IL7 : 招請講演 7**EAU Guidelines on Non-Muscle-Invasive Urothelial Carcinoma of the Bladder: An Update**

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The EAU Guidelines on non-muscle-invasive urothelial carcinoma of the bladder provide recommendations on their classification, diagnosis, prediction of prognosis, treatment and follow up.

After transurethral resection of all visible lesions, the risk of recurrence and progression to muscle invasive disease are assessed based on the EORTC scoring system and risk tables which take into account: the prior recurrence rate, number of tumors, largest tumor diameter, tumor stage (T classification), tumor grade and the presence of concomitant carcinoma in situ.

Recommendations for adjuvant therapy depend on a patient's risk of recurrence and progression:

Low risk of tumor recurrence and progression: one immediate instillation of chemotherapy is recommended as the complete adjuvant treatment.

Intermediate or high risk of recurrence and an intermediate risk of progression: one immediate instillation of chemotherapy should be followed by further instillations of chemotherapy or a minimum of 1 year of bacillus Calmette-Guerin.

If chemotherapy is given, it is advised to use the drug at its optimal pH and to maintain the concentration of the drug during instillation by reducing fluid intake. The optimal schedule and the duration of the chemotherapy instillations remain unclear, but it should probably be given for 6 to 12 months.

High risk of tumor progression: after an immediate instillation of chemotherapy, intravesical BCG for at least 1 year is indicated. Immediate cystectomy may be offered to patients at the highest risk of tumor progression. In patients with BCG failure, cystectomy is recommended.

Recent topics of controversy include:

1. Do intermediate and high risk patients benefit from an immediate instillation?
2. What is the optimal treatment in intermediate risk patients: intravesical chemotherapy or intravesical BCG?

Results from a number of studies that have been published during the past two years which deal with these topics will be presented.

References:

Babjuk M, Oosterlinck W, Sylvester R, Kasinen E, Bohle A, Palou-Redorta J. EAU guidelines on non-muscle-invasive urothelial carcinoma of the bladder. Eur Urol 2008; 54:303-14.

Sylvester RJ, van der Meijden APM, Oosterlinck W, et al. Predicting recurrence and progression in individual patients with stage Ta T1 bladder cancer using EORTC risk tables: a combined analysis of 2596 patients from seven EORTC trials. Eur Urol 2006;49:466-77.