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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



striving for excellence

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

The treatment journey of patients receiving BCG treatment for superficial bladder cancer - Audit too

Demographics:	Co-morbidities:		
ld No:	1.		
Sex: M F	2.		_
Age:	3.		
Hospital site: PGH PGI DDH	4.		_
	5.		_
	6.		_
			_
Cancer Staging:	Information given:		
Grade 3	Contact numbers	γ	N
pTa	Leaflets	γ	N
pT1	Treatment discussion	γ	N
		-	
CIS	Other:		
cis	Other:		
CIS Treatment:	Other: Symptoms during treatr	ment:	
		ment:	
Treatment:	Symptoms during treatr	ment:	
Treatment: Date commenced	Symptoms during treatr	ment:	_
Treatment: Date commenced Date stopped	Symptoms during treatr 1. 2.	ment:	
Treatment: Date commenced Date stopped Course completed Y N	Symptoms during treatr 1. 2. 3.	ment:	
Treatment: Date commenced Date stopped Course completed Y N	Symptoms during treatr 1. 2. 3. 4.	ment:	
Treatment: Date commenced Date stopped Course completed Y N Reason for stopping:	Symptoms during treats 1. 2. 3. 4. 5.	ment:	
Treatment: Date commenced Date stopped Course completed Y N Reason for stopping:	Symptoms during treatr 1. 2. 3. 4. 5.	ment:	

CYC	LE	DATE	SIDE EFFECTS
		/ /20	
	1 1	/ /20	
Cycle 1 -	0 months	/ /20	
	6 weekly	/ /20	
	1 1	/ /20	
	1 1	/ /20	
		/ /20	
Cycle 2 – Maintenance	3 months 3 weekly	/ /20	
Maritenance	3 weekly	/ /20	
Cycle 3 – 6 months Maintenance 3 weekly		/ /20	
	6 months 3 weekly	/ /20	
mailleliaile	3 weekly	/ /20	
		/ /20	
Cycle 4 – Maintenance	12 months 3 weekly	/ /20	
Mantenance 3 wes	3 weekly	/ /20	
		/ /20	
Cycle 5 - Maintenance	18 months 3 weekly	/ /20	
Maritenance 3 weekly	3 11000	/ /20	
	/ /20		
Cycle 6 – Maintenance	24 months 3 weekly	/ /20	
mariterance 5 weekly	3 weekly	/ /20	
Cycle 7 - 30 months : Maintenance 3 weekly		/ /20	
	/ /20		
	5 mechiy	/ /20	
		/ /20	
Cycle 8 – Maintenance	36 months 3 weekly	/ /20	
marketinine 3	3 weekly	/ /20	

What did we find?

Issues

- Data extraction tool
- Paper to electronic
- Recorded information

Results

- $-61\% \ge 70$ yrs. 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