

# How is outpatient blue light cystoscopy used in clinical routine? First results from the Nordic Registry

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## ABSTRACT

A prospective real-world multi-center registry study on the use of blue light cystoscopy in non-muscle invasive bladder cancer patients with a flexible scope.

Preliminary results on treatment complete in the office and patient experience.

## INTRODUCTION AND OBJECTIVES

- Blue light cystoscopy (BLC™) with hexaminolevulinate as an adjunct to white light cystoscopy (WLC) gives higher sensitivity for identifying bladder cancer and reduces recurrence rate compared to WLC alone.
- A Nordic registry study has been initiated to observe the clinical utility and explore possible benefits of BLC in the outpatient office setting.

## METHODS

- The Nordic registry is a prospective registry that includes patients with suspicion of non-muscle-invasive bladder cancer (NMIBC) or patients in routine follow-up of NMIBC.
- Hexaminolevulinate (Hexvix®/Cysview®, Photocure ASA) is instilled, and the bladder examined with WLC and BLC.
- Biopsies are taken from suspicious lesions and tumors can be fulgurated on site.
- Data recorded are demographics, previous history, findings under WLC and BLC, treatment performed, patient preference, physician experience and further patient management.

## RESULTS

- Results are presented from 79 NMIBC patients at four hospitals. 92 procedures has been performed with BLC as an adjunct to WLC (Figure 1).
- Average age was 73 years and 22% were females. Previous bladder cancer history included Ta (61%), T1 (19%) and CIS (23%).



**Figure 1** Images from the BLC procedure in the office, showing a suspicious lesion (left) and biopsy of the lesion (right).

Treatment was successfully performed in 71% of the cases

In 26% of these cases, treatment could be completed due to the use of BLC

## RESULTS

Added value of BLC reported in 82 % of procedures

Key advantages:

Additional lesions seen (29%)

Confidence in recurrence free patient (23%)

Procedure well tolerated; all but 2 preferred the outpatient procedure compared to a TURBT

## CONCLUSIONS

BLC as an adjunct to WLC in the outpatient setting was easy to implement in routine management.

BLC identified additional lesions and allowed more patients to receive complete treatment without referral to TURBT.