

Gender Differences in Bladder Cancer Treatment Decision Making

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Purpose/Objectives: To explore gender differences in bladder cancer treatment decision making.

Research Approach: Secondary qualitative analysis of interview transcripts.

Setting: One multidisciplinary genitourinary oncology clinic (Dana–Farber Cancer Institute) and two urology clinics (Brigham and Women’s Hospital and Beth Israel Deaconess Medical Center) in Boston, MA.

Participants: As part of the original study, 45 men and 15 women with bladder cancer participated in individual interviews. Participants were primarily Caucasian, and most had at least some college education.

Methodologic Approach: Word frequency reports were used to identify thematic differences between the men’s and women’s statements. Line-by-line coding of constructs prevalent among women was then performed on all participants in NVivo 9. Coding results were compared between genders using matrix coding queries.

Findings: The role of family in the decision-making process was found to be a dominant theme for women but not for men. Women primarily described family members as facilitators of bladder cancer treatment–related decisions, but men were more likely to describe family in a nonsupportive role.

Conclusions: The results suggest that influences on the decision-making process are different for men and women with bladder cancer. Family may play a particularly important role for women faced with bladder cancer treatment–related decisions.

Interpretation: Clinical nurses who care for individuals with bladder cancer should routinely assess patients’ support systems and desired level of family participation in decision making. For some people with bladder cancer, family may serve as a stressor. Nurses should support the decision-making processes of all patients and be familiar with resources that can provide support to patients who do not receive it from family.

Every year in the United States, more than 79,000 individuals are diagnosed with bladder cancer (American Cancer Society [ACS], 2017). Although bladder cancer is more common among men, the mortality rate among women is higher (ACS, 2017), and women are more likely to experience disease recurrence after treatment (Fajkovic et al., 2011). The mechanisms responsible for these gender disparities are not fully understood. Although delayed diagnosis is more common among women, an analysis of Surveillance, Epidemiology, and End Results registries demonstrated that disease stage at diagnosis accounted for only 30% of the excess mortality experienced by women (Scosyrev, Noyes, Feng, & Messing, 2009). Likewise, Siegrist, Savage, Shabsigh, Cronin, and Donat (2010) analyzed a series of bladder cancer cases from 1995–2005 at Memorial Sloan Kettering Cancer Center in New York and concluded that women were less likely to undergo lymph node dissection or