

## **Understanding and Improving the Utilization of Immediate Intravesical Chemotherapy for Bladder Cancer in the United States**

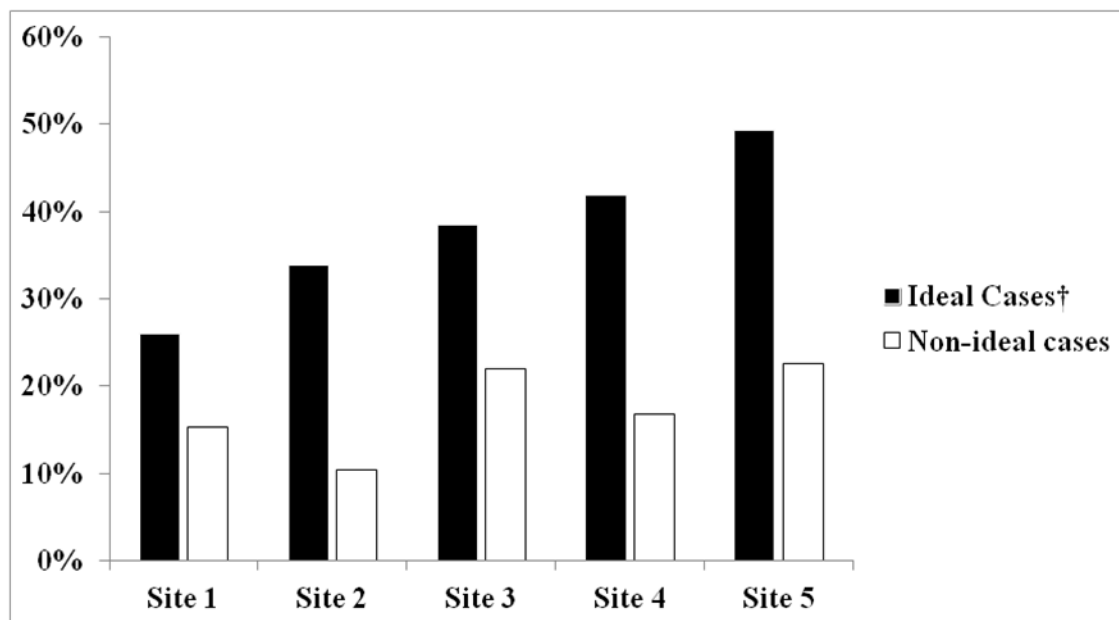
**Introduction and Objectives:** Despite its established efficacy in reducing recurrence rates for urothelial carcinoma of the bladder, immediate intravesical chemotherapy (IVC) is used infrequently in current urologic practice. Accordingly, the Urological Surgery Quality Collaborative (USQC) implemented a project aimed at understanding and improving utilization of IVC following endoscopic treatment of bladder tumors.

**Materials and Methods:** The USQC comprises 150 urologists from five practices throughout the United States of America. From Sept 2010 through Oct 2011, we prospectively collected clinical and baseline IVC utilization data for patients undergoing bladder biopsy or TURBT at 5 USQC practices. In the second phase of data collection (June-Oct 2011), treating surgeons also documented reasons for not administering IVC. Based on current clinical guidelines, we defined patients with 1-2 clinical stage Ta/T1, completely-resected, papillary tumor(s) as ideal candidates for treatment with immediate IVC. We examined baseline utilization of IVC across USQC practices, as well as reasons for not administering guideline-recommended therapy.

**Results:** Among 1,638 patients accrued during the study interval, 37.2% (n=609) met the ideal case criteria. Immediate IVC was administered in 36.5% of ideal patients. We observed significant variation in use of IVC across USQC practices for both ideal (range 26%-49%) and non-ideal cases (10%-23%) (p-values <0.02) (Figure). Among ideal cases not receiving IVC, reasons for not treating included, among others, lack of confirmation of malignancy (n=14, 13.6%), uncertainty regarding the benefits of IVC (n=28, 27.2%), and logistic factors such as unavailable medication or insufficient PACU resources (n=23, 22.3%).

**Conclusions:** Among practices in the USQC, utilization of immediate IVC is higher than reported elsewhere; however, its use still varies widely—even among potentially ideal candidates. Efforts to optimize utilization will be aided by disseminating the evidence supporting the indications and benefits of immediate IVC, and by addressing local logistic factors that may limit access to this evidence-based therapy.

### Utilization of immediate intravesical chemotherapy across USQC practice locations



† Ideal cases are those patients with 1-2 clinical stage Ta/T1, completely-resected, papillary tumor(s)