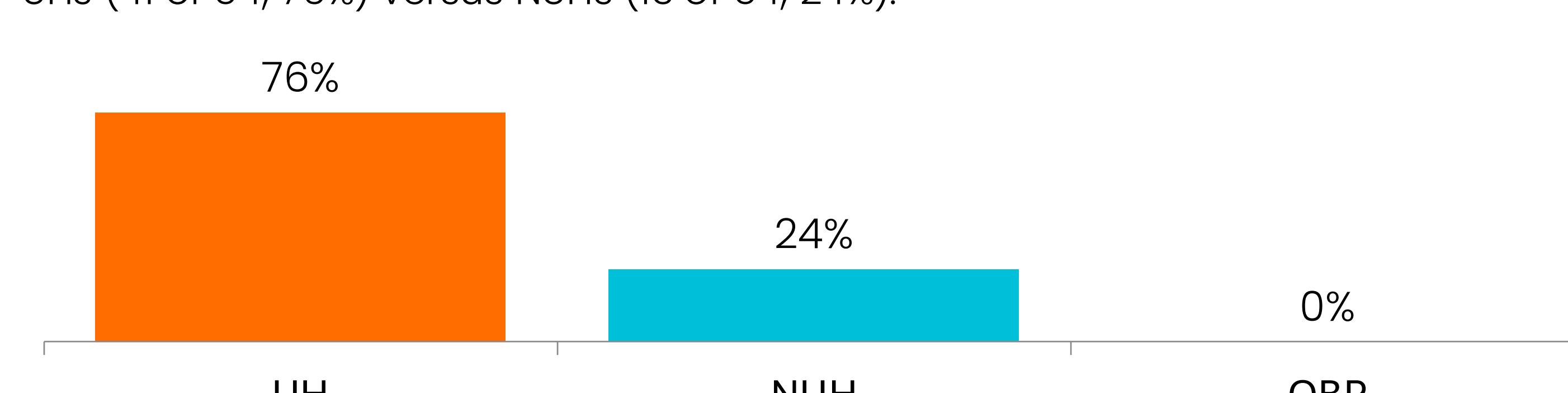


Figure 4. TB referrals

The majority of tumor board (TB) referrals were initiated by hospital-based urologists (HBUs) (132 of 155; 85%), whereas office-based urologists (OBUs) accounted for a smaller proportion (16 of 31; 52%).

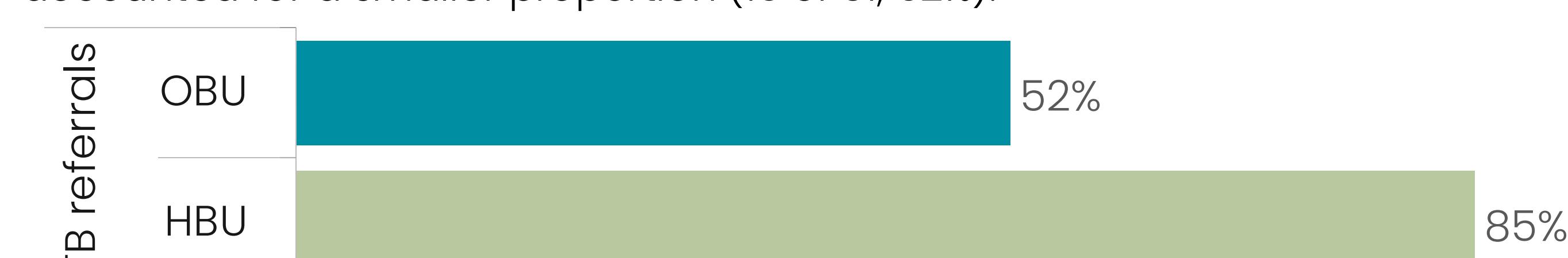
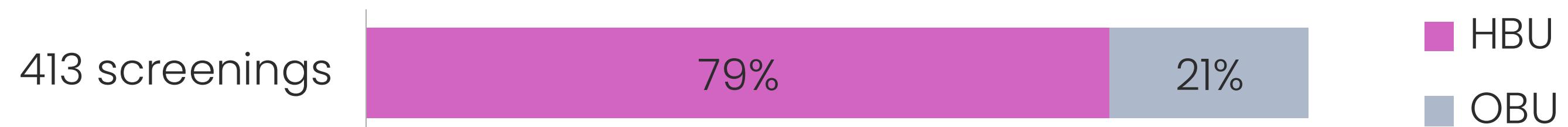


Figure 5. Screenings, diagnostic methods

Out of total 413 screenings and diagnostic procedures, majority (326; 79%) were performed by HBUs.



RESULTS

- A total of 291 highly care-relevant centers for NMIBC and MIBC were identified in Germany, comprising 144 (49%) OBPs, 131 (45%) NUHs, and 16 (5%) UHs.
- The estimated half-year prevalence (HY2 2023) included 21935 NMIBC and 7290 MIBC patients.
- In the patient-level dataset (312 NMIBC, 250 MIBC), HBUs performed the majority of screening and diagnostic procedures (326 of 413 screenings; 79%), compared with 87 procedures (21%) by OBUs.
- Urologists were primarily involved in systemic MIBC treatment, performing 52 of 88 neoadjuvant and 60 of 85 adjuvant therapies.
- TURB for 1L MIBC was predominantly performed in NUHs (168 of 211; 80%).
- Cystectomy after recurrence in 2L treatment was more frequent in UHs (41 of 54; 76%) versus NUHs (13 of 54; 24%).
- TB referrals originated mainly from HBUs.
- Of the 95 (68%) patients eligible for platinum-based therapy, systemic treatment was underutilized, with only 39 patients (30%) receiving therapy.

Figure 6. Systemic MIBC treatment

Urologists were primarily involved in systemic MIBC treatment, performing 52 of 88 neoadjuvant and 60 of 85 adjuvant therapies overall.

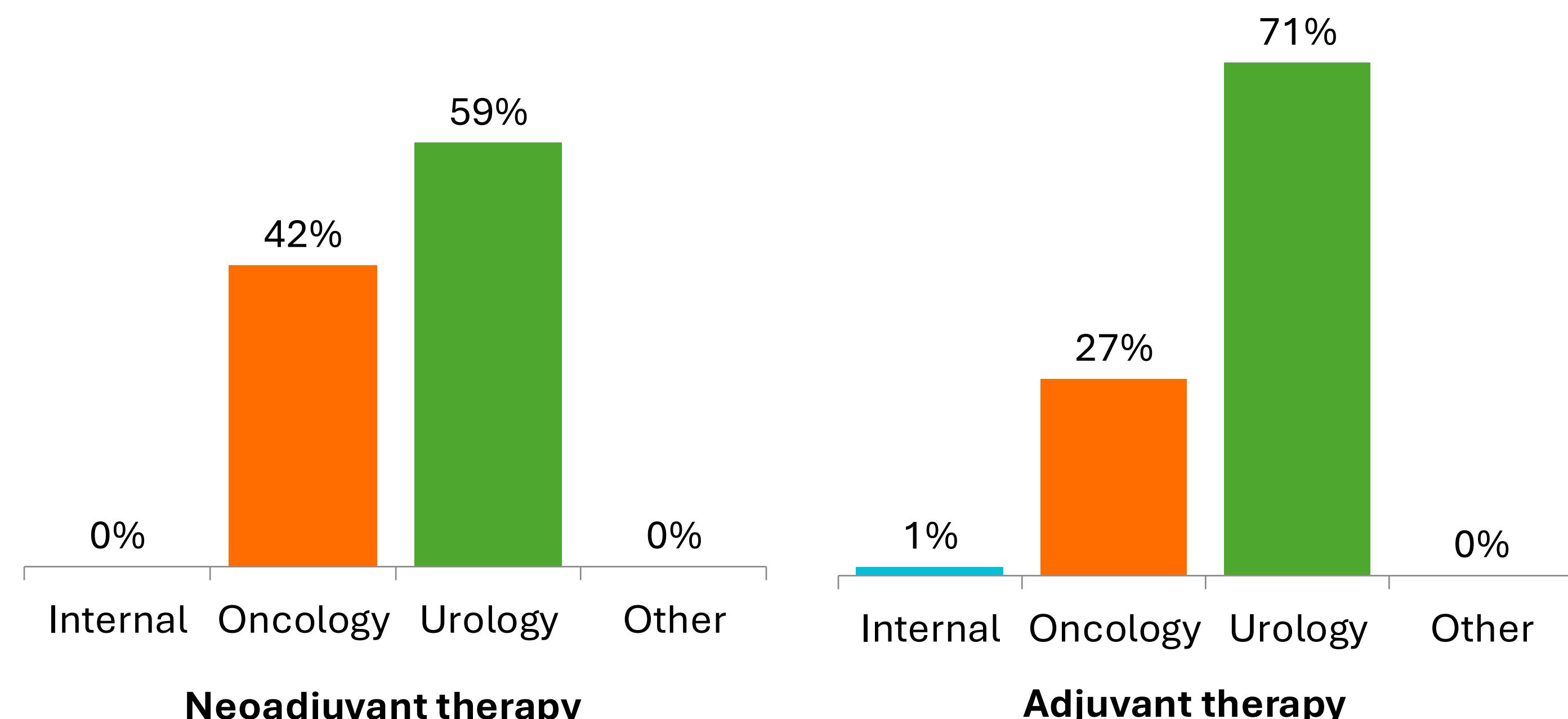
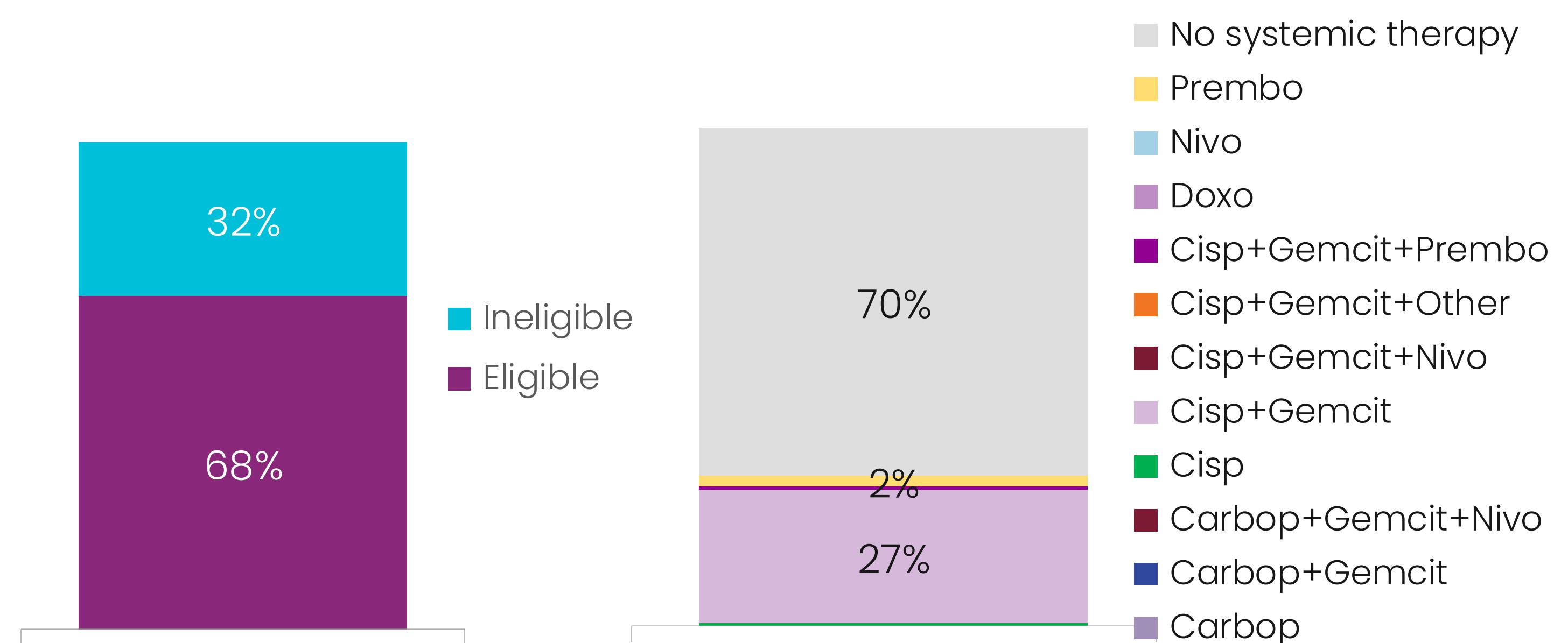


Figure 7. Cisplatin eligibility and systemic treatment in MIBC patients

Of the 95 (68%) 2L MIBC patients eligible for platinum-based therapy, systemic treatment was underutilized, with only 39 patients (30%) receiving therapy.



CONCLUSION

- Significant institutional differences exist in the management of bladder cancer, with UHs more frequently performing cystectomies, while NUHs conduct the majority of TURBs.
- HBUs remain the primary providers for screening, diagnosis, and initial treatment, whereas OBUs play a more limited role.
- Systemic therapy for MIBC remains underutilized despite a substantial proportion of patients being eligible for platinum-based regimens.
- Addressing these disparities may improve adherence to guideline-recommended care, optimize treatment sequencing, and enhance access to systemic therapies, ultimately contributing to more standardized and equitable management of NMIBC and MIBC in Germany.