



Stephanie Chisolm:

Let's talk a little bit about really recruiting representatives from all different races and ethnicities and why it's sometimes as challenge but why is it so important that we really have representation of all people in a clinical trial? Dr. O'Donnell, you do a lot of research, Dr. Shore, you do as well. **What are the efforts to really try to be inclusive and diverse in these trials so that we're representing all people who have bladder cancer?**

Dr. O'Donnell:

This is so important. I mean, it goes beyond just the patient that you're helping in front of you but this is where, and patients do feel this. They feel like they're helping the greater cause. I'm amazed and my patients tell me that all the time. They say, "Doc, even if this trial doesn't help me maybe I'll help someone in the future." But really in order for this to help many, many people in the future we have to have adequate representation across the diversity spectrum, across the gender spectrum, across the age spectrum, to be able to understand what patients are really going to benefit from this kind of treatment. Including those patients in the trials is so key.

Dr. Shore:

I would echo those comments. Racial and socio-economic and ethnic disparity has unfortunately plagued a lot of our clinical trials throughout all of oncology. And ASCO and the AUA and ESMO and EAU, all the leading organizations, it's a very high priority to get much greater diversity of our patients because sometimes we see not everyone benefits. There may be differences in Asian populations or Middle Eastern. Of course there could be difference even amongst men and women. Getting patients of color more involved is hugely important. I know it's a really big initiative within BCAN. We really want to reach out to many of our populations that have bladder cancer. Maybe they've been suspicious of studies because of historical grievances that were wrong, but for all the reasons we've talked about, you get cutting edge treatment, there's an economic potential advantage, but more importantly it's just really cutting edge therapy and that's how we're going to solve the unmet needs in bladder cancer.

Stephanie Chisolm:

Well, this has been incredibly beneficial. I'm going to see if there's any other questions that are out there from the participants. I think there was one question. It's really more of a comment talking about they are going through treatment for BCG, for non-muscle invasive, and it's good to know that there are treatment options even in the non-muscle invasive space. That was really it. I think that this has been such a phenomenal discussion. I appreciate everyone sharing. Kevin and Bob, this has been wonderful to have your voices included.

Dr. O'Donnell:

You know, it does take some courage. It does take a lot of bravery for a patient to be willing to do a clinical trial and I can tell you that I have many, many patients that are here today, alive today, because they were brave enough to take that step. Kevin, if I can say, I think that you're one of those, for sure. I'll just add my thanks to Mr. Wrenn, Mr. Williamson, for doing this today. It could help so many patients.

Stephanie Chisolm:

Absolutely. If you ask about a clinical trial because you're very interested and you're doctor says, "Don't worry about it. I'm going to take care of you. You don't need a clinical trial," and you really want to explore clinical trials, you can find clinical trials at BCAN.org. And for those who might be looking for clinical trials outside of the United States you can visit clinicaltrials.gov and there are clinical trials that are listed all around the world there. Thank you all so much.

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