

Active surveillance feasible for small, low-grade bladder cancer

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of patients remained under observation at the end of the study period. On univariate analysis, the only factor that seemed to be inversely associated with recurrence-free survival was time from the first transurethral resection to the start of active surveillance (hazard ratio, 0.99). In multivariate analysis, an association was seen with age at [active surveillance](#) start (hazard ratio, 0.97) and the size of the lesion at the first transurethral resection (hazard ratio, 1.55). For each avoided transurethral bladder tumor resection, the average specific annual resource consumption savings was €1,378.

"Active [surveillance](#) might be a reasonable clinical and cost-effective strategy in patients who present with small, low-grade pTa/pT1a recurrent papillary bladder tumors," the authors write.

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(HealthDay)—For patients who present with small, low-grade pTa/pT1a recurrent papillary bladder tumors, active surveillance appears to be a reasonable strategy, according to a study published in the February issue of *The Journal of Urology*.

Rodolfo Hurlle, M.B.B.S., from Humanitas Research Hospital in Milan, and colleagues conducted a prospective observational study involving [patients](#) with a history of pathologically confirmed stage pTa (grade 1 to 2) or pT1a (grade 2) nonmuscle [invasive bladder cancer](#). The patients had recurrent small size and number of tumors without hematuria and positive urine cytology.

The researchers found that 122 of the 625 patients with nonmuscle invasive [bladder](#) cancer had a total of 146 active surveillance events. Of the events, 40.4 percent were deemed to require treatment after active surveillance. Patients spent a median of 11 months on active surveillance; 62.3 percent

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