



EPIDEMIOLOGY



- » Women diagnosed at a more advanced stage
- » Women with higher risk of recurrence and progression
- » Women with higher mortality



- » 3-4x more common in men than women
- » 2nd most prevalent cancer in middle-aged and elderly men
- » 25% more rapidly growing incidence in men

CARCINOGEN-DEGRADING METABOLIC ENZYMES

- » Sex-differences in hepatic enzymes (UGT) may explain differences in carcinogen degradation
- » Variations in degradation results in differential exposure of carcinogens to urothelium

ALTERATIONS IN MICROORGANISMS

- » Sex differences in urinary microorganisms exist
- » Microorganisms vary in those with and without cancer
- » Type of microorganism present may link to tumorigenesis through:
 - » Induction of chronic inflammation
 - » Stimulation of cell proliferation

STEROID PATHWAYS

Hormones in Women



- » Increased bladder CA risk among postmenopausal compared to premenopausal women
- » Older age at menarche, parity, and use of estrogen and progestin therapy associated with lower CA risk

Hormones in Men



- » Androgen receptor expression decreases with increasing pathological bladder tumor stage
- » Loss of expression of 5-alpha-reductase (conversion of testosterone --> DHT) has been detected in bladder CA

GENDER BIAS IN ASSESSMENT OF HEMATURIA

- » Time from hematuria evaluation to cancer diagnosis is longer in women
- » Diagnostic delay leads to significantly higher risk of mortality
- » Women are less likely to :
 - » Be referred to a urologist
 - » Undergo abdominal or pelvic imaging
 - » Undergo a complete and timely evaluation

OUTCOME

- » Women have worse outcomes across all stages of disease
- » Women with bladder cancer have higher mortality
- » No sex disparity in the use of radical cystectomy as treatment has been found

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