

Administration of Mitomycin C Course in intermediate risk bladder cancer - Audit of compliance with NICE Guidance

Project no. 1963

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Presented at Urology CG ½ Day – 27th July 2018

In accordance with confidentiality guidelines in
Clinical Audit and in North West Anglia NHS Foundation Trust, anonymity of
clinicians, healthcare professionals and patients is maintained.

Please make sure to send back a copy of this presentation to the Quality Governance and Compliance team.

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ABSTRACT

Background

Intermediate risk urothelial carcinoma of the bladder (UCB) has a 45% risk of recurrence. A course of Mitomycin (MMC) is recommended by the National Institute of Clinical Excellence (NICE)¹ on patients with intermediate risk bladder cancer as an adjuvant therapy to decrease the risk of recurrence.

Aims / Objectives

- We aim to investigate the current compliance of our department on offering the course of MMC on patients with intermediate risk UCB. This will be the second cycle after an initial audit was performed in 2017 detailing our non-compliance.

Summary of findings

- We have improved our compliance in offering eligible patients MMC from 58% to 92%.
- We are still not compliant from our target of 100%, although our compliance has improved.

¹ <https://www.nice.org.uk/guidance/ng2/chapter/1-Recommendations-treating-non-muscle-invasive-bladder-cancer-2>

PROJECT REPORT

1. Introduction

Intermediate risk UCB has a 41% risk of recurrence (Millan-Rodriguez). A Study by Pawinski et al suggests that a course of Mitomycin has an absolute risk reduction of 6% with an 11% relative risk reduction. The current guidelines suggest that all patients with Intermediate risk UCB should be offered a course of MMC as standard practice. Our previous audit carried out in 2017 suggests that we are only offering 58% of eligible patients from a specific period of time (October 2016 - March 2017). This was presented at our meeting with a view of improving practice and better awareness of the clinicians. We have re-audited our clinical practice with a snapshot of patients from September 2017 - February 2018.

2. Purpose of the Project

To investigate whether our practice has improved in offering eligible patients a course of MMC to reduce their risk of recurrence in the future.

3. Methodology

A Retrospective data collection was carried out by a single investigator in May 2018. Eligible patients between September 2017 and February 2018 were captured through the interrogation of the TheatreMan system, identifying patients who underwent procedures that involved bladder tissue resection/sampling. Further information where gathered by analyzing records on the ICE reporting system and ePro letters. Patients who had previous chemotherapy installation or adverse reaction to MMC were excluded from analysis.

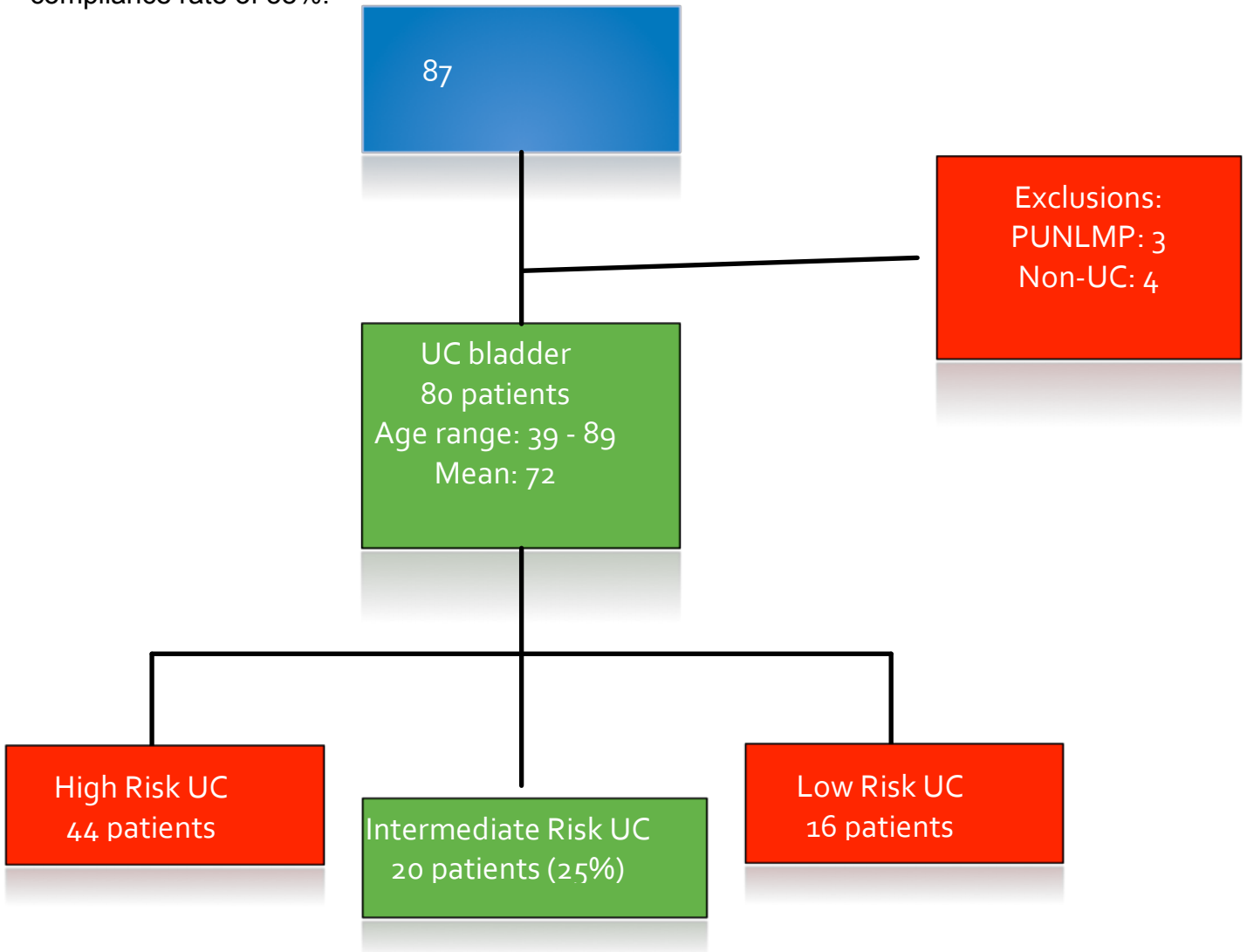
4. Findings / Results

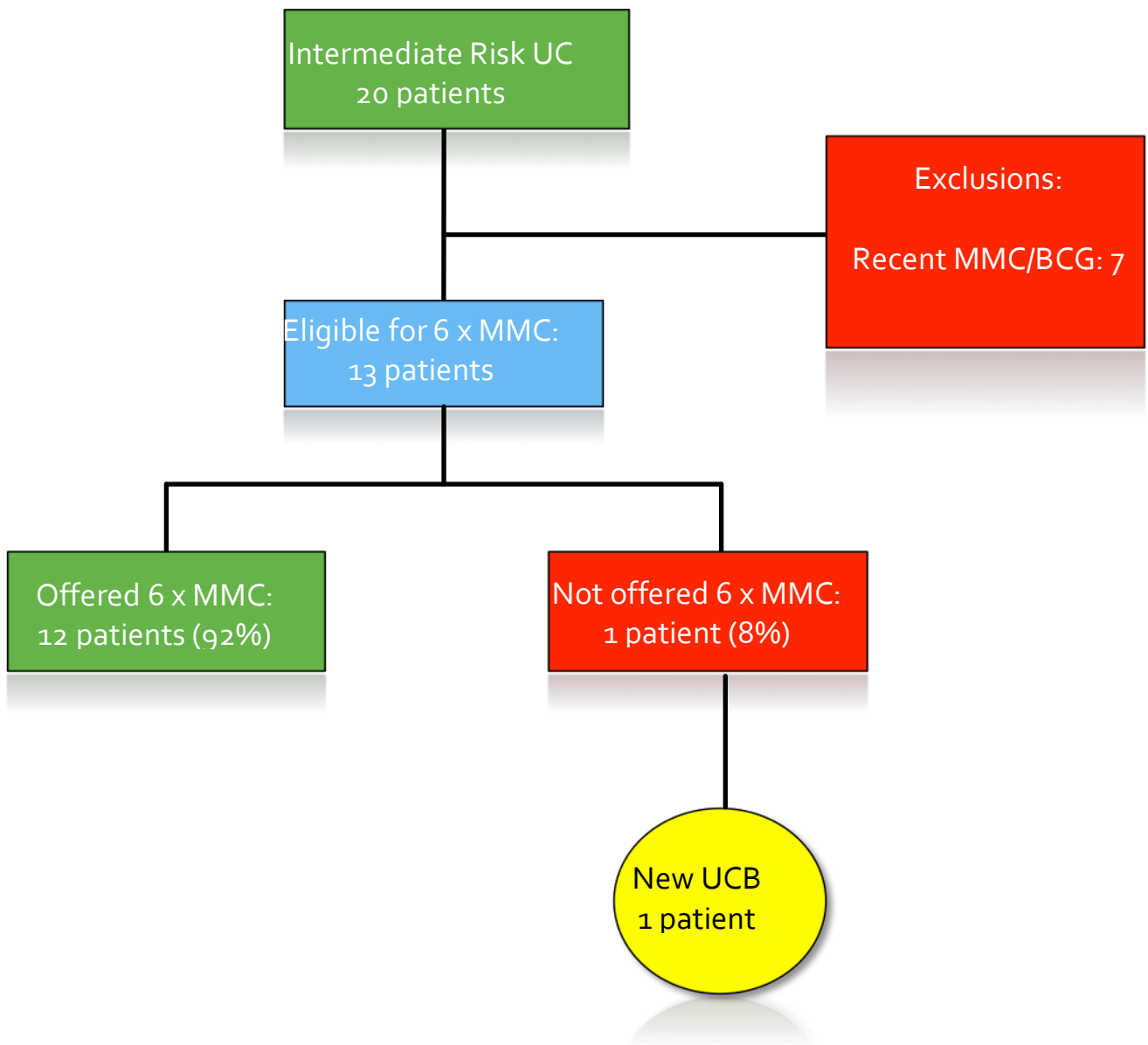
Standard/s:

All patients (100%) with Intermediate risk bladder cancer should be offered a course of MMC – see NICE Guidelines (above).

Results:

Our re-audit suggests that we are 92% compliant. This was an improvement from the previous compliance rate of 58%.





5. Summary and Overview

- Our compliance has improved from 58% to 92%. Although it is still not the 100% target that we aim for, it was a significant improvement from the previous initial audit.

Audit Criteria	Standard (Target)	2017 (1st cycle)	2018 (2nd Cycle)	2019 (3rd cycle)
Patients with intermediate risk UCB should be offered 6 x MMC.	100%	58%	92%	TBD

6. Recommendations & Action Plan

No.	Recommendation	Actions required	Name of person responsible for the action	Milestone Date (Date of initial action to be taken)	Progress Review (including Evidence Hyperlink as required)	Completion date
1.	Risk stratification of UCB patients and documentation of this at MDT	The modifications to the MDT record sheet will allow us to ensure that patients with intermediate risk bladder cancer receive MMC	C Dawson	26/07/18	MDT record sheet has been revised to capture this data	21 Aug 18
2.	Improvement of documentation if MMC to be offered / reason for not offering MMC must be justified and documented	The Modifications to the MDT record will allow us to document those patients in whom MMC is not appropriate	C Dawson	26/07/18	MDT record sheet has been revised to capture this data	21 Aug 18
3.	Careful documentation of bladder tumour recurrences	The modifications to the TURBT theatre sheet will allow us to make sure that bladder tumours are accurately documented and stratified	C Dawson	26/07/18	Mr Dawson has revised TURBT form and has emailed all Urologists to start using w.e.f	21 Aug 18
4.	Re-audit practice	Re-audit	Mr Dawson	July 2019		July 2019

Green (G)	Yellow (Y)	Amber (A)	Red (R)
Evidence demonstrates action implemented	Evidence demonstrates the action is mostly met and within timescales	Evidence demonstrates the action is mostly met but not within timescales	Evidence in place demonstrates the action has not been met

7. References

1. Millán-Rodríguez F1, Chéchile-Toniolo G, Salvador-Bayarri J, Palou J, Algaba F, Vicente-Rodríguez J (2000). Primary superficial bladder cancer risk groups according to progression, mortality and recurrence. *Journal of Urology*, 164(3 Pt1), pp. 680-684
2. Pawinski A1, Sylvester R, Kurth KH, Bouffoux C, van der Meijden A, Parmar MK, Bijns L (1996). A combined analysis of European Organization for Research and Treatment of Cancer, and Medical Research Council randomized clinical trials for the prophylactic treatment of stage TaT1 bladder cancer. European Organization for Research and Treatment of Cancer Genitourinary Tract Cancer Cooperative Group and the Medical Research Council Working Party on Superficial Bladder Cancer. *Journal of Urology*, 156(6), pp.1934-1940.
3. National Institute for Health and Care Excellence (2015). Bladder cancer: diagnosis and management. NICE Guidelines (NG2).