

German registry for patients with newly diagnosed bladder cancer

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Background

Bladder cancer accounts for 3.4 % of all malignant tumors (men: 4.6 %, women: 2 %). The average age at the time of diagnosis is 69 (men) and 73 (women). About three quarters of patients present with superficial, non-muscle-invasive tumors (Non-Muscle Invasive Bladder Cancer, NMIBC). In 25 % of patients the tumor has already grown into the muscle or has spread to other organs (invasive tumor). The German Association for the Quality Assurance of Practice Based Uro-Oncologists (Interessenverband zur Qualitätssicherung der Arbeit niedergelassener Uro-Onkologen in Deutschland, IQUO) is dedicated to provide quality assured state-of-the art outpatient treatment for patients with urological cancers. Since 1st January 2011, IQUO practices have documented their patients with newly diagnosed NMIBC in a specialized computerized documentation system (ODM QuaSi®URO). The aim of the documentation is to gain and compare data on patient details and treatment behaviors within the IQUO group. All practices participate in this registry on a voluntary basis.

Objectives

In this prospective study, the data of newly diagnosed bladder cancer patients who underwent transurethral resection of the bladder (‘TUR-B’) or ‘Fluoreszenz-TUR-B (HEXVIX®)’ were analyzed. The objective was to evaluate the patients’ basic epidemiologic data as well as therapeutic measures and outcome data.

Methods

Between 1st January 2011 and 27th December 2012, a total of 525 newly diagnosed NMIBC patients from 104 practices were recorded. For documentation the ODM Quasi®URO online documentation system was used. The documentation included demographic data of individual patients and practices as well as data regarding diagnosis, treatment and outcome.

Results

79.4 % of the documented patients were male, 20.6 % female. Median age was 72 years (SD +/- 11y). All patients had transitional cell carcinoma. 308 (58.7 %) had noninvasive papillary tumors (Ta), 111 (21.1 %) T1, 49 (9.3 %) T2, 25 (4.8 %) T3, 7 (1.3 %) T4 and 19 (3.6 %) Tx. In 6 patients histology proved to be benign. In 153 patients (29.1 %) no lymph nodes were involved (N0), 14 (2.7 %) had N1, 7 (1.3 %) N2, 2 (0.4 %) N3 and 349 (66.5 %) Nx. Histopathological grading distribution according to WHO classification was 27.6 % G1, 35.2 % G2, 30.7 % G3, and in 6.5 % grading was not stated. According to the new WHO classification, grading was stated to be papillary urothelial neoplasm of low malignant potential (PUNLMP) in 19.8 % of patients, 43.4 % had low-grade papillary urothelial carcinoma (LGPUC) and 36.8 % high-grade papillary urothelial carcinoma (HGPUC). 356 (67.8 %) of patients had unifocal tumors and 169 (32.2 %) had multifocal tumors.

95.8 % of the 525 patients underwent at least one transurethral resection (TUR), which was done with fluorescence endoscopy in 18.7 % of cases. 38.9 % of resected patients received a postoperative chemoinstillation. 80 (39.2 %) patients received the instillation within 1 hour after TUR, 91 (44.6 %) within 6 hours. Thus, 83.8 % of postoperative instillations were performed within the recommended interval of 6 h after surgery. 179 patients (34.1 %) received an initial weekly adjuvant therapy. In 55.3 % of cases mitomycin 20 mg was administered, 6.7 % of patients received mitomycin 40 mg and 38 % were treated with Bacillus-Calmette-Guérin (BCG).

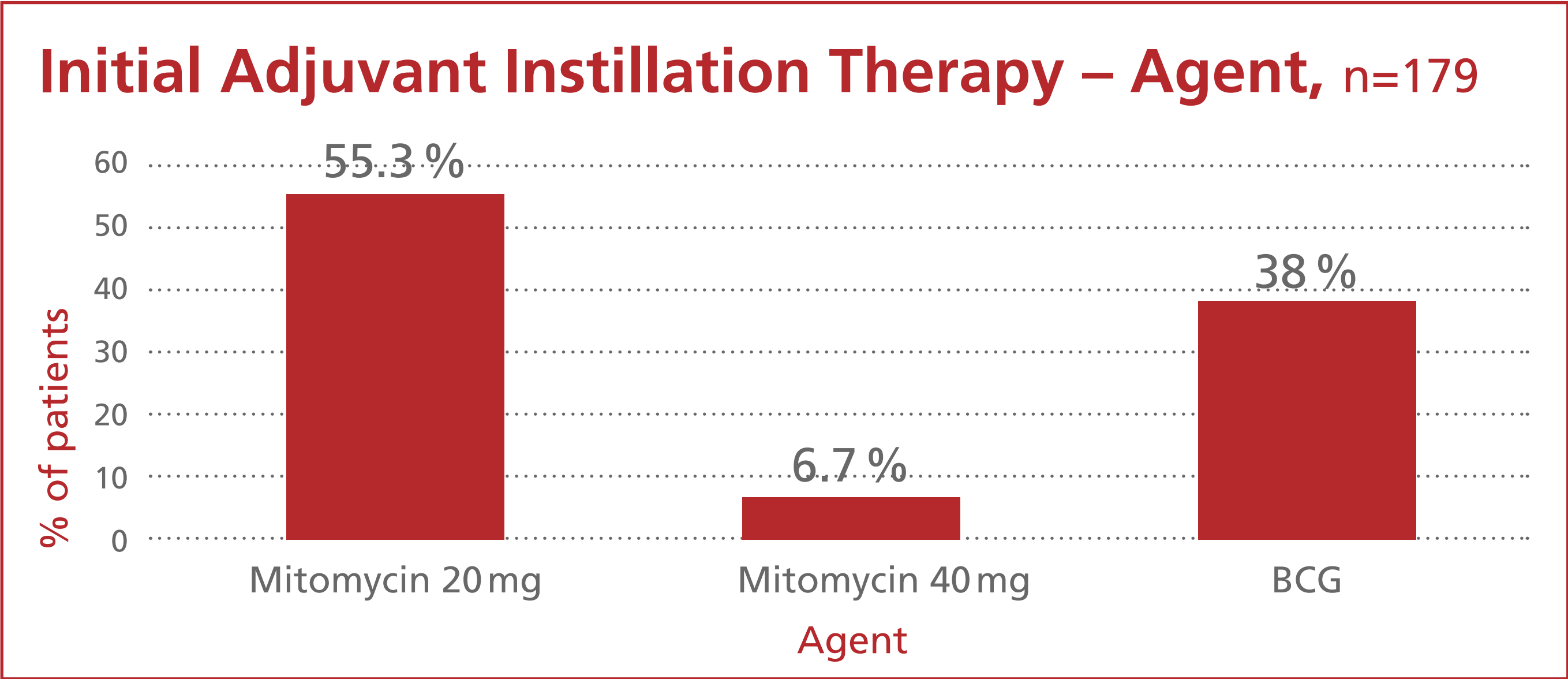


Figure 1

Almost one third of patients received either 6 (36.3 %) or 8 (29.6 %) instillations. 6.7 % were treated with 7 installations, the rest of patients had less than 6 installations.

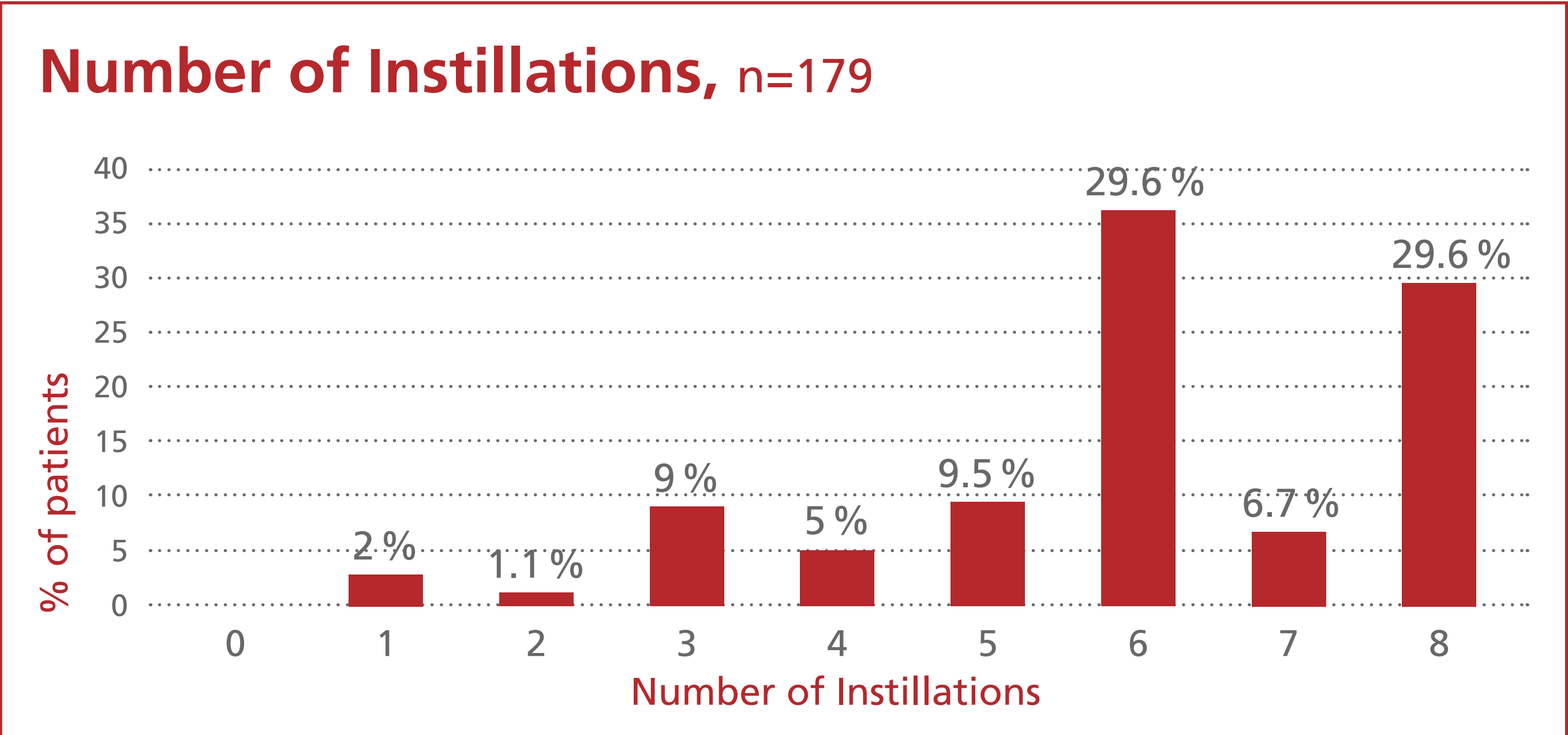


Figure 2

44.4 % of the 525 patients had a follow-up resection with residual tumors found in 87 (37.3 %) of these 233 patients. In 30 patients (34.5 %), a carcinoma in situ was found. WHO-grading at follow-up resection was as follows: 11.5 % of patients were staged PUNLMP, 43.7 % LGPUC and 44.8 % HGPUC.

In 12.8 % of all patients a cystectomy was performed, 5.1 % underwent partial bladder resection. Only 40 patients (7.6 %) received additional radio- or chemotherapy.

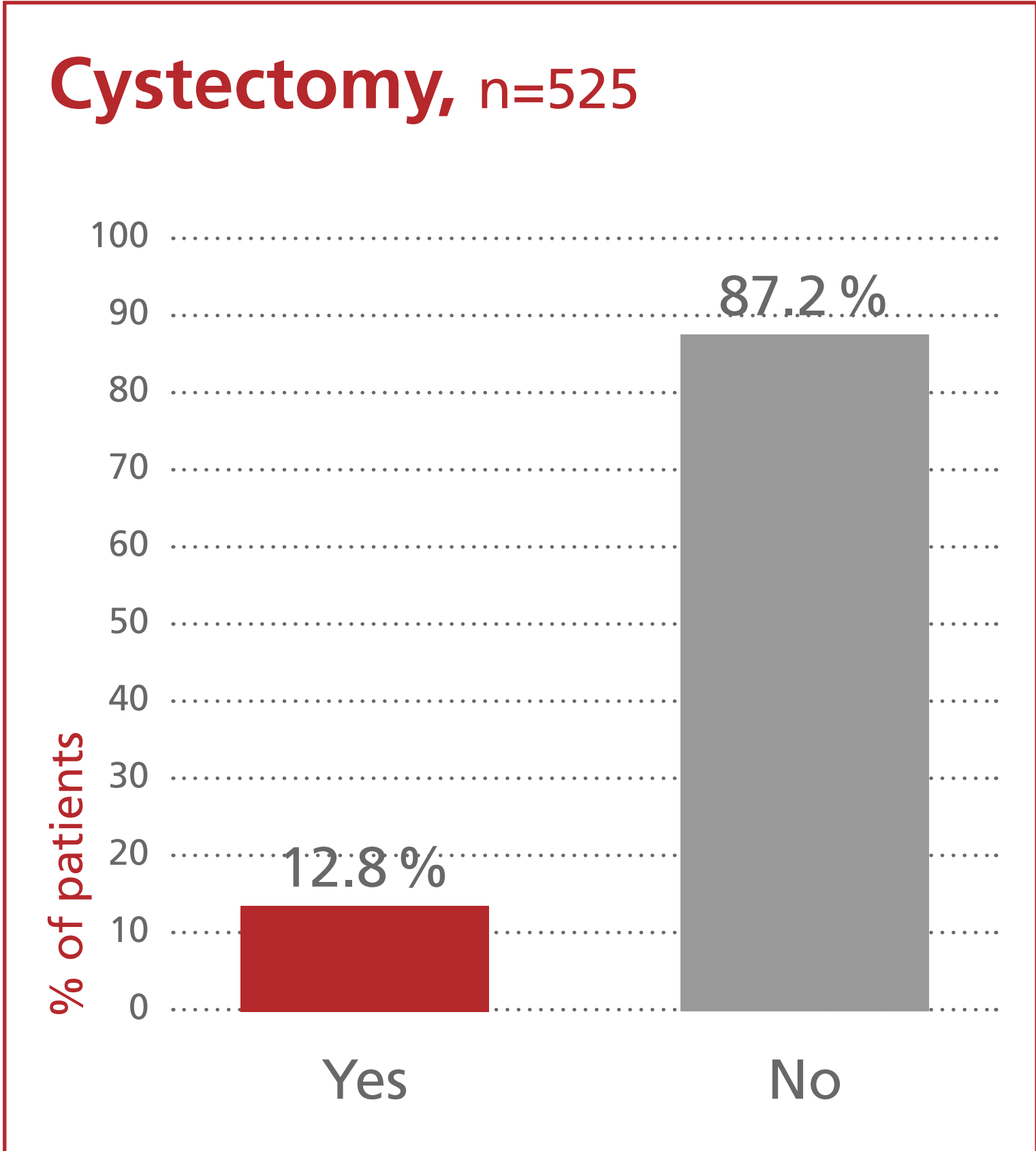


Figure 3

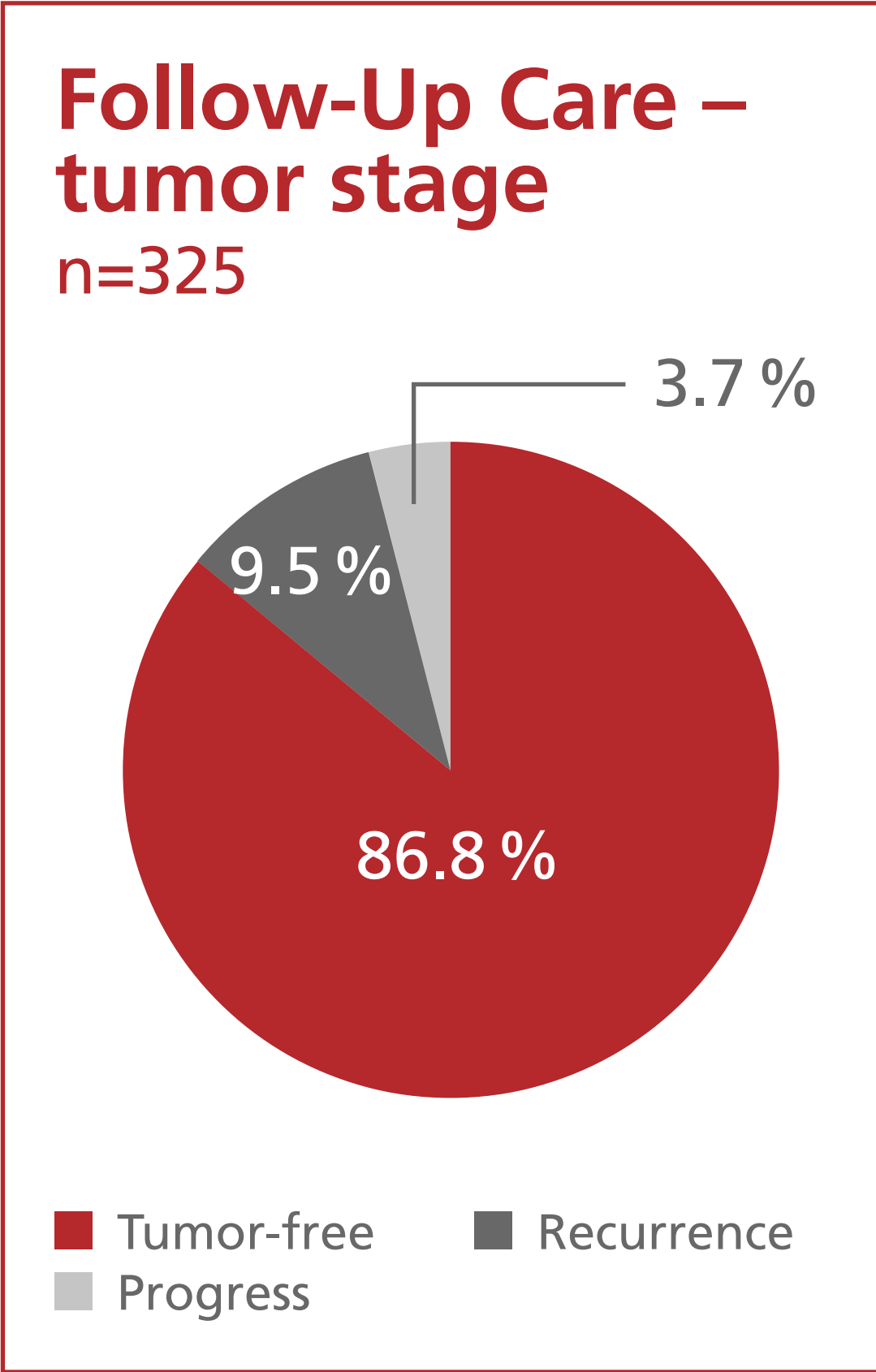


Figure 4

429 patients had at least one follow-up documentation, 325 patients were fully documented for one year. 1 year after diagnosis, 86.8 % of these 325 patients had no evidence of disease, 31 (9.5 %) had recurrent disease and 12 (3.7 %) patients had progressive disease.

Conclusions

These data are well in line with published epidemiological data. Although almost two thirds of patients should have received postoperative chemoinstillation according to European guidelines, only 40 % actually received one. There is still potential for improvement.

References

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