

Discharge of low risk non muscle invasive bladder cancer after one year: Results of a national survey of the adoption of the NICE bladder cancer guidelines recommendations in the UK

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Introduction & objectives

- The National Institute for Health and Care Excellence (NICE) produces guidelines for the National Health Service (NHS) in England 'To ensure that maximum gain is achieved from limited resources'.
- In 2015, the NICE bladder cancer guidelines recommended that urologists in England should 'Discharge to primary care people who have low-risk non-muscle-invasive bladder cancer (NMIBC) who have no recurrence within 12 months'¹.
- This represented a significant change from the EAU NMIBC guidelines which recommend cystoscopic surveillance for 5 years and was therefore controversial.
- Although hospitals in the UK are expected to follow NICE guidelines, even after 2 years, the level of adoption of this recommendation is unknown.
- Moreover, the clinical consequences of such a policy with respect to re-presentation of patients with recurrences and possibly progression are unknown.
- A National survey of all urologists and urological nurses in the UK was carried out in an attempt to gain a national picture of the level of adoption of this recommendation and its clinical consequences.

Reference: 1. NICE guideline NG2; Bladder cancer: diagnosis and management 2015

Materials and methods

- In October 2017 the British Association of Urological Surgeons (BAUS) and the British Association of Urological Nurses (BAUN) sent out a joint e-mail questionnaire to all their members.
- Members were asked whether their hospital had adopted the NICE guidelines.
- If yes, had they encountered any adverse outcomes as a result of this.
- If members had not adopted the NICE guidelines, they were asked which guideline (if any) they followed.
- The results were then mapped against all 237 urology departments in the UK.

Results I

- A total of 165 responses were received (120 from BAUS and 45 from BAUN members respectively)
- This represents 108 of 237 urology departments in the UK.
- 45% of respondents have adopted the NICE guidelines whereas 55% have not.
- Of those adopting the NICE guidelines, only 8 respondents (4.8% of the overall total) had encountered an adverse outcome.
- Of these 8, 3 patients had confirmed low risk recurrence.

Results II

- Patient dissatisfaction at being discharged was the main reported adverse outcome.
- No respondents reported progression to a higher stage or grade.
- Of the 55% of respondents who have not adopted the NICE guidelines, 85% reported adhering to the EAU NMIBC guidelines.

Conclusions

- Despite a strong central recommendation from NICE to discharge low risk NMIBC patients after 1 year, the majority of UK urology departments continue to use the EAU guidelines with discharge after 5 years.
- In those departments who are following the NICE recommendation, after 2 years, the number of adverse outcomes is low with no reported cases of stage or grade progression.