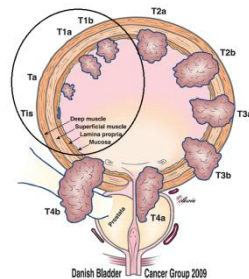
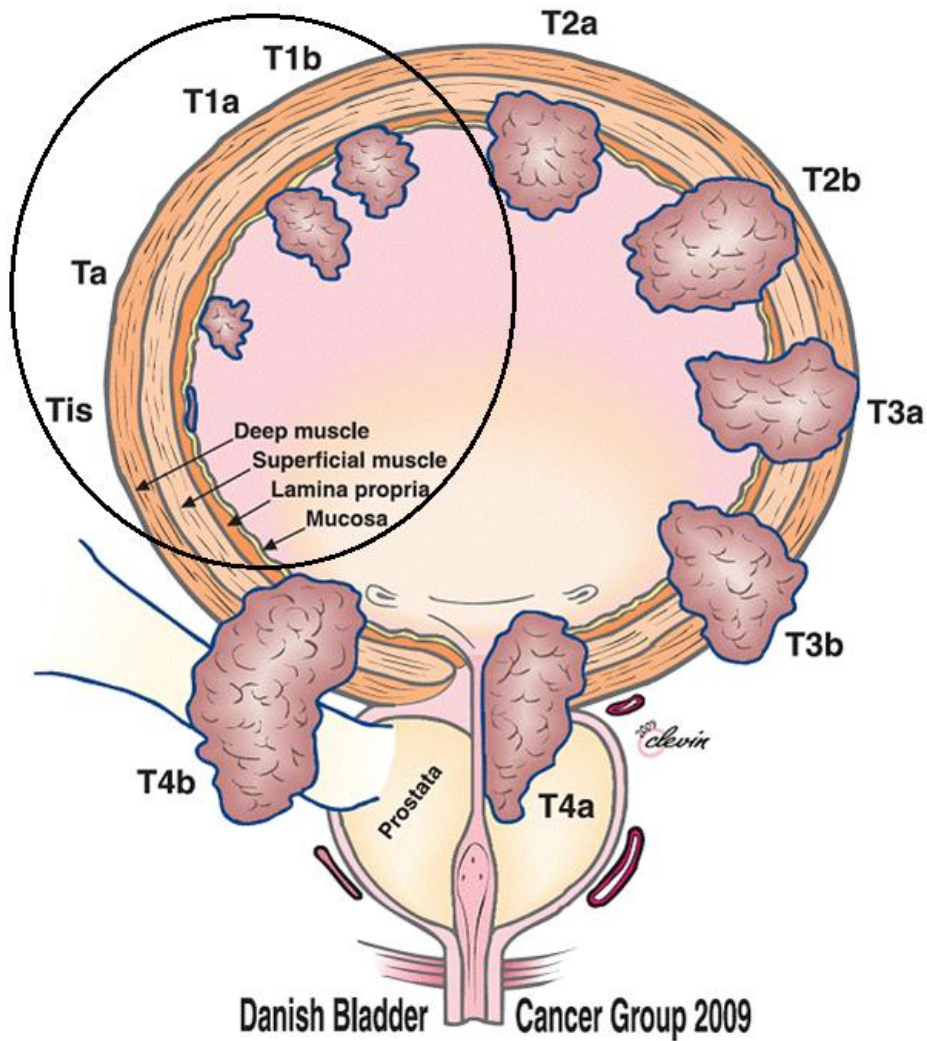


REDUKTION AF RECIDIVRISIKO FOR BLÆRETUMORER VED BRUG AF FLUORESCENSCYSTOSKOPI OG MITOMYCIN C.

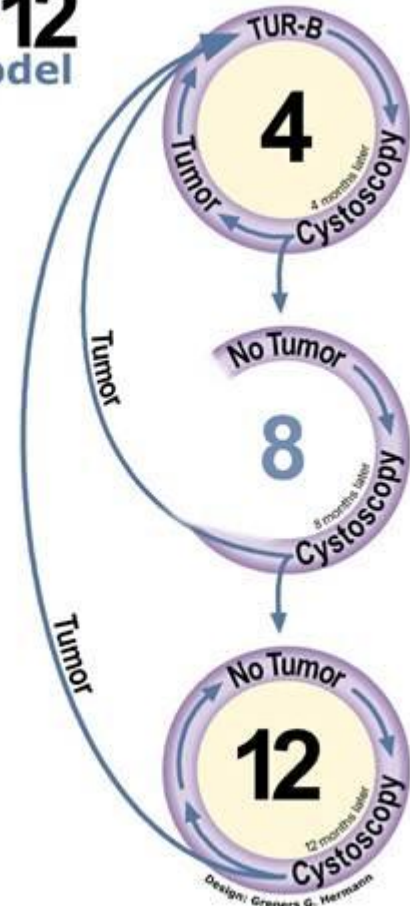
Malene Bøg Risager
Tommy Kjærgaard Nielsen
Nanna Andersen Ebbensgaard
Karsten Zieger



Baggrund - NMIBC



4·8·12
model

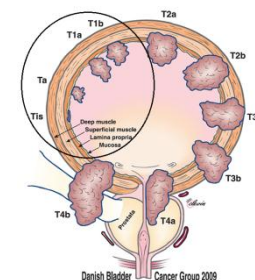


Hvad er effekten ved brug af PDD og MMC ved NMIBC?

Kan vi reducere

- Recidivrisikoen?
- Antallet af TUR-B'er
- Antallet af recidiver?

... og hvordan påvirker det omkostningerne?

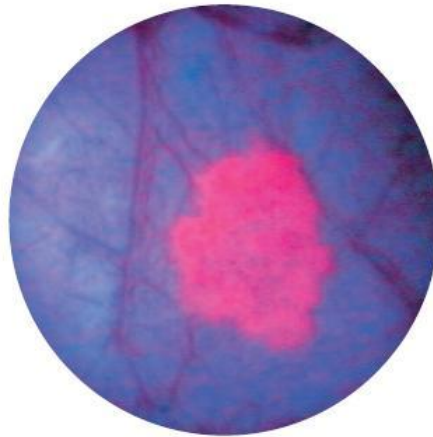


Fluorescens cystoskopi

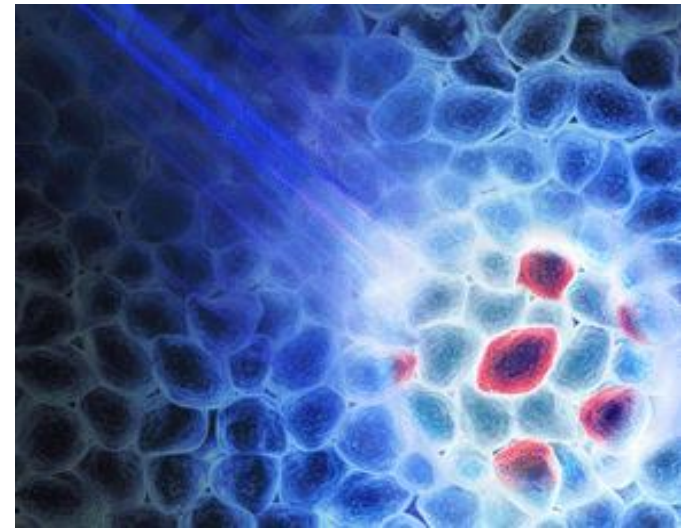
Randers 2008: Anvendelse af 85 mg Hexaminolevulinate (Hexvix®/PDD)
1 time før TUR-B.



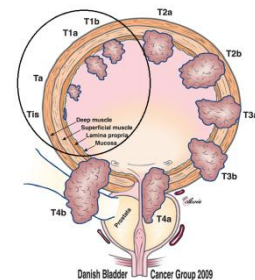
Standard white light cystoscopy



Hexvix cystoscopy

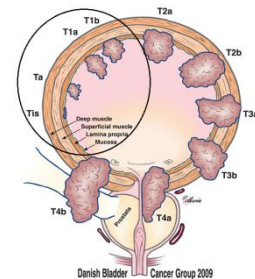
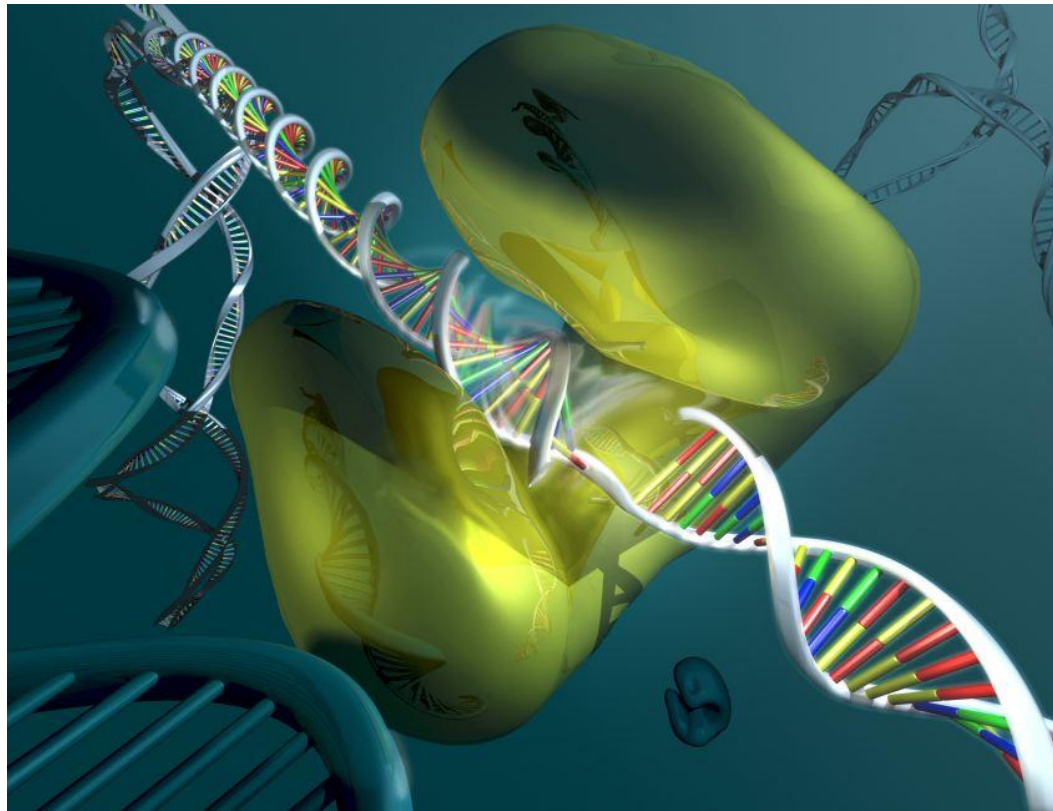


<http://www.wales.nhs.uk/sitesplus/863/news/17604>
<http://www.medgadget.com/obgyn/page/12>



Mitomycin C

Randers 2008: Éngangsprofylakse med 40 mg Mitomycin C (MMC)
op til 24 timer efter TUR-B.



Materiale og metoder

- Registeropslag på KKCD32 (TUR-B) og KUKC05 (Cystoskopi med biopsi)
- Information indhentet via journalgennemgang og PatoWeb.

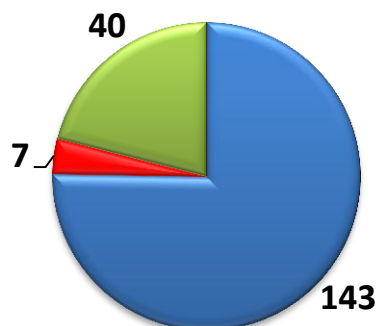
Interventionsgruppe (n = 190)

Periode: 1/3-2008 – 28/2-2010

■ Ta

■ Tis

■ T1



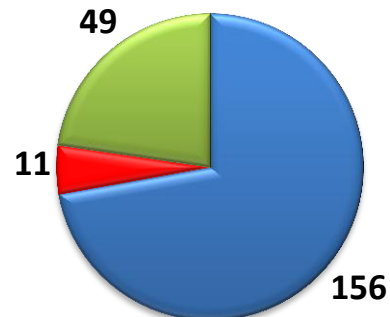
Kontrolgruppe (n = 216)

Periode: 1/3-2006 – 29/2-2008

■ Ta

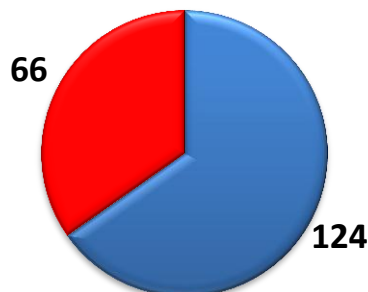
■ Tis

■ T1



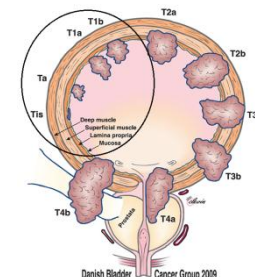
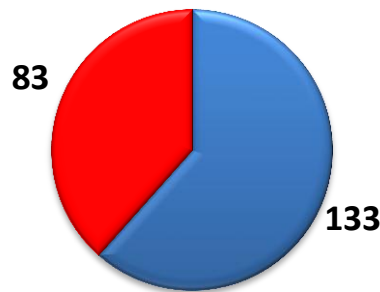
■ Primær

■ Recidiv

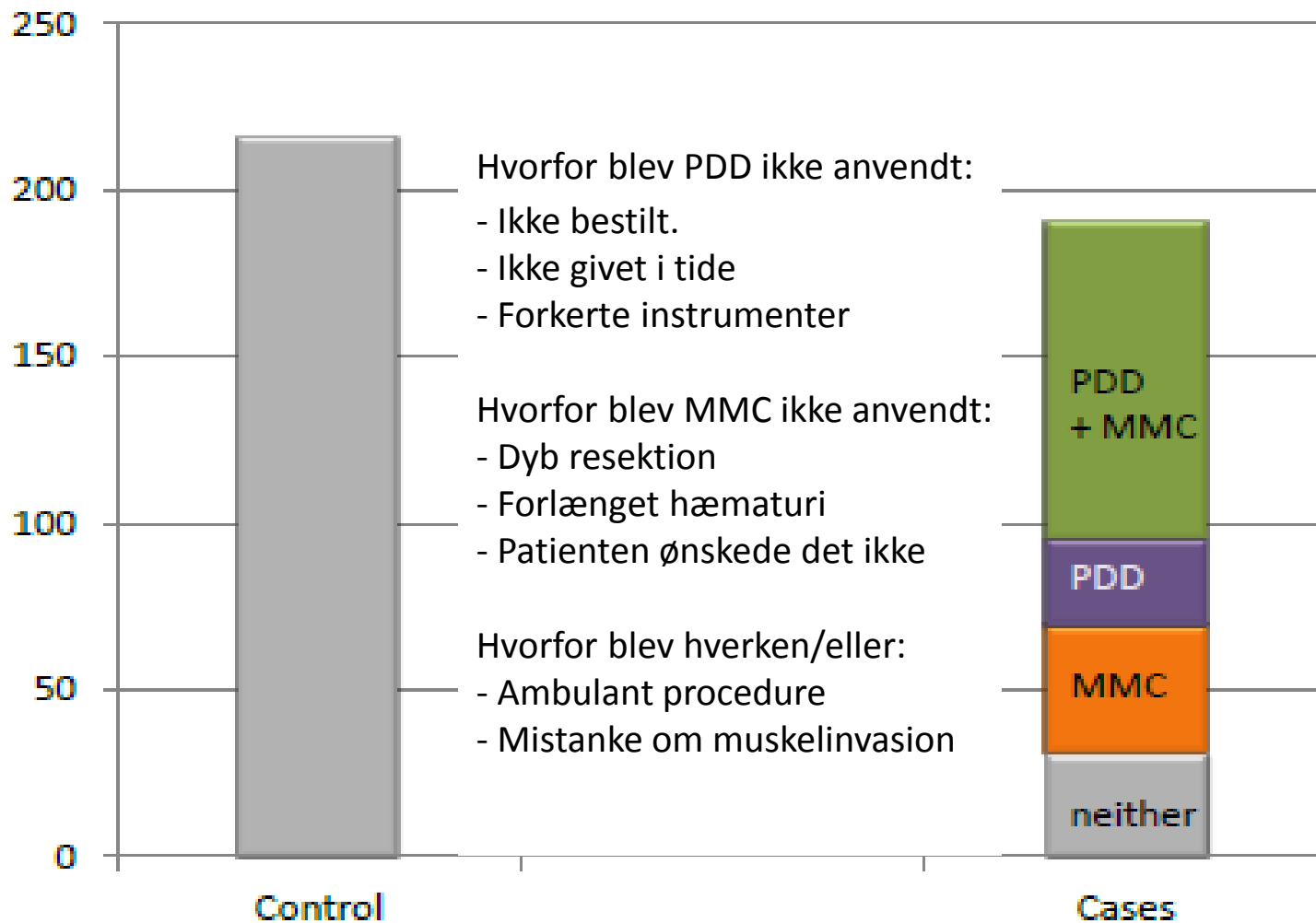


■ Primær

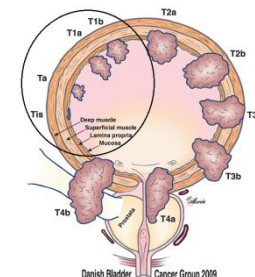
■ Recidiv



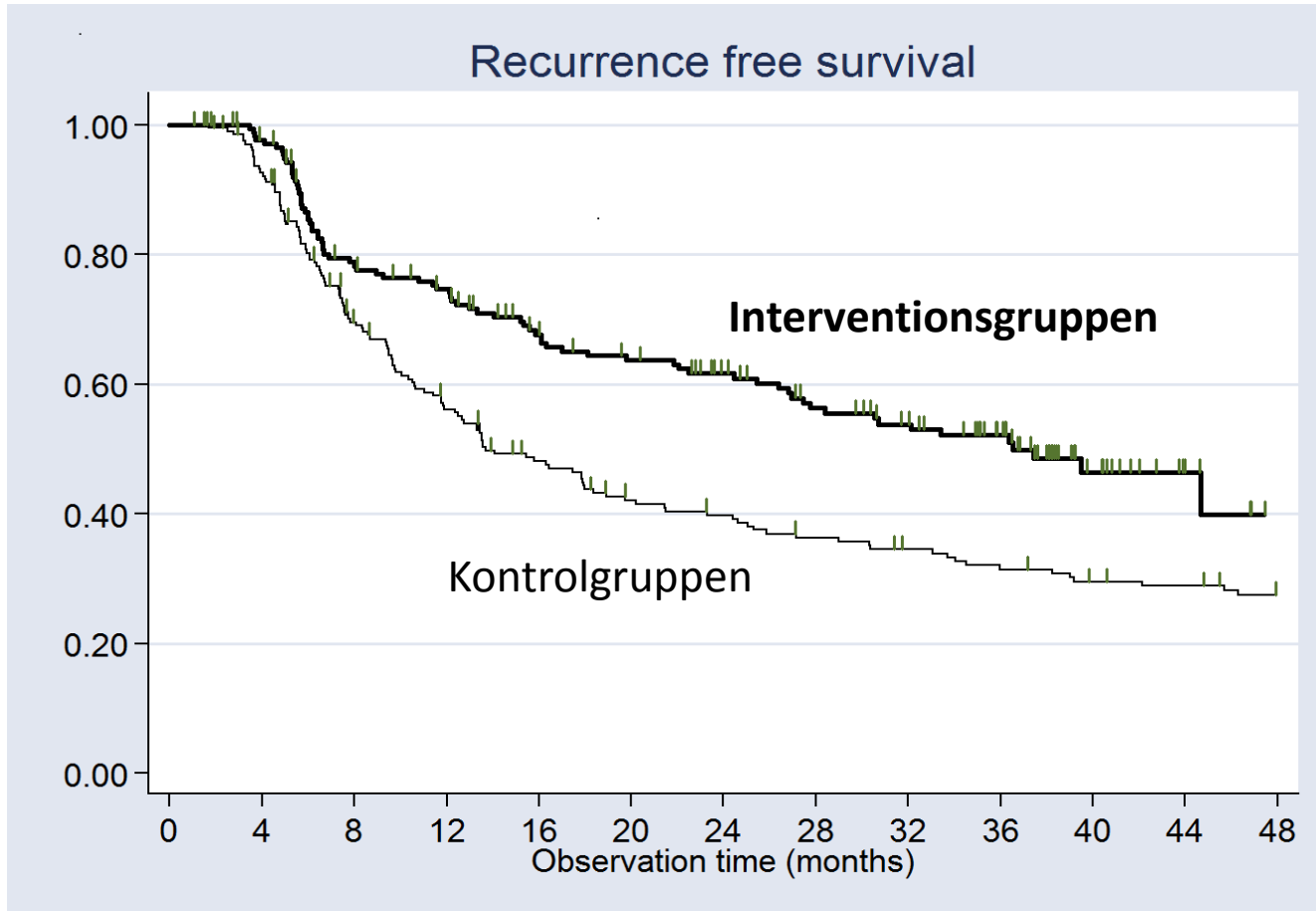
Behandlingsforløb



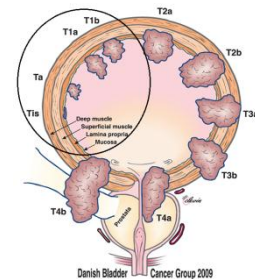
“Intention to treat” principle



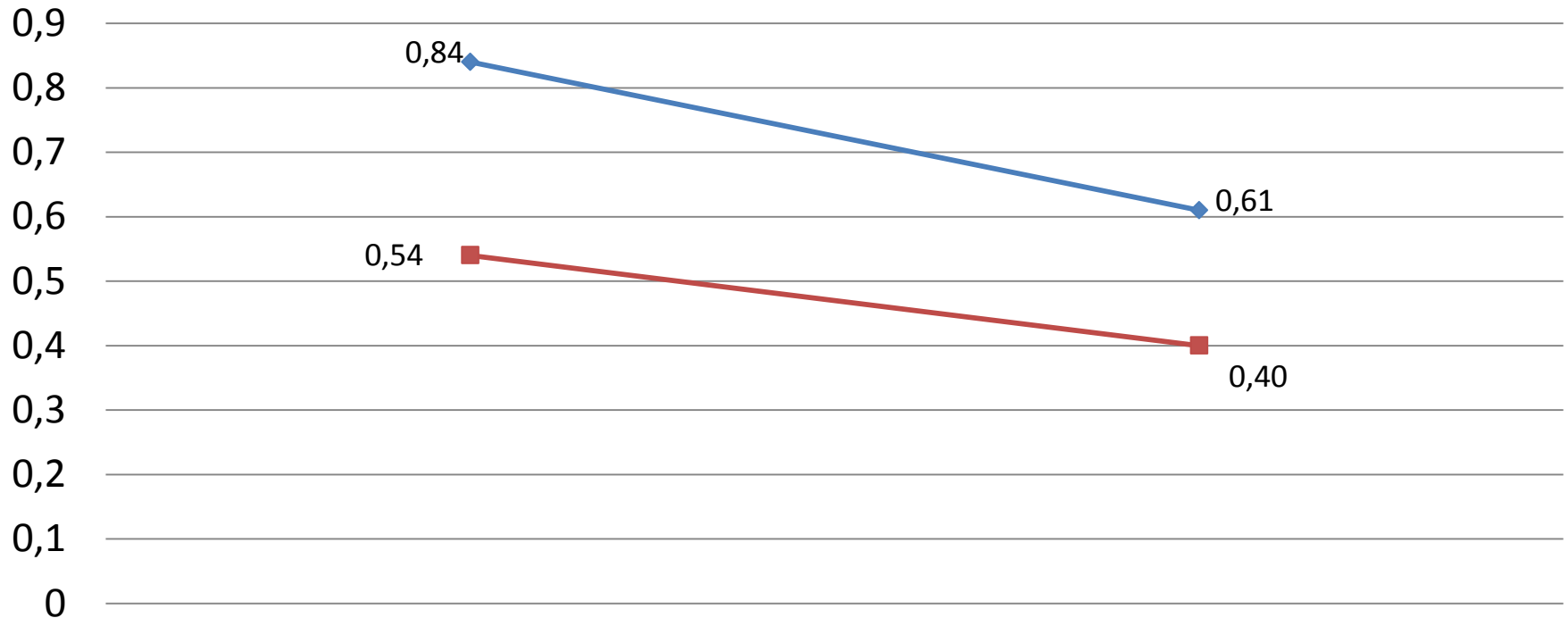
Recidivrisiko



HR 0.59, 95%CI 0.45-0.78, $p=0.0002$



Sparede procedurer (per patient per år)

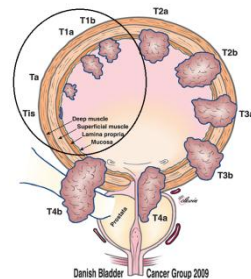


Før (kontrol)

Efter (intervention)

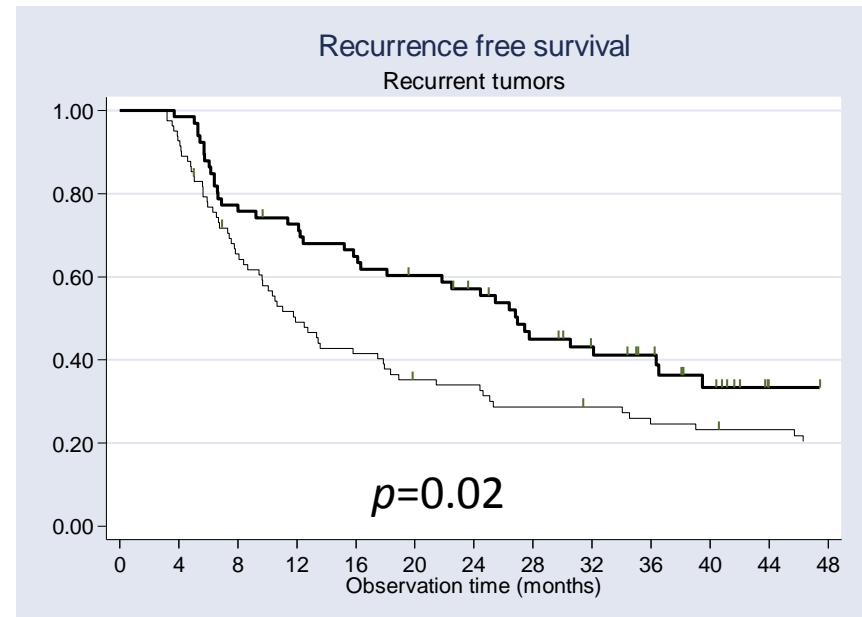
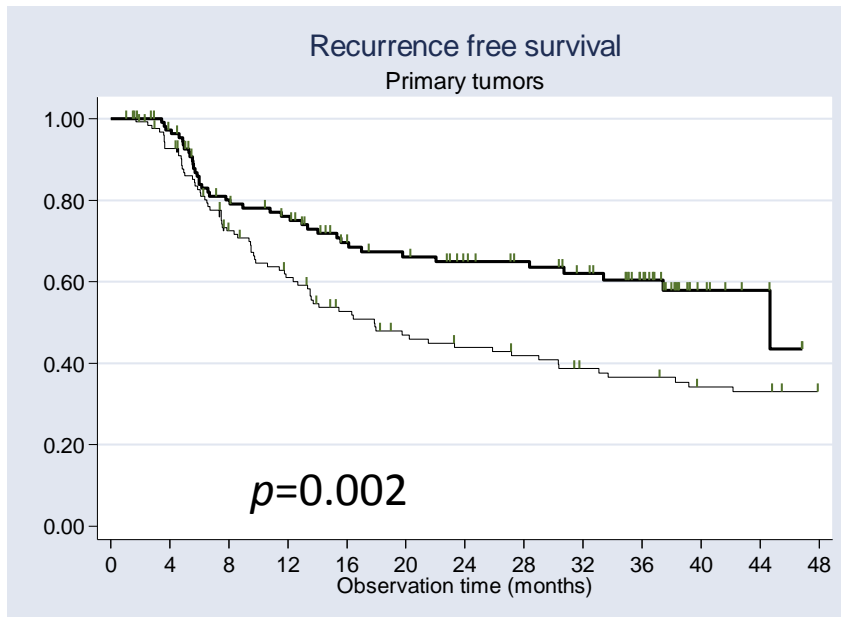
◆ procedurer

■ procedurer med recidiv

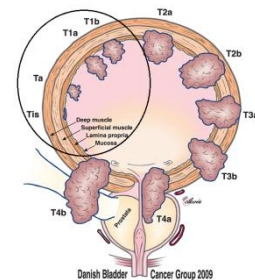


Hvem drog fordel af behandlingen?

Primære >< Recidiverende tumorer

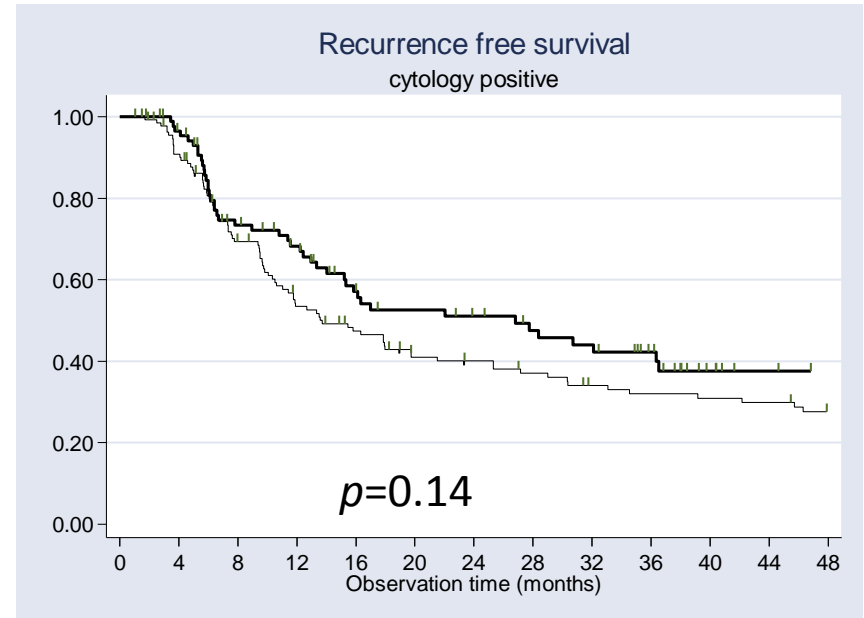
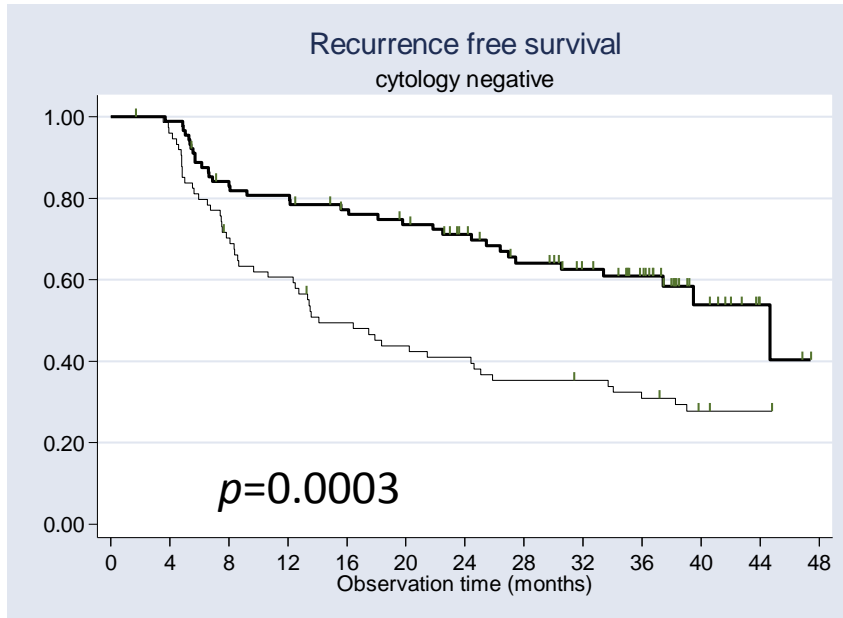


- Både primære og recidiverende tumorer drager fordel af behandlingen.

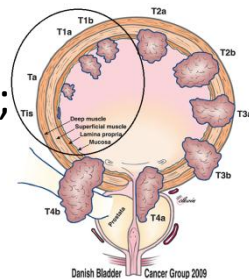


Hvem drager fordel af behandlingen?

Negativ >< Positiv urincytologi

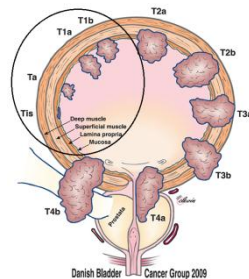


- Resultaterne er bedst for tumorer med negativ cytologi (typisk Ta low grade; ingen CIS)



Konklusion

- En signifikant reduktion af recidivrisikoen (HR 0.59).
- 27% reduktion på follow-up TUR-B'er
- Både primære og recidiverende tumorer får gavn af behandlingen.
- Tumorer med negativ cytologi har bedst gavn af behandlingen (Ta low grade tumorer).
- Omkostningsneutralt .



Beregning

DRG-takst for 2010: CS m. biopsi:	4900 kr.
TUR-B:	17700 kr.
TUR-B m. PDD el MMC:	22100 kr.
Interventionsgruppe: Antal TUR-B/år =	0,61
Kontrolgruppe: Antal TUR-B/år =	0,84

Interventionsgruppe: Antal TUR-B/år v. 200 pt'er: $0,61 * 200 = 121,96$
CS m. biopsi: $121,96 * 4900 = 597.604$ kr.
TUR-B m. PDD el. MMC: $121,96 * 22100 = 2.695.316$ kr.
Total: 3.293.126 kr./år

Kontrolgruppe: Antal TUR-B/år v. 200 pt'er: $0,84 * 200 = 168,695$
CS m. biopsi: $168,695 * 4900 = 826.605,5$ kr.
TUR-B: $168,695 * 17700 = 2.985.901,5$ kr.
Total : 3.812.506 kr./år

Difference: $3.812.506 - 3.293.126 = 519.380$ kr./år

Pr. pt: $519.380 / 200 = 2596,9$ kr./pt./år
Groft overslag: $2596,9 / 2 = \approx 1300$ kr./pt. /år

Da halvdelen af alle histologier står som "endoskopiske biopsier" er vi gået ud fra, at disse "indgreb" er biopsier taget ved flex-cystoskopi (cs.) i ambulatoriet. Her bruger vi hverken PDD eller MMC, ligesom de samlede omkostninger er meget lavere (ingen fuld bedøvelse etc.)

