

# New study looks at long-term outcomes and costs of NMIBC

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A new research study leveraging a database from the largest equal access health system in the US, the Department of Veteran Affairs, offers insight into the outcome of specific treatment patterns for advanced bladder cancer patients. Lead author Dr. Stephen Williams of the University of Texas Medical Branch says it is one of the first comprehensive studies looking at both the outcomes and the costs of treating a potentially lethal and devastating type of bladder cancer.

The study was published today in *JAMA Network Open*, a [medical journal](#) focused on [clinical care](#), and healthcare innovation.

The study looked at the results of using bacillus Calmette-Guérin (BCG) therapy for patients with high-risk non-muscle invasive [bladder cancer](#) (NMIBC). The analysis involved 412 high-risk NMIBC patients culled from a database of 63,139 patients diagnosed with bladder cancer who had received more than one dose of BCG within VA centers across the United States from Jan. 1, 2000, to Dec. 31, 2015.

"Studies like this are incredibly important in allowing physicians to understand the effectiveness of a specific treatment and downstream costs. It is particularly important when dealing with a cancer that is increasing in numbers over the last three decades with a [high mortality rate](#) with advanced cases," said Williams, who is Tenured Professor and Chief of the Division of Urology as well as Director of Urologic Oncology at UTMB.

In addition, the study looked at the costs of treating bladder cancer for this same population. Bladder cancer has one of the highest lifetime treatment costs of all cancers. The cost of treating bladder cancer in the United States in 2020 approached nearly \$6 billion alone. According to the study, total median costs at one, two and five years from start of BCG induction were \$29,459 (\$14,991-\$52,060), \$55,267 (\$28,667-\$99,846), and \$117,361 (\$59,680-\$211,298), respectively. Patients who progressed had significantly higher costs (5-yr, \$232,729 median cost), with outpatient care, pharmacy, and surgery-related costs contributing largely to the higher costs associated with disease progression.

"This study allowed us to determine where differences in treatment patterns led to differences in outcomes according to specific features of this disease. This is important as this group of patients are at increased risk of progression to advanced stage disease which is a deadly diagnosis. It also underscores the need for additional therapies to reduce the risk of [disease progression](#) and further improve outcomes," Williams said.

**More information:** Stephen B. Williams et al, Estimated Costs and Long-term Outcomes of Patients With High-Risk Non-Muscle-Invasive Bladder Cancer Treated With Bacillus Calmette-Guérin in the Veterans Affairs Health System, *JAMA Network Open* (2021). [DOI: 10.1001/jamanetworkopen.2021.3800](#)

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