

Flexible Cystoscopy for the surveillance of patients with NMIBC on BCG maintenance avoids unnecessary GA on high-risk groups, and reduces operational costs, manpower and the burden on elective operating lists.

The Role of GA Rigid Cystoscopy and Biopsy Vs Flexible Cystoscopy in Surveillance of Patients with Non-Muscle Invasive Bladder Cancer Undergoing BCG Maintenance

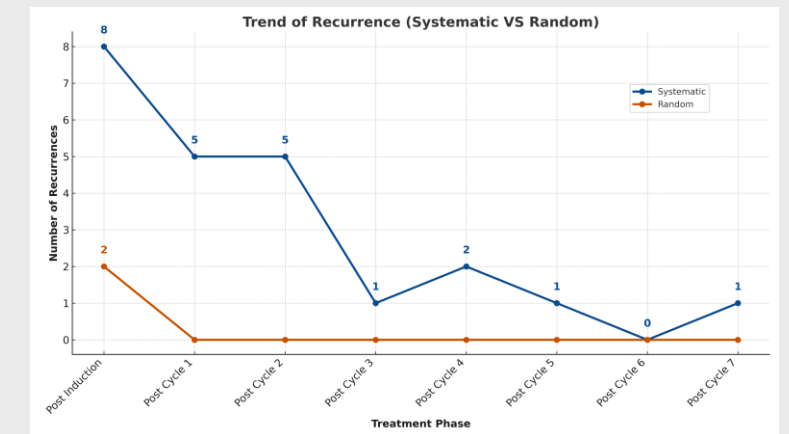
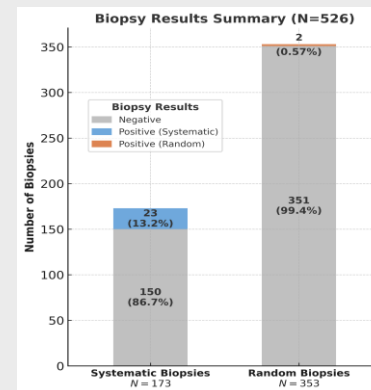
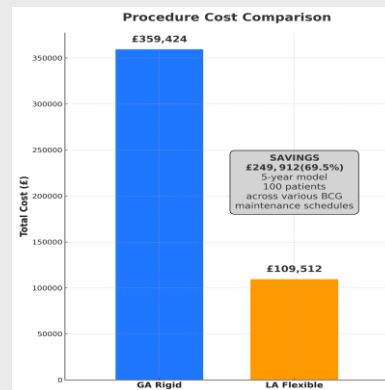
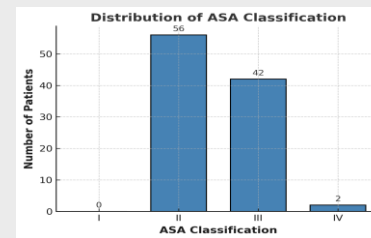
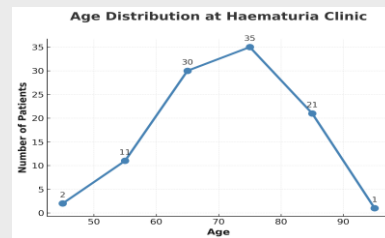
BACKGROUND

In an NHS Trust frequently utilising GA rigid cystoscopy with random or systematic biopsies as surveillance during maintenance BCG for high-risk NMIBC, we have investigated histological outcomes to determine safety of flexible cystoscopy as primary method for surveillance.

METHODS

Retrospective analysis of electronic records of 100 patients from a cohort of 211 on the master list of BCG maintenance for high-risk NMIBC. Patient demographics, histology results, type of biopsy sampling (random VS systematic) and other pertinent data were gathered. Operational costs were compared between methods of surveillance.

RESULTS



17 patients had recurrences with 12 of them having single recurrences and 5 with two or more. 10 (40%) of the recurrences were noted post induction. 2 of these were from random biopsies which came back positive after induction.

CONCLUSION

The study supports our recommendation of the use of GA Cystoscopy with Biopsy for patients following BCG induction, and subsequent Flexible Cystoscopy as surveillance while on maintenance BCG, reserving GA Cystoscopy for targeted lesions.

Flexible Cystoscopy remains as a safe, cost-effective means of surveillance of patients with high-risk NMIBC undergoing BCG maintenance.

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