



EFFECTIVENESS OF JOINT SPECIALIST POPS (PERI-OPERATIVE CARE OF OLDER PEOPLE UNDERGOING SURGERY) AND UROLOGY MANAGEMENT IN BLADDER CANCER PATIENTS WITH APPARENT FRAILTY

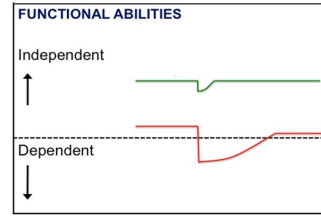


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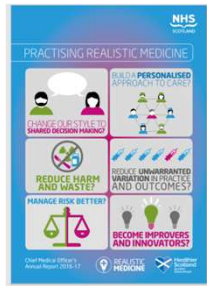
INTRODUCTION & AIM

Frailty and surgery ¹



Can frail bladder cancer patients safely avoid an operation?

Realistic Medicine ²



METHOD

POPS clinic part of the pathway of the Edinburgh Bladder Cancer Surgery Pathway. Baseline data on those seen in joint POPS/Bladder Cancer (BC) specialist clinic & pathway chosen & outcomes assessed.

RESULTS

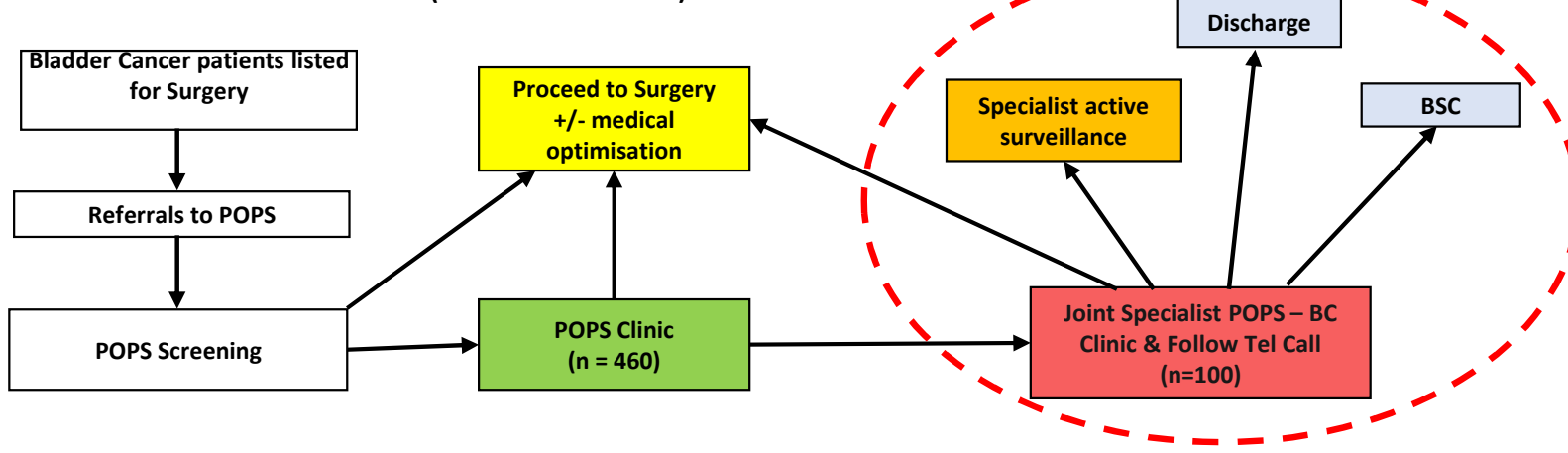
		n (%)
Number of patients	New Bladder Ca	48
	Known Bladder Ca	52
Age: median years (IQR)		83 (73 - 99)
Sex	Female	27
Proposed procedure	TURBT	58
	GA cysto + bx	38
	Surveillance	1
	Radical cystectomy	1
	Lap Neph U	1
Frailty scale (Edmonton Frailty Scale)	Vulnerable/mild	45
	Moderate	27
	Severe	28
Exercise equivalent to at least flight of stairs	Yes	48
	No	52
NO active intervention		79
	Died ≤ 12 months	29/79 (37)
Active intervention		21
	Died ≤ 12 months	6/21 (29)

OUTCOMES OF THOSE WHO HAD NO OPERATIVE INTERVENTION

Known Bladder Cancer		
Symptoms at the time of POPS-BC clinic	Size/ number of tumour	No intervention (returned for emergency intervention)
None (47)	Small + single (27)	12 + 9 rpt. flexi (1 came back with VH)
	Small + multiple (14)	8 + 6 rpt. flexi (no return)
	Large (6 – all High Grade)	3/6 (1 came back with VH)
Visible Haematuria (VH) (2)	Large (2)	0 (none)
Loss of Weight (3)	3	3 (none)
New Bladder Cancer		
Symptoms at the time of POPS-BC clinic	Size/ number of tumour	No intervention (returned for emergency intervention)
None (35)	Small + single (19)	15/19 (none)
	Small + multiple (7)	5/7 (1 X washout)
	Large (8)	4/8 (none)
Visible Haematuria (4)	Small + single (1)	No intervention
	Large (3)	2 (none)
UTIs (4)	Small + single (1)	1 (none)
	Small + multifocal (3)	3 (none)
Loss of Weight (5)	5	3 (1 X washout)

Only 5% of both non-intervention groups required emergency bladder washout.

FLOW CHART: Cohort selection flow (Jan 2017 – Dec 2023)



CONCLUSION

- Novel proof of concept in the Bladder Cancer space – safe.
- Joint working with BC Specialists essential to make this work.
- With appropriate clinical leadership and oversight, selected patients could avoid the burden of procedures and surveillance.
- Next steps: Include PROMS & PREMS

REFERENCES

1. Clegg A, et al. Frailty in elderly people. Lancet. 2013;381(9868):752-62.
2. Fenning SJ, Smith G, Calderwood C. Realistic Medicine: Changing culture and practice in the delivery of health and social care. Patient Educ Couns. 2019 Oct;102(10):1751-1755.