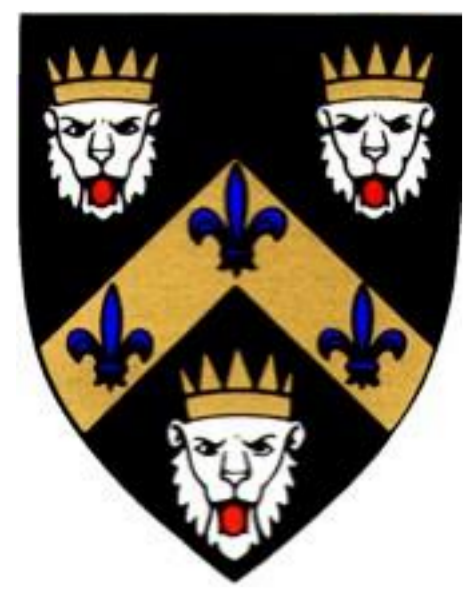


# p1 “Optimizing intravesical therapy in Octogenarians with non-muscle invasive bladder cancer”



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## Introduction

Understanding bladder cancer in the elderly should be an important goal of every bladder cancer service.

At our institution a third of patients with bladder cancer are aged over eighty.

As nurses we have addressed the specific issue of the tolerability of intravesical therapy within this cohort of patients, due to the frequency of coexistent lower urinary tract symptoms (LUTS).

## Methods

Between 2008 and 2011, we carried out a retrospective analysis of all octogenarian patients treated with intravesical therapy within our nurse-led clinic, assessing tolerability of treatment.

## Results

30 patients were identified with non muscle invasive bladder cancer (NMIBC) who underwent intravesical therapy, including: BCG + maintenance, Mitomycin (MMC) or sequential BCG / EMDA MMC.

A median age of 81. Tolerance to treatment was monitored and documented.

- 23% of patients had LUTS which limited treatment
- 13% of which did not complete the prescribed course
- 10% had an interrupted course of treatment, potentially compromising successful treatment outcome
- Only one patient was assessed for LUTS prior to treatment, subsequently underwent bladder outflow obstruction surgery, treatment commenced post surgery

Final TNM classification at initial diagnosis:

G2 (low) pTa	1
G3 pTa	11
G3 pT1	15
No Histology	1
Primary CIS	2
Secondary CIS	11

7/30 (23%) recurred after intravesical treatment (2 progressed)

2 patients have undergone cystectomy; 6 died (3 related to bladder cancer); 22 currently on flexible cystoscopy f/up +/- maintenance therapy.

Despite the fact that the potential for LUTS in this group is much higher, we found that LUTS assessments were not routinely done prior to commencement of intravesical treatment.

**BCG Check List**

Patient Label Here

Proposed course of Treatment:  
 Di Stasi  6 x BCG  Maintenance BCG

Contra-indications:

Impaired immune response	Yes <input type="checkbox"/>	No <input type="checkbox"/>
HIV	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Active TB	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Unexplained fever	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pregnancy/Breast Feeding	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Is patient on warfarin? Yes  No   
 If yes, arrange alternative anti-coagulation as required

**LUTS assessment:**

Flowrate Yes  No  Residual volume: .....

Require treatment for LUTS? Yes  No   
 Safe to proceed with treatment? Yes  No

Date of operation:.....  
 Histology:.....  
 Intended treatment start date:.....  
 Verbal consent from patient for treatment:   
 Drug prescribed:   
 Doctors signature:..... Date:.....

## Conclusion

All patients should have a LUTS assessment prior to commencement of nurse-led intravesical therapy.

Nurses administering treatment have an ethical and professional responsibility to ensure this is carried out to improve treatment tolerance and outcome.