

Supplementary Table 1. Representativeness of study participants*	
Cancer type/subtype/stage/condition	Urothelial cancer
Considerations related to:	
Sex	Urothelial cancer is a predominantly male disease. Ninety to 95% of urothelial cancers occur in the bladder as bladder cancer. In men, bladder cancer is the 6 th most common cancer and the 9 th leading cause of cancer death. Gender may influence the survival rates for bladder cancer. Historic data suggested women may have lower cancer-specific survival rates after radical cystectomy than men raising the question of different tumor biology as opposed to later stage at presentation. Literature exists suggesting that women are more likely to die of urothelial cancer than their male counterparts.
Age	A total of 90% of bladder cancer diagnoses are made in patients 55 years of age and older, and this picture is applicable to most geographical regions.
Race/ethnicity	Although rates of bladder cancer are higher in white populations than in other ethnicities, survival is worse for black individuals. Unfortunately, information about incidence in black populations around the world is generally lacking.
Geography	For bladder cancer, the worldwide age-standardized incidence rate (per 100,000 persons/years) is 9.5 for men and 2.4 for women, though this rate varies between regions. In the United States, the age-adjusted incidence rate is 18.2. In the European Union, the age-standardized incidence rate is 20 for men and 4.6 for women. In China, the age-standardized incidence rate is 7.6 for men and 2 for women. In Japan, the age-standardized incidence rate is 9.6 for men and 2.2 for women. In India, the age-standardize incidence rate is 3.6 for men and 1 for women. In Egypt, the age-standardized incidence rate is 19 for men and 5 for women. In Colombia, the age-standardized incidence rate is 6.8 for men and 2.2 for women.
Other considerations	In most large studies of patients with urothelial cancer in which race/ethnicity are reported, the percentage of patients who are Black is generally below 13.6%, the percentage of the US population that identifies as Black according to the US Census. Underrepresentation of non-White individuals in studies limits evaluation of the impact of racial/ethnic or ancestry-based differences in disease characteristics as well as treatment efficacy and toxicity.
Overall representativeness of this study	The current study cohort reflects the general population of patients with urothelial cancer with regards to gender distribution, age and clinical stage at presentation. Relative to the worldwide population of patients affected by urothelial cancer, a higher proportion of patients in the current study are non-Hispanic Caucasian due to the geographic restrictions of the study to the northeastern United States. However, the current study does include a proportion of patients who are Black, Asian, Hispanic, and Native American.
*Data sources: World Bladder Cancer Patient Coalition (WBCPC; www.worldbladdercancer.org); European Association of Urology (EAU) Guidelines (2021); American Society of Clinical Oncology (ASCO) Educational Book 2022; Surveillance, Epidemiology, and End results Program (SEER); United States Census Beureau.	

Supplementary Table 2. Treatment-related adverse events of special interest (N = 32).		
Adverse event type	Any grade, No. (%)	Grade \geq 3, No. (%)
Any treatment-related adverse event	32 (100)	15 (47)
Central serous retinopathy	3 (9)	0 (0)
Blurred vision	3 (9)	0 (0)
Dry eyes	6 (19)	0 (0)
Watering eyes	3 (9)	0 (0)
Eye pain	1 (3)	0 (0)
Keratitis	1 (3)	0 (0)
Hyperphosphatemia	27 (84)	0 (0)
Elevated AST	3 (9)	0 (0)
Elevated ALT	3 (9)	0 (0)
Hyponatremia	3 (9)	2 (6)
Palmar-plantar erythrodysesthesia syndrome	12 (38)	3 (9)
Nail loss	6 (19)	0 (0)
Paronychia	2 (6)	0 (0)
Mucositis	15 (47)	5 (16)
Fatigue	19 (59)	1 (3)
Anorexia	9 (28)	2 (6)
Dysgeusia	10 (31)	0 (0)
Nausea	4 (13)	1 (3)
Vomiting	2 (6)	0 (0)
Weight loss	5 (16)	0 (0)

ALT, alanine transaminase; AST, aspartate transferase; No., number