



Effective Health Care Non-Muscle Invasive Bladder Cancer Nomination Summary Document

Results of Topic Selection Process & Next Steps

- The topic, *Non-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 new and existing technologies in the diagnosis and treatment of NMIBC.

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Population(s): Individuals with non-muscle invasive bladder cancer (stages Ta, T1, and Tis)

Intervention(s): Intravesical therapies, chemotherapies, biomarkers, immunotherapies, and cystoscopy approaches in the detection and management of NMIBC

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

Outcome(s): Morbidity and mortality

- Key Questions from Nominator:**
1. How do the accuracies of imaging tests, cystoscopy, urine cytology, urine-based biomarkers, transurethral resection of bladder tumor (TURBT) and new cystoscopic techniques compare to one another in the screening, diagnosis and staging of non-muscle invasive (clinically localized) bladder cancer?
 2. How can physicians and patients manage side effects and complications associated with the available non-muscle invasive (clinically localized) bladder cancer treatment options?
 3. Do peri-operative chemotherapy, intravesical chemotherapy or intravesical immunotherapy decrease the recurrence and progression of non-muscle invasive (clinically localized) bladder cancer when administered alone or in association with other available treatment options?
 4. How can a physician best monitor a patient for cancer recurrence or progression following initial treatment for non-muscle invasive (clinically localized) bladder

cancer?

5. How do tumor characteristics (stage, grade, multiplicity, size, molecular and genetic alterations) predict oncologic outcome following treatment of both initial and recurrent non-muscle invasive (clinically localized) 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/>.)
- About 70% of new bladder cancer cases are classified as NMIBC. Initial treatment for this stage of bladder cancer usually involves surgical removal of the tumor through a cystoscope (called TURBT) followed by adjuvant therapy. Approximately a quarter of these cases will develop into more invasive types of bladder cancer.
- There have been recent advances in the diagnosis, treatment, and management of the NMIBC. A systematic review of the evidence may allow providers and patients to make more informed decisions.
- A related topic on muscle-invasive bladder cancer was also selected to move forward as a review.