

## Active Surveillance for Recurrent Low-Grade Non-Muscle-Invasive Bladder Cancer: Can we take any Advantage from the Crisis?

Rodolfo Hurle<sup>1</sup> and Carmen Maccagnano<sup>2\*</sup>

<sup>1</sup>Humanitas University, Italy

<sup>2</sup>Azienda Socio Sanitaria Territoriale Lariana, Italy.

Published August 20, 2020

### ABSTRACT

One of the treatment options for Low Grade (LG) Non-Muscle Invasive Bladder Cancer (NMIBC) is represented by Active Surveillance (AS), suggested for the first time in 2003 by Soloway and Coll, and actually recommended by International Guidelines. AS allows a reduction of the number of Trans-Urethral Resection of Bladder Tumour (TURBT) throughout the patients' lifetime, without compromising the possibility of intervention in case of progression. AS is feasible considering the fact that a non-negligible number of pts are old and often present considerable comorbidities, with subsequent increasing risks, partly due to anesthesia and partly due to complications of TURBT per se, especially in case of repeated procedures. Our group have published three papers since 2016 up to 2018, about the results of patients included in a local national observational program [Bladder Cancer Italian Active Surveillance - (BIAS) project] after diagnosis of recurrence. The progression rate was 13.1% and 7.4% about grade and stage, respectively. Moreover, we demonstrated that AS can reduce the life-time cost of this category of pts by avoiding unnecessary frequent surgeries without increasing the risk of progression. Before COVID-19 outbreak, over 200 patients were on AS and we usually performed 7 cystoscopies per week in an outpatient setting. However, the pandemic has led to a reduction of number of patients who can potentially meet the inclusion criteria of AS, as well as the possibility to be admitted to hospital in order to perform follow-up procedures. In this scenario, we could take advantage from SARS-Cov-2 thanks to two possible amendments of BIAS, strictly applicable during this pandemic: 1. Increasing the maximum number of lesions (from 5 to 7) which leads to TURBT; 2. Extension of follow-up period during AS from 3 to 6 months. Finally, these amendments can lead to an increasing number of patients in AS.

**Keywords:** Bladder cancer, Active surveillance, Cystoscopy, Pandemic, COVID-19

**Corresponding author:** Carmen Maccagnano, Azienda Socio Sanitaria Territoriale Lariana, Italy, E-mail: carmen.maccagnano@gmail.com

**Citation:** Hurle R & Maccagnano C. (2020) Active Surveillance for Recurrent Low-Grade Non-Muscle-Invasive Bladder Cancer: Can we take any Advantage from the Crisis? J Infect Dis Res, 3(S2): 3.

**Copyright:** ©2020 Hurle R & Maccagnano C. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.