Quality of Life After Bladder Cancer

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BACKGROUND
Bladder cancer is the 10th most common cancer in the UK. Around 10,000 new cases are diagnosed yearly. Strongly associated with smoking, it is 3-4 times more prevalent in men. Mean age at diagnosis is 70yrs and co-morbidities are common amongst these patients.

USUAL TREATMENT
Surgical removal of the bladder has been standard care for a long time after which:
- most patients have urinary diversion with a tube to a bag on the abdomen (stoma)
- a small number of patients have a new bladder (neo-bladder) constructed
- Radiotherapy is used for those unfit for surgery or who wish to keep their bladder
- Chemotherapy now instituted for a 1/3rd of patients prior to surgery or radiotherapy

UNCERTAINTY
- By 2007 a top question for UK Urology = "WHICH TREATMENT IS BEST?"
- 2010 - SPARE RCT (surgery Vs radiotherapy) closed due to failure to recruit
- Meanwhile survival data appears increasingly similar for the two treatments and NICE recommends patients are given the choice between them
- But there remains a lack of comparative data to enable informed choice

AIMS
Investigate quality of life after treatment to:
- aid decision-making for patients & their families
- enable the clinical community to better support patient choice

ELIGIBILITY
Patients with muscle invasive bladder cancer:
- newly diagnosed or following a history of non-invasive disease
- commencing treatment with curative intent
- equally eligible for surgery or radiotherapy
- English language sufficient to complete questionnaires

METHODS
- Prospective, longitudinal, observational study
- Contemporaneous comparative 2 cohort design (surgery Vs radiotherapy)
- Patient reported outcomes collected using validated questionnaires
- Clinical outcomes captured with CRFs completed by clinical staff at NHS sites
- Health Economic evaluation undertaken by University of Surrey

FLOW CHART

OUTCOMES
PRIMARY – quality of life (FACT-Bladder*)
SECONDARY - fear of cancer recurrence, overall survival & disease recurrence (local & distant), treatment related side-effects (patient & clinician reported), financial impacts

FACT-BL4

Assessment schedule | Baseline | 2nd Baseline | End of treatment | Follow-up after surgery or radiotherapy
---|---|---|---|---
| before treatment | after chemo | 3 month | 6 month | 9 month | 12 month | 24 month
FACT-BL* | ✔ | ✔ | ✔ | ✔ | ✔ | ✔

Fear of Recurrence scale (Kornblith®)
EO-SD-5L

Service use questionnaire

Clinical data CRF

STATUSES TO DATE
- 35 sites open in the UK
- 175/376 recruited at 12 Feb’2020 (target = 188 per cohort)
- Health economics targeted to recruit 150 with 135 already entered
- Those enrolled are between 34-89yrs (mean 72yrs); 78% male, 22% female
- There have been 8 deaths and 18 withdrawals

FACT-BL questionnaires completed

FINAL REMARKS
- Recruitment is projected to close Dec’2020
- A qualitative interview study complementing the Q-ABC data has already been completed by Dr Sally Appleyard as part of her MD

References:

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