

I. INTRODUCTION and OBJECTIVES

BCG treatment has been used for many years, but not without controversy. Currently, it is regarded as the preferred treatment for NMIBC (Babjuk et al., 2014). As low as 16%, complete what is seen as the preferred treatment (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.

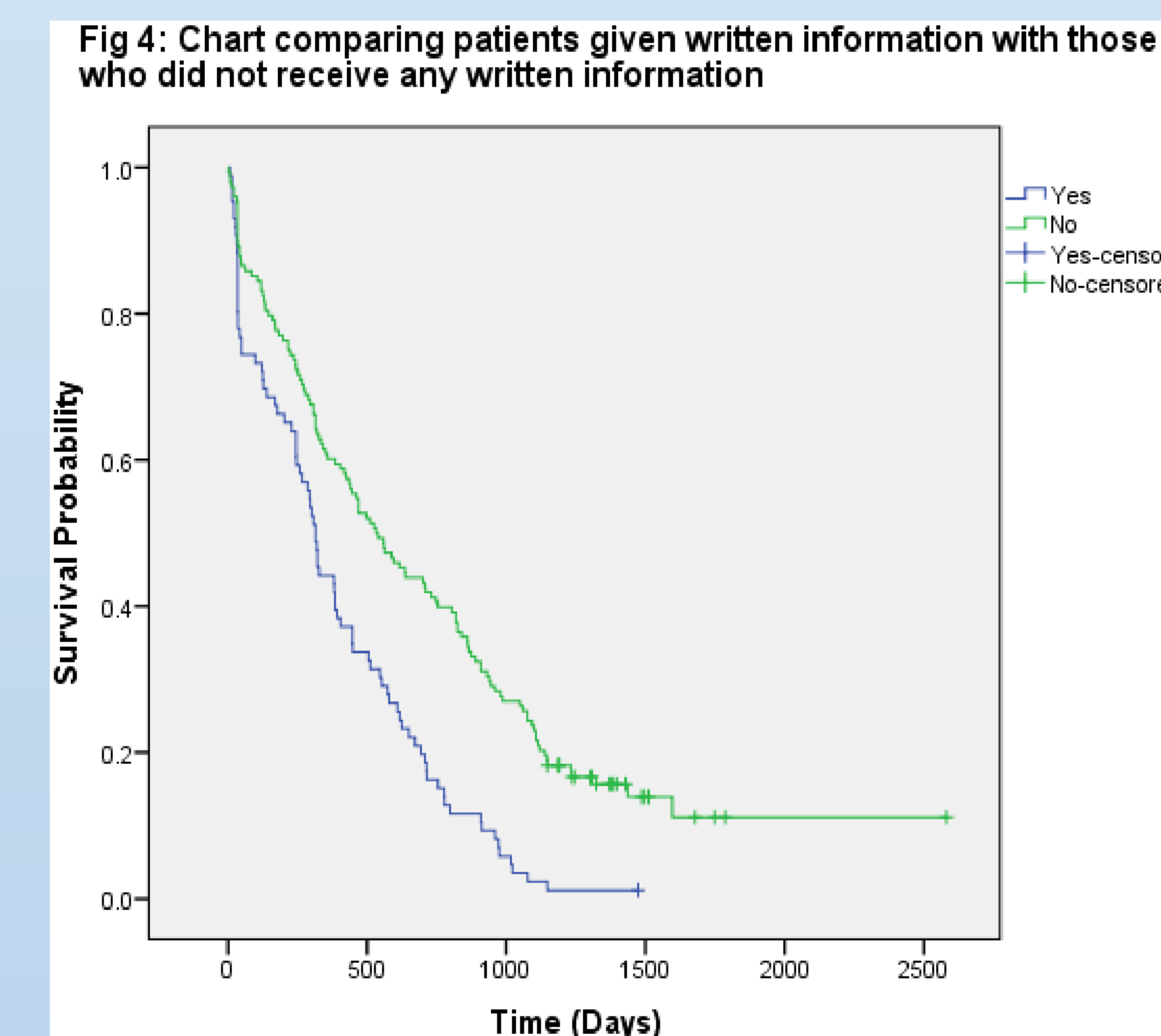
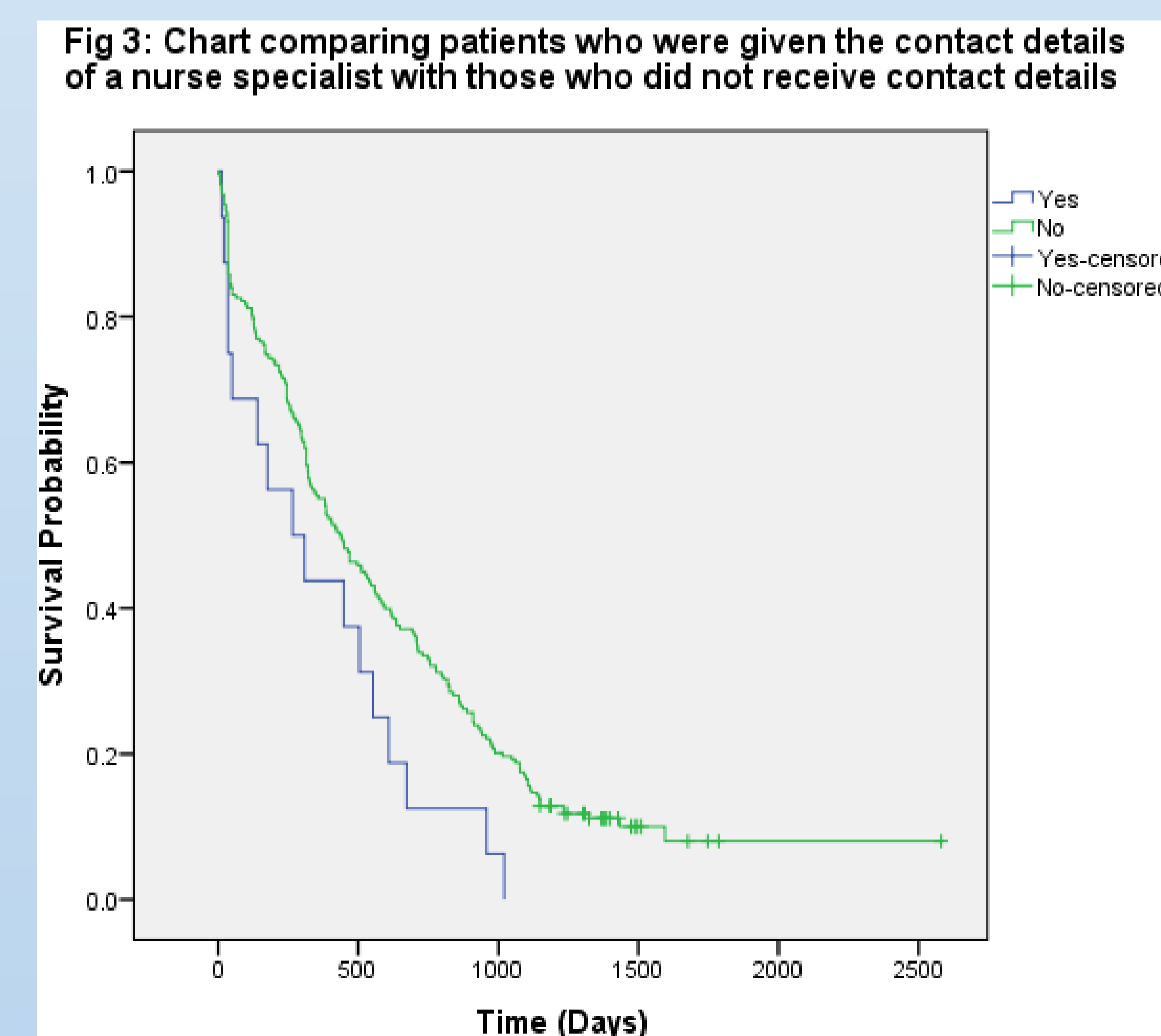
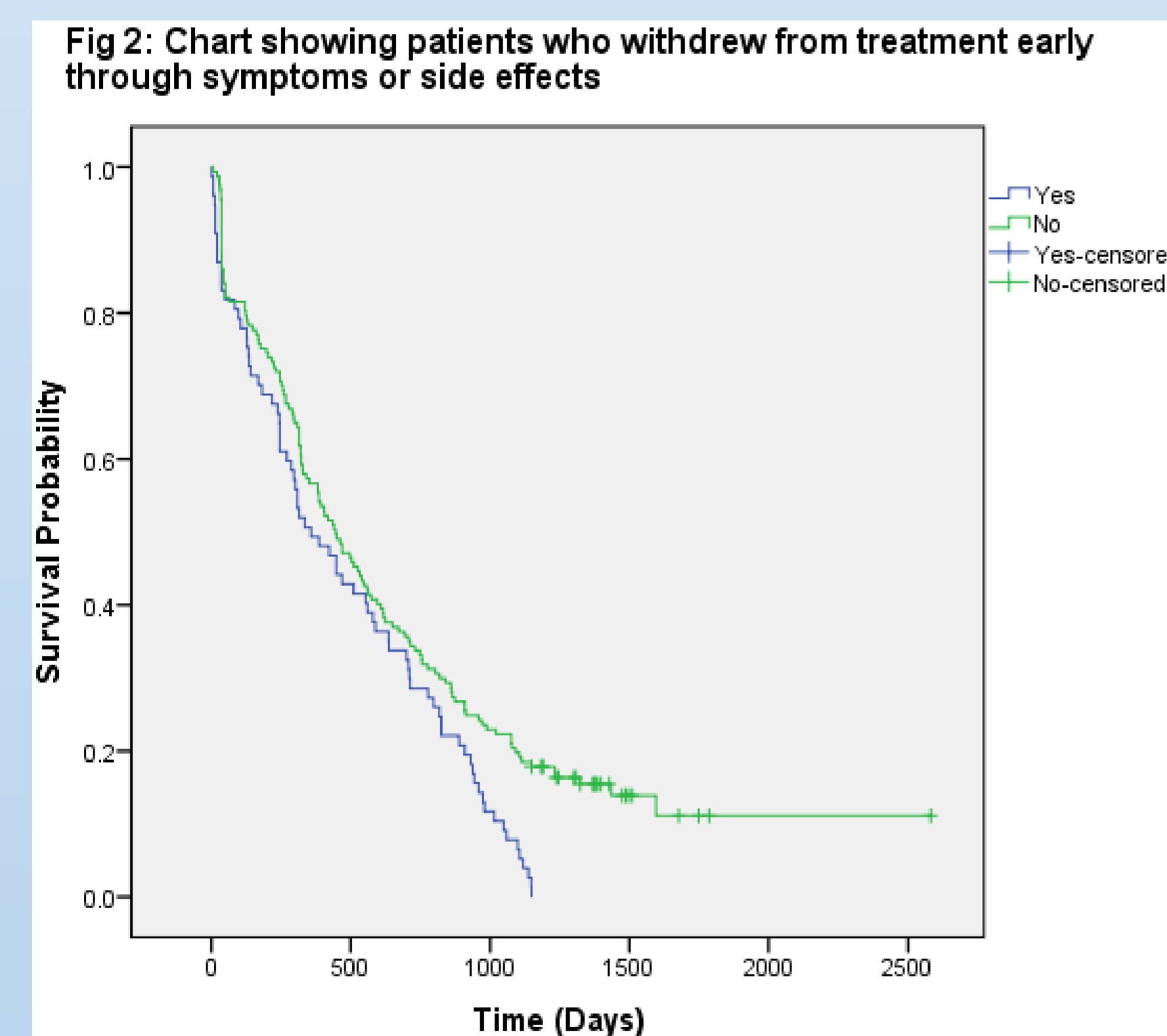
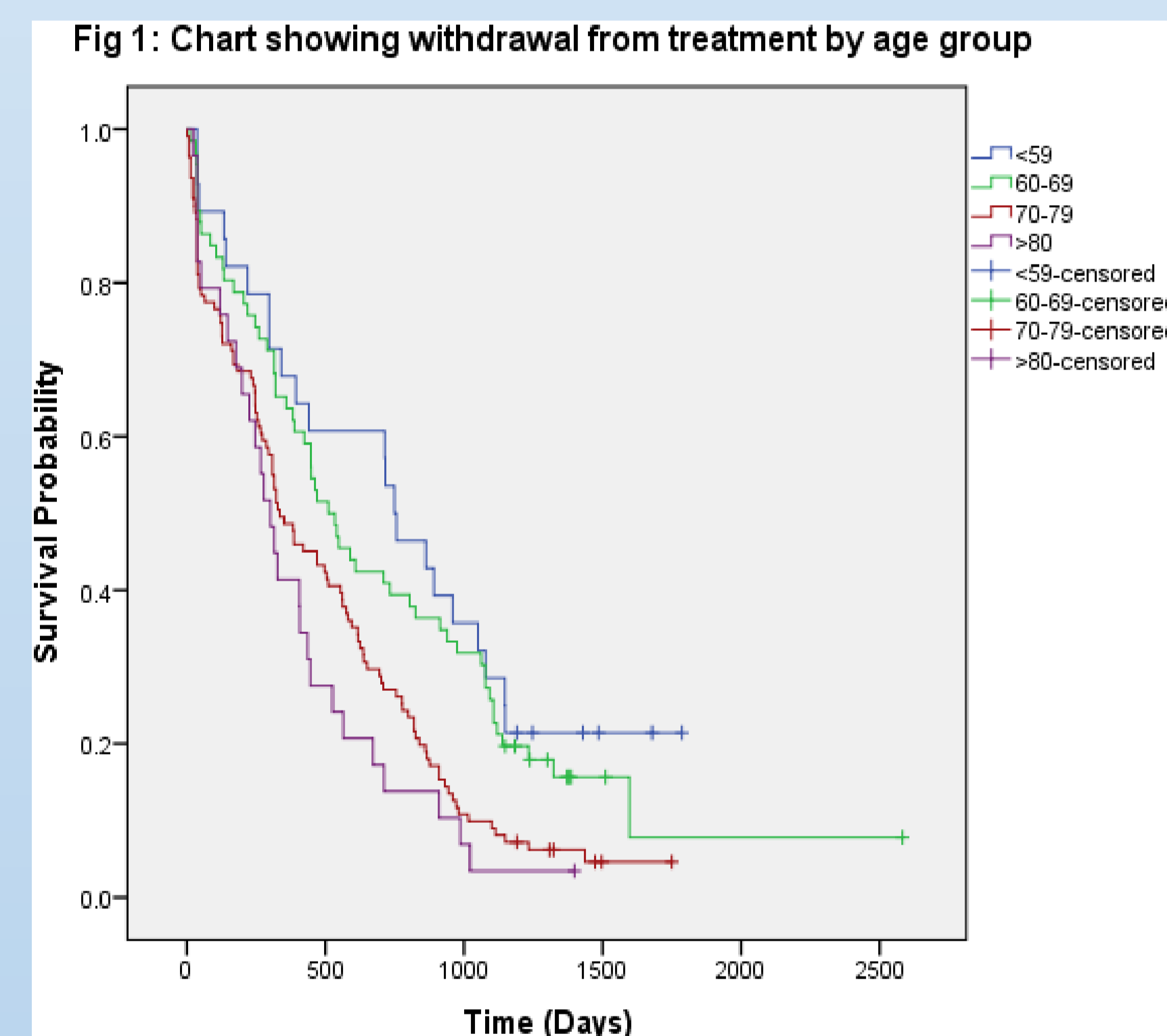
The aim of this study was to analyse the reasons for treatment interruption in everyday clinical practice in a large district hospital.

II. MATERIALS & METHODS

Quantitative data was collected through a retrospective case note analysis of 234 case notes. Data collected included the clinical experiences of patients who received BCG during the period 1st January 2004 to 31st December 2011. 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	



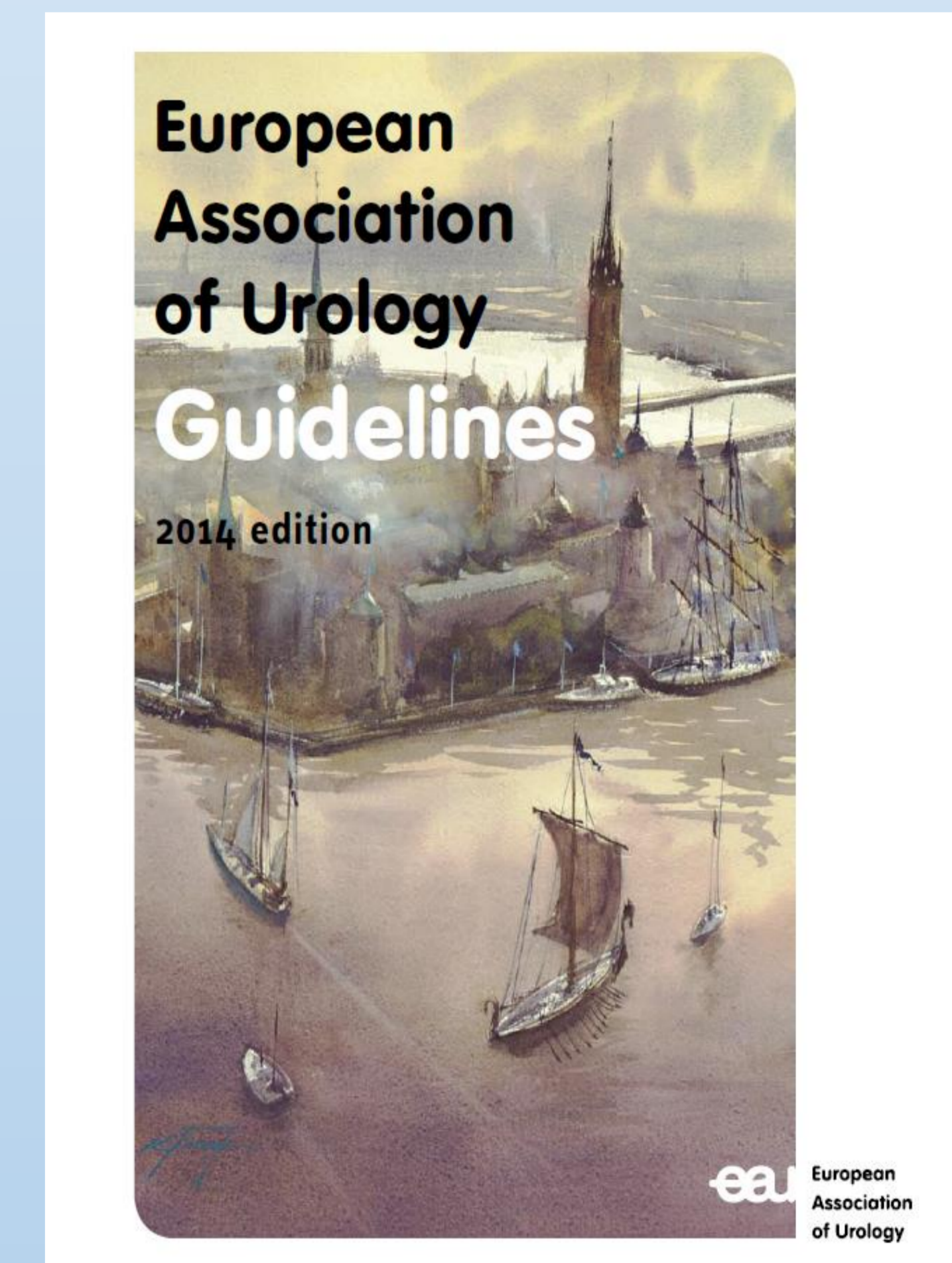
III. RESULTS

Table 1 shows the demographics of the study population and that the sample of 234 patients were made up of 188 (80%) male and 46 (20%) female, 140 (61%) were 70 years or older. 115 (49%) of patients 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.

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IV. CONCLUSION

Our study demonstrated that those who experienced one or more side effects resulted in discontinuation of therapy in the majority (90%), which is higher than the literature. Also, the majority of these withdraw from treatment within the first year. Age is an important factor, as those who were 70 or over were more likely to withdraw from treatment. A surprising finding was that these preliminary data suggest interruptions could be attributable to patient's counselling by a clinical nurse specialist and those who received written information.



REFERENCES

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