



Stephanie C: Well thank you both so much for a really interesting program. It was very thorough and actually I think you answered a lot of the questions that have been coming in. Remember if you do have a question, please submit it. If we can't get to it tonight, we will get a response back out to you in the next couple of days. There was a question in particular based on the rates that you talked about with the various diversions when you need to have your bladder removed of continents being anywhere from zero to 69%. What do you suggest women think about as they're making those decisions on what type of diversion is going to work best for them because there's such a wide range of continents.

Sima: Yeah. And part of that is our own as researchers being able to standardize those. And so when you're talking with your urologist, talking through what option is the right for you, it's really asking them, "Well okay. The continence rate for your patients is X? Are they wearing one pad as a safety?" Because in some studies they were so strict as saying that if you wore just a little liner or a pad as a safety, but you didn't leak, that was considered incontinent.

And so that's why we see a really wide range. Many of us know our own numbers and what patients experience. Some of this is also really great in that BCAN has a pretty awesome network of people who have been through this. And so what a lot of my patients find the most helpful is actually talking to other patients and seeing what their experience is and then in that way they are better able to frame questions that, "Okay look. If I'm okay with self catheterization, especially if I'm okay with it down the road and I don't mind that as a way to manage my bladder."

A neobladder might not be a bad option. And I'm talking in general phrases because it's really individualized and does take time and a conversation between you and your doctor and there supporting staff as well as trying to get as much information as you can from other patients, in terms of trying to figure that out and tease out, "Well, what does it really mean when you're presented with rates of this is what the continence rates for women are with extroversion." And so that helps you kind of tease out that information a little more.

Stephanie C: Well thanks for mentioning that. So BCAN does have a program, our survivor to survivor program really does help to match both men and women up with patients who've gone through the

different procedures based on their age and gender and diagnosis. And it gives a chance to really learn a little bit more about what I like to call the lived experience of the various treatments. So what does it actually mean to live with a ileal conduit or a neobladder or to live through immunotherapy?

What are some things that the patients who are trained volunteers thought they would have liked to have known prior to their treatment? So it does help to speak to somebody. So please feel free to contact us at bcan.org and you can find our phone number and give us a call and we'd be happy to connect you if you're interested in that. But thank you again. There was another quick question that was relating to no real mention of BCG and how that impacts women. Dr Porten, could you speak about that a little bit?

Sima: Yeah, sure. There's been conflicting data in terms of treatment response in women in that does BCG work better or not as well in women compared to men. And so it's similar to a lot of the data looking at gender. If you're asking specifically about how you experience BCG in your bladder and is there more inflammation or side effects or symptoms in women and also what are the different precautions you have to take while being sexually active while on BCG. And those types of questions the true answer is that we don't know because I don't think we've asked enough women and it's an area of active study is the experience of getting BCG different between women and men.

When you look at the trials that have shown that BCG works from a cancer perspective and you look at the breakdown of who reports what type of bladder symptoms or constitutional or systemic symptoms, fatigue, skin issues, those types of things. There doesn't appear to be a big difference between men and women, but of course the numbers are pretty small in terms of who's represented in a lot of these clinical trials. So I wish I had a better answer then we're interested in it and looking at it, but that is the honest answer right now.

Stephanie C: Well ladies, I'd like to thank you both so much for a really comprehensive and informative program. This has been wonderful. I am going to end the program in just a moment. Once again, I'd like to thank our partners for your support. We really do appreciate being able to bring these programs to patients around the country free of charge so thank you.

And again, thank you Dr Porten and Dr. Hoffman-Censits for a wonderful program. Thank you all so much. Good night.



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