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

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I. INTRODUCTION and OBJECTIVES

BCG treatment has been used for many years, but not without controversy (Paul et al., 2012). It is regarded as the gold standard for treating NMIBC (Babjuk et al., 2011; Paul et al., 2012). As low as 16%, complete what is seen as the best treatment available (Lamm et al., 2000). If the remaining 84% then progress to muscle invasive bladder cancer, this has consequences for the patient as well as the healthcare system.

The aim of this study was to analyse the reasons for treatment interruption in everyday clinical practice in a large district hospital.

II. MATERIALS & METHODS

Table 1 shows the demographics of the study population. Quantitative data regarding the clinical experiences of BCG treatment received by patients during the period 1st January 2004 to 31st December 2011 was collected through a retrospective case note analysis of 234 case notes. Patients with a diagnosis of NMIBC, grade 3 Ta/1 or CIS, aged 18 years or over were selected. The data from this convenience sample can be considered as representative data. The data extraction tool specifically designed for this study, was piloted to ensure validity and reliability. The data was analysed using IBM SPSS v20 for Windows.

Table 1: The age and gender of the population and course completion

Characteristic		N %
Age (years)		
<59		28 (12)
60-69		66 (28)
70-79		111 (48)
>80		29 (13)
Gender		
Male		188 (80)
Female		46 (20)
Completed 1 year	Yes	115 (49)
	No	119 (51)
Completed 2 years	Yes	40 (17)
	No	194 (83)
Completed 3 years	Yes	23 (10)
	No	211 (90)
No days on treatment	Range	1 2581
	Mean	455.13
	Median	350.00

Fig 1: Chart showing withdrawal from treatment by age group

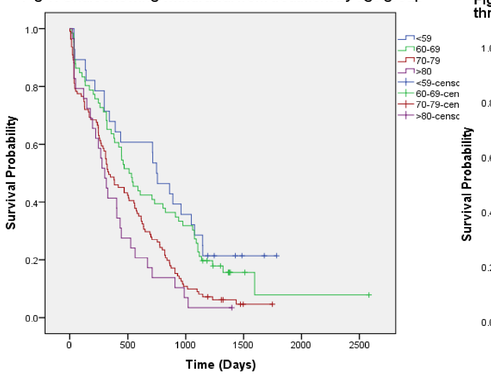


Fig 2: Chart showing patients who withdrew from treatment early through symptoms or side effects

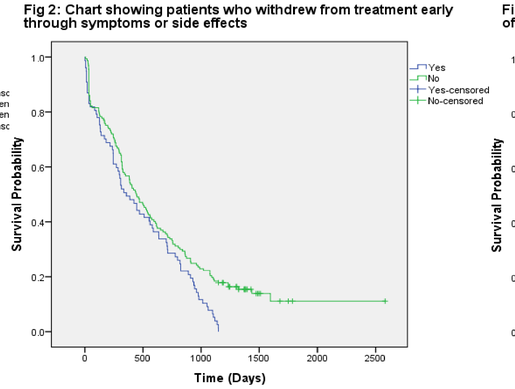


Fig 3: Chart comparing patients who were given the contact details of a nurse specialist with those who did not receive contact details

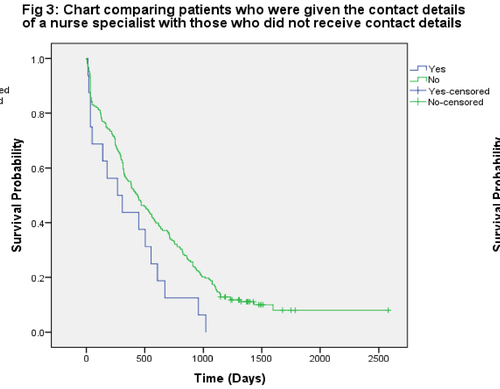
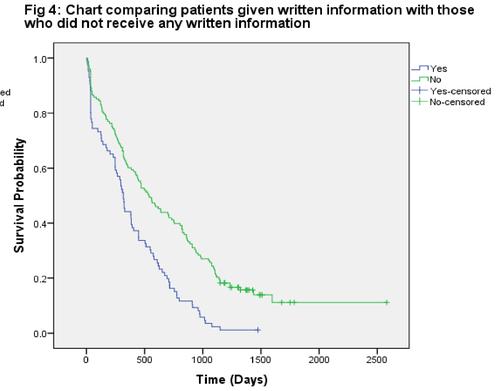


Fig 4: Chart comparing patients given written information with those who did not receive any written information



III. RESULTS

Table 1 shows that the sample of 234 patients were made up of 188 (80%) male and 46 (20%) female, 140 (61%) were 70 years or older. Also that 115 (49%) completed 1 year of treatment and 23 (10%) completed the full three years. Figures 1-4 show that patients who experienced side effects from the treatment were more likely to withdraw from the treatment early. Also those patients who received the contact details of a nurse specialist or written information were also likely to withdraw from treatment early.

IV. CONCLUSION

Our study demonstrated that severe toxicity resulted in discontinuation of therapy in the majority. There appears to be a withdrawal rate of 90%, higher than the literature and that the majority of these withdraw from treatment within the first year. The data shows that of those that experienced one or more side effect were more likely to withdraw from treatment early. Also that age is an important factor to consider as those who were 70 or over were more likely to withdraw from treatment. A surprising factor is that these preliminary data suggest interruptions could be attributable to patient's counselling by a clinical nurse specialist and those who received written information.

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