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Retrospective analysis of patients’ experience to intravesical Bacillus Calmette-Guerin (BCG)

J. Alcorn, S. Biyani, P. Weston, S. Sundaram, R. Burton, A. Topping, J. Stephenson
Why & what did we do?

Why?

• Gold standard
• Bladder cancer incidence rates are highest in developed countries, especially Northern America and Europe
• BCG treatment induction & maintenance has significant benefits, but also has significant side effects that tend to be seen within the first 12 months of treatment
• To analyse the reasons for treatment interruption in everyday clinical practice in a large district hospital
How did we do it?

- Appropriate ethical approval
- Quantitative data
  - 01/01/04 – 31/12/11
  - Retrospective case note review of 234 cases
  - Diagnosis of NMIBC, grade 3 Ta/1 or CIS, aged 18 years or over
  - Conaught Strain
  - Administered as per SWOG
  - Collected using a specially designed data extraction tool
  - Convenience sample
  - Analysed through IBM SPSS v20
What did we find?

- **Issues**
  - Data extraction tool
  - Paper to electronic
  - Recorded information

- **Results**
  - 61% > 70yrs. From these:
  - 92% completed induction, 80% started maintenance
  - 56% completed 1 year and 5% completed 3 years
  - 43% received counselling
  - 10% nurse specialist contact details
  - 65% had at least 1 symptom (45% within 35 days)
  - 40% experienced pain
Conclusion & next steps

• Conclusion
  – Severe toxicity resulted in discontinuation of therapy in the majority
  – The majority withdraw in the first year
  – Surprising that those who had contact with a nurse specialist or received written information were more likely to withdraw
  – Targeted support

• Next steps
  – Interview patients who have withdrawn for their experience
  – Look at the consultation e.g. grade of Dr
  – Review our practice