

The Impact of An Expert Exchange-Based Educational Initiative on Urologist Confidence and Knowledge in Implementing Immunotherapy for Bladder Cancer

Background: The rapid and robust emergence of the immunotherapy era in bladder cancer has prompted a paradigmatic shift in both early and late-stage bladder cancer management. Given this change, it is imperative that members of the bladder cancer care team, most notably urologists, medical oncologists, and urologic oncologists, be well-equipped to safely and effectively integrate immune checkpoint inhibitors into the treatment armamentarium.

Methods: CEC Oncology delivered education at select meetings throughout 2019-2021 including ASCO GU, AUA, and SUO Annual Meetings; in addition to live presentations, the content was streamed live and on-demand on www.ceconcepts.com and endured on myCME.com. Learning and knowledge was objectively assessed by analyzing pre- and post-test results before and after the educational activities. To determine retention of knowledge over time, follow-up assessments were sent to participants after each live activity. Assessment questions in the form of case studies were utilized to gauge whether participants translated knowledge into practice at follow-up. Statistical testing between pre- and post-tests and from pre-test to follow-up were conducted via chi square analysis with a priori significance set at 0.05.

Results: Executed five live educational activities and a spin-off enduring component hosted on myCME.com. 765 total clinicians educated across the live elements of the curriculum. Across the curriculum, over 70% of attendees indicated at post-activity assessment that they would use systemic immunotherapy either primarily or exclusively in their practice compared to just 25% at pre-activity. Among urologists practicing at academic medical centers, confidence in appropriate implementation of immunotherapy increased for all participants, and more specifically, for clinicians practicing at academic medical centers (on a 4-point scale, *All Participants* demonstrated a confidence increase from 2.70 to 2.91; *Academic Medical Center* clinicians demonstrated an increase of 2.75 to 3.00); 97% said that the initiative increased their knowledge of ongoing ICI clinical trials in bladder cancer; Attendee ability to appropriately manage an irAE increased substantially from pre-test to post-test assessment (37% vs. 63%; $P=.057$). Clinicians practicing in community settings are the only attendees who did not exhibit an increase in mean confidence in appropriately implementing immunotherapy at post-activity assessment.

Conclusions: Our Expert Exchange Bladder Cancer Curriculum precipitated substantive practice advances related to appropriate implementation of ICI therapy. Many of these advances, however, were specific to academic urologists and urologic oncologists; outcomes analyses have revealed tangible educational gaps among community-based urologists.