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BCG Immunotherapy for Non-muscle Invasive Bladder Cancer in Europe

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Urothelial carcinoma of the bladder is the second cancer of the urinary tract and one of the most frequent cancers in developed countries.
Non-muscle invasive bladder cancer is well known to have a high recurrence rate, even after and adequate transurethral resection (TUR). Based on a meta analysis, there is overwhelming support for the use of one dose immediate postoperative chemotherapy after TUR, in at least intermediate to high-risk patients. In those cases, there is an approximate 40% drop in the odds of recurrence. Experience with Mitomycin C has indicated that initiation of therapy within 24h after TUR is substantially more effective then later. Adjuvant intravesical therapy should be considered for all intermediate and high-risk patients with non-muscle invasive bladder cancer. For intermediate risk patients a full induction cycle of chemotherapy is appropriate. For high-risk patients BCG is preferred along with at least one year of maintenance therapy. Failures with high-risk disease may require cystectomy, but salvage programs using new modalities of intravesical therapy, such as interferon or gemcitabine, may provide additional clinical responses. High grade T1 urothelial cancer requires careful assessment of prognostic factors. Despite advances in the understanding of the biologic behaviour of these high-risk tumours, both the choice of conservative treatment or timing of cystectomy remain controversial.