
Quality of Life (QoL), Non Muscle Invasive Bladder Cancer (NMIBC) and Endovesical Treatments: Instillation Matters

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Introduction and objective: The spectrum of instillations available for the treatment of bladder cancer is increasing. Apart from effectiveness, quality of life may be a factor when choosing an instillation or another. The aim of this study is to evaluate and compare the quality of life of patients treated, during the induction phase, with three types of instillations: passive Mitomycin C (MMC), BCG and chemohyperthermia (CHT) with MMC using the COMBAT system.

Material and Methods: In 56 consecutive NMIBC patients with indication for endovesical treatment, QoL has been prospectively measured, as well as the side effects during the induction phase. The MMC protocol was 40 mg weekly for 4 weeks, the BCG protocol used a weekly TICE strain vial for 6 weeks, and the one on CHT used 40 mg of MMC at 43°C using the COMBAT recirculation system, a weekly application for 6 weeks. Spanish validated questionnaires IPSS, FACT, FACT BL, and CTCAE were used for QoL and side effects. QoL was measured before the first instillation, at the fourth, and at the end of the induction phase. Side effects were measured after each instillation.

Results: A total of 293 instillations (158 BCG, 75 CHT and 60 MMC) were performed. BCG instillations had more side effects (20.88%) than CHT (5.33%) and MMC (5%) according to CTCAE, being non-infectious Grade I cystitis the most frequent. Concerning QoL, most of the patients start from a similar baseline, finding significant differences in the 4th instillation, in which CHT gives a better quality of life compared to BCG. With regard to changes of QoL over induction period, both FACTBL and FACT are significantly better when comparing CHT versus BCG. All groups improve their quality of life at the end of instillations. Regarding IPSS, there are no significant differences between the three treatments.

Conclusions: QoL is altered during treatment with intravesical instillations, although without major differences among the groups. QoL of all treatments improve upon discontinuation of instillations. Patients on instillations with CHT have a better quality of life halfway through treatment than those with BCG. The IPSS does not present significant differences among the three types of instillations. Regarding side effects, CHT is better tolerated than BCG, with fewer side effects and less severe.