

Active surveillance OK for non-muscle invasive bladder cancer

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(HealthDay)—For patients with non-muscle invasive bladder cancer,

active surveillance seems reasonable and cost-effective, according to a study published in the February issue of *The Journal of Urology*.

Rodolfo Hurle, M.D., from Humanitas Research Hospital in Rozzano, Italy, and colleagues conducted a prospective observational study involving [patients](#) with a history of pathologically confirmed stage pTa or pT1a non-muscle [invasive bladder cancer](#) as well as recurrent small size and number of tumors without hematuria and positive urine cytology.

There were 146 [active surveillance](#) events in 122 patients out of a total of 625 patients with non-muscle invasive bladder cancer. The researchers found that 40.4 percent of the events were deemed to require treatment after the patient entered active [surveillance](#). Patients were on active surveillance for a median of 11 months; 62.3 percent of patients remain under observation. Only time from the first transurethral resection to the start of active surveillance was inversely associated with recurrence-free survival on univariable analysis (hazard ratio, 0.99). There was an association with age at initiation of active surveillance (hazard ratio, 0.97) and the size of the lesion at the first transurethral resection (hazard ratio, 1.55), in multivariable analysis. For each transurethral tumor resection avoided, the average specific annual resource consumption savings was €1,378.

"Active surveillance might be a reasonable clinical and cost-effective strategy in patients who present with small, low grade pTa/pT1a recurrent papillary bladder tumors," the authors write.

More information: [Abstract](#)
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