



Effective Health Care

Muscle Invasive Bladder Cancer Nomination Summary Document

Results of Topic Selection Process & Next Steps

- Muscle Invasive Bladder Cancer will go forward for refinement as a systematic review. The scope of this topic, including populations, interventions, comparators, and outcomes, will be further developed in the refinement phase.
- When key questions have been drafted, they will be posted on the AHRQ Web site and open for public comment. To sign up for notification when this and other Effective Health Care (EHC) Program topics are posted for public comment, please go to <http://effectivehealthcare.ahrq.gov/index.cfm/join-the-email-list1/>.

Topic Description

Nominator(s): Health care professional association

Nomination Summary: The nominator is interested in the comparative effectiveness of technologies in the diagnosis and treatment of MIBC.

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Population(s): Individuals with muscle invasive bladder cancer (stages T2 and T3)

Intervention(s): Diagnostic imaging, cystectomy, chemotherapy (adjuvant and neoadjuvant), and lymph node excision in the detection and management of MIBC

Comparator(s): Various new and existing therapies and diagnostic approaches

Outcome(s): Morbidity and Mortality

Key Questions from Nominator:

1. How do current treatments for non-metastatic muscle invasive bladder cancer (i.e. cystectomy, partial cystectomy, bladder-preserving chemotherapy/radiation) compare with each other in terms of adverse effects, oncologic outcomes and cost?
2. Does regional lymph node dissection improve oncologic outcomes of cystectomy or partial cystectomy for non-metastatic muscle invasive bladder cancer, and should the template be altered for defined subsets of patients?
3. How can neo-adjuvant or adjuvant chemotherapy increase cancer-specific survival and decrease the recurrence of non-metastatic muscle invasive bladder cancer treated by cystectomy or partial cystectomy?
4. How can a physician best monitor a patient for cancer recurrence and progression following treatment of non-metastatic invasive bladder cancer?
5. How do tumor characteristics (i.e. stage, grade, multiplicity, size, molecular and genetic alterations) and patient characteristics (i.e. age, gender, ethnicity,

socioeconomic strata) predict oncologic outcome following treatment of non-metastatic muscle invasive bladder cancer?

Considerations

- The topic meets all EHC Program selection criteria. (For more information, see <http://effectivehealthcare.ahrq.gov/index.cfm/submit-a-suggestion-for-research/how-are-research-topics-chosen/>.)
- Approximately 30% of new cases of bladder cancer are muscle invasive, and generally require surgery to remove the bladder (cystectomy) and the surrounding organs. A significant concern for patients and providers is the potential malignant spread to distant sites which would lead increased morbidity and mortality.
- A literature search identified a number of recently published studies regarding the diagnosis and management of MIBC. A systematic review of the evidence can be used by providers and patients to make informed decisions regarding diagnosis and treatment.
- A related topic on non-muscle invasive bladder cancer was also selected to move forward as a review.