• 3 Patients undergo cystectomy; none are on a study
• All have ileal conduit reconstructions
• None are sexually functional after surgery (vagina severely foreshortened, nerves sacrificed)
• **Overall survival is 50% for all invasive bladder cancer patients**
BIOREPOSITORY APPLICATION

• 2005 STARTS APPLICATION FOR BIOREPOSITORY, MEETINGS FOR FUNDING
  • $20,000
  • Freezer space
  • Committee to decide how and when tissue will be used
  • Protocol
    • Pathological diagnosis first
    • Snap freezing for mRNA at -40C
    • Parafin slides can now be used for many studies including CCP
    • Blood and urine collected for potential markers
    • Allows for future contact and long-term follow-up
  • Effective leadership achieved by helping everyone on the team, which in turn helps the leader (and patients)
EPIDURALS AND CYSTECTOMY

• 124 PATIENTS WITHOUT EPIDURALS DURING CYSTECTOMY AT SINGLE CENTER
• 46 PATIENTS WITH EPIDURALS DURING CYSTECTOMY
• NO CHANGE IN LENGTH OF STAY (7.8 V. 7.7 DAYS)
• NO CHANGE IN COMPLICATIONS (32.1 V. 35.5 PERCENT)
• PATIENT SATISFACTION HIGHER 9.4 V. 6.2 AVERAGE/10 (P<0.05)
2009 TOXICITY OF CIGARETTES CHANGING?

EVALUATION OF CURRENT, NEVER, AND PAST SMOKERS WITH UROTHELIAL CANCER

• EVALUATION OF 6 YEARS OF PATIENTS WITH TRANSITIONAL CELL BLADDER CANCER

• STAGE, GRADE AND SMOKING HISTORY EVALUATED

104 INVASIVE AND 54 SUPERFICIAL CASES WERE INCLUDED; 143 MALES, 65 FEMALES

• 26.58% NEVER SMOKED, 48.1% PAST SMOKERS, 25.32% CONTINUED SMOKING AFTER DX

• CURRENT SMOKERS OPPOSED TO NONSMOKERS HAD A SIGNIFICANT INCREASE RISK OF INVASIVE COMPARED TO SUPERFICIAL TCC (ADJUSTED OR=3.2, 95% CI 1.15-8.92, P=0.026)

• CURRENT SMOKERS OPPOSED TO A PAST SMOKER ALSO WAS SIGNIFICANTLY ASSOCIATED WITH INCREASED RISK OF INVASIVE TCC (ADJUSTED OR=3.25, 95% CI 1.24-8.5, P=0.0161)
THE EFFECT OF VALPROIC ACID IN VITRO, 2010

- VALPROIC ACID IS A HISTONE DEACETYLATOR (HDAC), IMPORTANT PART OF GENE REGULATION
- HTB5 AND HTB9 BLADDER CANCER CELLS WERE INCUBATED WITH VPA FOLLOWED BY MMC
- VARIOUS CONCENTRATIONS WERE USED AND CELL PROLIFERATION WAS MEASURED, CYTOTOXICITY WAS MEASURED BY FLOW CYTOMETRY
- RELAXATION OF CHROMATIN STRUCTURE INDUCED BY PRETREATMENT WITH VPA SENSITIZES BLADDER CANCER CELL LINES APPEARS TO AUGMENT THE CYTOTOXIC ACTION OF MMC SYNERGISTICALLY
- COST EFFECTIVE MEDICATION

Medical records were reviewed for 186 patients who underwent cystectomy for transitional cell cancer (only) by a single surgeon were evaluated for survival over time.

Kaplan-Meier survival curves were generated.

A shift to neoadjuvant therapy was experienced in 2009, 22% received neoadjuvant chemotherapy, 78% did not.

Patient follow-up continued between 0 and 57 months post-surgery (mean = 18 months).

Patients who had a final pathology c/w pT2 disease after combination therapy had a significantly worse survival rates than patients who underwent radical cystectomy alone and were pT2 on final pathology (logrank: p=0.002).

At follow-up, 8% of patients in the surgery alone group had died of disease, compared to 38% of the combination therapy group.

Arnett, Dan, O’Donnell, Colin, Gholizadeh, Saeed, Wilson SS. Neoadjuvant chemotherapy prior to cystectomy in PT2 patients – think twice. Poster; South Central Section of the AUA. San Antonio, TX, Sept, 2011.
Kaplan-Meier

No Chemo: N=74 (DOD=6)

Presurgery chemo: N=21 (DOD=8)

Log-rank: p<0.001
CIRCULATING TUMOR CELLS, 2011

• FLUORESCENCE IN SITU HYBRIDIZATION ANALYSIS WAS PERFORMED IN 20 SAMPLES FROM 18 UNIQUE SUBJECTS USING THE UROVYSION PROBE SET

• COPY NUMBER GAINS CONSISTENT WITH NEOPLASM WERE OBSERVED IN THOSE WITH MEASURABLE CTCS BUT NOT IN ANY OF THE CTC-NEGATIVE SAMPLES TESTED

• FIVE (17%) OF 30 SUBJECTS WITH CLINICALLY LOCALIZED AND 7 (50%) OF 14 SUBJECTS WITH METASTATIC UC HAD ≥1 DETECTABLE CTC (RANGE 1-177); SIX SUBJECTS HAD ≥5 CTCS

• WITH A MEDIAN FOLLOW-UP OF 337 DAYS, ALL 7 PATIENTS WITH METASTASIS AND DETECTABLE CTCS HAD DIED COMPARED WITH 3 (43%) OF THE 7 WITH METASTASIS BUT WITHOUT DETECTABLE CTCS
MEDICINE CO-MANAGEMENT OF CYSTECTOMY PATIENTS AFTER SURGERY

• 2012 STUDY WITH DR. MARY ANDERSON AND DR. JEFF GLASHEEN
• SERVICE IS GETS BUSIER ANNUALLY, SURGEONS TEND TO BE IN THE OPERATING ROOM
• FOCUS OF THE FUTURE OF HEALTH CARE IS ON HIGH QUALITY, HIGH VALUE
• ORTHOPEDICS MODELED THIS AND HAS BEEN SUCCESSFUL
• PROSPECTIVE, IRB-APPROVED PROTOCOL TO EVALUATE
  • DOCTOR, NURSE, AND PATIENT SATISFACTION
  • NUMBER OF COMPLICATIONS AFTER SURGERY
  • SEVERITY OF COMPLICATIONS AFTER SURGERY
  • COST OF SURGERY AND POST-OPERATIVE CARE
CCP SCORE AND CYSTECTOMY OUTCOMES

- 2012 INVESTIGATION WITH DR. THEODORESCU
- CELL CYCLE PROTEINS HAVE A PROFILE THAT SUGGESTS HIGHER REPPLICATION
- DR’. T’S LAB SUGGESTED, WITH MYRIAD GENETICS THIS COULD APPLY TO BLADDER CA
- 10S OF THOUGHSANDS OF HOURS OF WORK, MEETINGS, DATA EVALUATION
- DATA LOOKED VALID COMPARED TO OTHER BLADDER CANCER SURG SITES
- CCP SCORE DID NOT APPEAR TO PREDICT OUTCOMES

ON LINE VIDEO EDUCATION AND CYSTECTOMY SATISFACTION AND KNOWLEDGE

• 2013 INVESTIGATION WITH ROXANNE MARTINEZ, PGY-1 UCLA/KAISER

• 32 PATIENTS HAVE BEEN ENROLLED IN THE STUDY. 17 PATIENTS WATCHED THE CYSTECTOMY EDUCATION VIDEOS, AND 15 PATIENTS DID NOT.

• AVERAGE AGE 66 YEARS DESIGN WAS TO EVALUATE THE KNOWLEDGE, LENGTH OF STAY, AND SATISFACTION WITH CYSTECTOMY IN PATIENTS WHO DID AND DID NOT WATCH EDUCATIONAL VIDEOS ABOUT CYSTECTOMY

• AVERAGE LOS FOR PATIENTS WHO WATCHED THE VIDEOS IS 7.47 DAYS AND THE AVERAGE LOS FOR PATIENTS WHO DID NOT WATCH THE VIDEOS WAS 7.5 DAYS (P VALUE = 0.45)

• PATIENTS GENERALLY FELT MORE PREPARED FOR THEIR HOSPITAL STAY (P=0.05), MORE PREPARED FOR THEIR LIFE AFTER BLADDER CANCER TREATMENT (P=0.02), AND MORE PREPARED FOR LIFE AFTER SURGERY (P=0.02) AFTER WATCHING THE VIDEOS

Martinez, R and Wilson SS. On Line Video education and cystectomy satisfaction and knowledge. South Central Section, Washington DC, 2013
EFFECT OF RENAL FUNCTION FROM NEO-ADJUVANT CHEMOTHERAPY AFTER RADICAL CYSTECTOMY

- 2014 SUMMER PROJECT WITH Z. BARQAWI
- EVALUATION OF 163 PATIENTS UNDERGOING RC AT A SINGLE INSTITUTION
- REGRESSION ANALYSIS PERFORMED TO SEE IF CHEMOTHERAPY PREDICTED CKD WITH RC
- THERE WAS NO SIGNIFICANT ASSOCIATION WITH CHEMOTHERAPY AND CKD
- THE ONLY STATISTICALLY SIGNIFICANT ASSOCIATION WAS WITH CONDUIT V. CONTINENT DIVERSION

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EFFECT OF PERICARDIAL BOLSTERS ON INTESTINAL ANASTOMOSES DURING CYSTECTOMY

• 317 CASES PRECEDED BIOMATERIAL BUTTRESSING; 80 CASES RECEIVED BUTTRESSING WITH BOVINE PERICARDIAL STRIPS.

• 2.2% RISK OF ENTEROCUTANEOUS FISTULA WITHOUT ADJUNCTIVE REINFORCEMENT

• ZERO CASES WERE IDENTIFIED IN THE PERIOD UTILIZING BUTTRESSING WITH BOVINE PERICARDIAL STRIPS

• RESULTS WERE NOT STATISTICALLY SIGNIFICANT, BUT WE BELIEVE THEY ARE CLINICALLY IMPORTANT (ODDS RATIO, 0.257; 95% CONFIDENCE INTERVAL, 0.014, 4.55; P=0.318)
STUDY ON OUTCOMES ON PATIENTS WHO UNDERGO CYSTECTOMY WHO HAVE HAD A HISTORY OF PRIOR PELVIC RADIATION

• RETROSPECTIVE EVAL OF CYSTECTOMY UC PATIENTS BETWEEN THE YEARS OF 2006 AND 2014
• 336 PATIENTS IDENTIFIED WITH COMPLETE DATA; 33 HAD A H/O PELVIC XRT
• TUMOR HAD TO BE OF NEW HISTOLOGY FROM NEW TUMOR, LATENT BY 10 YEARS+, AND IN THE RT FIELD
• PATIENTS WERE EXCLUDED IF THEY HAD PRIOR RT FOR BLADDER CANCER OR DEATH FROM ANOTHER CAUSE
• PATIENTS WHO HAD BEEN TREATED WITH XRT IN THE PAST WERE MATCHED BY AGE, COMORBIDITIES ETC. W 2
  PATIENTS WHO HAD NOT HAD RT
• THERE IS A STRONG ASSOCIATION BETWEEN A HISTORY OF RT AND REDUCED SURVIVAL RATES INDEPENDENT
  OF DEMOGRAPHICS, COMORBIDITIES, AND COMPLICATIONS

OUTCOMES OF NODE-POSITIVE BLADDER CANCER PATIENTS GIVEN NEO-ADJUVANT CHEMOTHERAPY PRIOR TO CYSTECTOMY

• SOCIETY OF UROLOGIC ONCOLOGY POSTER 12/2015

• OUTCOME OF KNOWN NODE-POSITIVE PATIENTS WHO UNDERGO NEO-ADJUVANT CHEMOTHERAPY AND CYSTECTOMY

• 444 PATIENTS UNDERWENT RC FOR CANCER 2004-14

• 99 HAD NEO-ADJUVANT CHEMOTHERAPY

• 33 PATIENTS HAD NODE-POSITIVE DISEASE BY CT/BX OR PET

• PATIENTS WHO CONVERTED TO NODE-NEGATIVE DID MUCH BETTER THAN THOSE WHO DID NOT

• MULTI-INSTITUTIONAL STUDY PUBLISHED 12/2015 CORROBORATED OUTCOMES (MOFFITT WAS THE LEAD INSTITUTION)
OUTCOMES OF N0 v. PERSISTENTLY NODE-POSITIVE PATIENTS FOLLOWING NEO-ADJUVANT CHEMOTHERAPY
IMPROVED ACCURACY AND COMPLETENESS OF OPERATIVE NOTES

• EHR AS MANDATED BY THE ACA HAS SEVERAL NEW CHALLENGES AS WELL AS ADVANTAGES

• IT IS POSSIBLE TO MAKE SURE THERE IS STANDARDIZATION OF FIELDS
  • IMPROVING COMPLETENESS
  • IMPROVING TIMELINESS

• IT IS ALSO POSSIBLE TO HAVE MORE MISTAKES USING CUT AND PASTE
  • WRONG SIDE; WRONG RESIDENT; WRONG GENDER

• 12 HOURS WITH DOCUMENTATION EXPERT, REVIEWING LITERATURE

• BRAND NEW STANDARD TEMPLATES FOR EVERY OPERATION I DO, AVAILABLE TO ALL

• GOAL IS TO HARNESS EHR TO ADD VALUE (NEAR IMPOSSIBLE PER WSJ 12/2015)
STUDIES IN PROGRESS!

“Great things in business are never done by one person. They’re done by a team of people.”

- Steve Jobs
BIOREPOSITORY (NOW ORIEN)

- Started with $20,000 from the dean
- Now houses over 600 cystectomy patient’s mRNA, blood, urine, and paraffin
- All genetic material is linked to patient outcomes
- There is power in big data
- There is money in biorepositories linked to patient outcomes
XENOGRAFT STUDY

• The ultimate personalized medicine
• Tumors from patients are put into mice and made immortal
• Mice are tried on novel chemotherapeutic regimens
COXEN; SWOG1314

- Co-expression Extrapolation (COXEN) Program to Predict Chemotherapy Response in Patients With Bladder Cancer
- 92 patients receive neo-adjuvant dose-dense MVAC
- 92 patients receive gemcitobine and cisplatin
- Regimen is randomly determined
- All patients get a COXEN score (Dr. Theodorescu’s lab) which suggests which chemotherapy patients would have responded best to
- Outcomes of GC vs ddMVAC are compared
- Outcomes of COXEN match with regimen selected outcomes are compared as well

https://www.youtube.com/watch?v=xkrMsPiqG6M Brian Regan Stupid in School
EMMC AND BCG FOR HIGH-RISK BLADDER CANCER

- This study is based off of Savino di Statsi’s (Lancet Oncology 7(1):43-51 2006)
- 212 patients to BCG alternating with EMMC intravesical treatment or standard BCG.
- Decrease in recurrence rate 41.9% v. 57.9% [95% CI 33-52 v. 49-67.5 P = 0.0012],
- Increase in interval for recurrence 69 months v. 21 months [95% CI 55-86 v. 15-54 P = 0.0012],
- A lower rate of progression 9.3% v. 21.9% [95% CI 4-15 v. 18-26 P = 0.004]
- And a decrease in overall (and disease specific) mortality 21.5% v. 32.4% [95% CI 14-30 v. 23-41 P = 0.045] (disease specific survival 5.6% v. 16.2% P = 0.01) with EMMC.
NEW DATA

• FROM 2009, BCG/EMDA-MMC WAS INTRODUCED AS THE STANDARD INDUCTION REGIME FOR PATIENTS WITH HR-NMIBC UNDERGOING BLADDER CONSERVATION. INDUCTION: BCG IN WEEKS ONE AND TWO, EMDA-MMC (40MG, 20MA CURRENT FOR 30 MINUTES) IN WEEK THREE, REPEATED THREE TIMES FOR NINE WEEKS IN TOTAL. MAINTENANCE: THREE DOSES OF BCG THREE MONTHS AFTER INDUCTION, THEN SIX-MONTHLY FOR THREE YEARS. OUTCOME MEASUREMENTS: DISEASE RECURRENCE AT FIRST-CHECK, ONE AND TWO-YEAR CYSTOSCOPY, AND TREATMENT TOLERABILITY

• 151 PATIENTS WITH HR-NMIBC TREATED BETWEEN JUNE 2009 – 2013. 44/151 UNDERWENT PRIMARY CYSTECTOMY; 107/151 RECEIVED SEQUENTIAL BCG/EMDA MMC. 86 PATIENTS (80%) HAD HIGH GRADE TA/T1, OF WHOM 34 (32%) ALSO HAD CIS. 19 (18%) HAD PRIMARY CIS. 2 HAD RECURRENT LARGE-VOLUME LOW-GRADE DISEASE

• 104/107 UNDERWENT FIRST-CHECK CYSTOSCOPY, AND 90/104 (87%) WERE CLEAR AT FIRST CHECK. OF THE 90 COMPLETE RESPONDERS, 86 UNDERWENT ONE-YEAR CYSTOSCOPY, AND 74/86 (86%) WERE RECURRENCE-FREE. 71/74 UNDERWENT TWO-YEAR CYSTOSCOPY, AND 66/71 (93%) REMAINED RECURRENCE-FREE

• 30 PATIENTS (28%) DID NOT COMPLETE THE FULL INDUCTION SCHEDULE. OF THESE, 16/30 HAD MINOR SCHEDULE ALTERATIONS AND 14/30 HAD MAJOR ALTERATIONS. THERE WAS NO DIFFERENCE IN RECURRENCE BETWEEN PATIENTS WHO RECEIVED FULL OR REDUCED INDUCTION SCHEDULES

EVALUATION OF EXTENDED VS. STANDARD LYMPH NODE DISSECTION, SWOG S1011

- SETH LERNER (BAYLOR), EILA SKINNER (STANFORD), TERESA KOPPIE (OHSU), SIA DANESHMAND (USC)
- 230 PATIENTS ACCRUED OUT OF 300 (OPENED IN 2011). PATIENTS RANDOMIZED DAY OF SURGERY
- INTRA-OPERATIVE PHOTOS REQUIRED FOR QUALITY CONTROL; OPENED DEC 2015, 3 PATIENTS ENROLLED
- STUDY EXTENDS THE 2 GROUP COMPARISON PUBLISHED IN 2012: 959 PATIENTS; 554 SUPER-EXTENDED LND (USC, INCLUDES PRE-SACRAL, TO IMA+) 405 EXTENDED (STUDER, BERN SWITZERLAND)
- MORE NODES WITH SUPER-EXTENDED (38 V 22, P <0.0001) AND MORE WITH METS (35% VS 28%, P = 0.02). HOWEVER, THE UNIVERSITY OF SOUTHERN CALIFORNIA AND UNIVERSITY OF BERN GROUPS HAD SIMILAR 5-YEAR RECURRENCE-FREE SURVIVAL FOR PT2PN0-2 (57% VS 67%) AND PT3PN0-2 (32% VS 34%) DISEASE (P = 0.55 AND 0.44, RESPECTIVELY). THE OVERALL RECURRENCE RATE WAS EQUAL AT THE 2 INSTITUTIONS (38%).
EVALUATION OF NORMAL BLADDER PROPERTIES

- **Anna Malynkhina, PhD;** runs a Summer Scholar Program as well as having R01 NIH/NIDDK Grants

- **Patients cannot have had chemotherapy prior to cystectomy (elevated creatinine, poor hearing, T1/CIS)**

- The research program in the Division of Urology at the UCD is focused on the mechanisms underlying pathological changes in benign urological disorders in adults and children. The research projects are centered on neural mechanisms of pelvic organ cross-sensitization, neurogenic bladder dysfunction in neurological disorders, mechanosensitivity and mechanotransduction in the human detrusor, effects of partial bladder obstruction on bladder development and function, and impact of anorectal anomalies on the genitourinary system. Additional areas of interest include stretch-activated and voltage-gated ion channels in partial bladder outlet obstruction and overactive bladder, altered contractility of the detrusor muscle in diabetes, role of pro-inflammatory neuro peptides in the development of neurogenic inflammation in the pelvis and neuropathic pain, and modulation of pelvic pain by ovarian hormones. The studies are funded by the Department of Surgery and by NIH/NIDDK Grants.
LOCAL ALVIMOPAN STUDY

- Follow-up study for cost at University of Colorado based on prior multi-institutional studies; Alvimopan is a peripheral mu opioid receptor antagonist
- Medication is literally about $100/pill; $10,000 for a course
- 143 patients randomized to alvimopan 137 to placebo
  - Alvimopan: Faster GI recovery (5.5 vs 6.8 d; HR: 1.8; p<0.0001)
  - Shorter mean LOS (7.4 vs 10.1 d; p=0.0051)
  - Less post-operative ileus-related morbidity (8.4% vs 29.1%; p<0.001)
  - Including cost of TPN etc, ileus-related costs were decreased by $2,640 (p = 0.04) but not total combined hospital cost (p = 0.068)

GENENTECH PDL-1 ADJUVANT AND METASTATIC BLADDER CANCER TRIALS

• PHASE III STUDY OF ATEZOLIZUMAB TREATMENT VERSUS OBSERVATION AS ADJUVANT THERAPY IN PATIENTS WITH PD-L1 POSITIVE, HIGH RISK MUSCLE INVASIVE BLADDER CANCER AFTER CYSTECTOMY, OPENING AT CU LATER THIS YEAR

• OPEN: PHASE III, GLOBAL, MULTICENTER, OPEN-LABEL, TWO-ARM, RANDOMIZED, CONTROLLED STUDY DESIGNED TO EVALUATE THE EFFICACY AND SAFETY OF ATEZOLIZUMAB COMPARED WITH CHEMOTHERAPY IN PATIENTS WITH LOCALLY ADVANCED/METASTATIC UROTHELIAL BLADDER CANCER WHO HAVE PROGRESSED DURING OR FOLLOWING A PLATINUM-CONTAINING REGIMEN
MATCHING APPROPRIATE ORIENTING NURSING AND SCRUB TECH STUDENTS TO THE APPROPRIATE CASE

- 2013: $2.2 MILLION GIVEN UP; 8 RETAINED SURGICAL ITEMS IN THE OPERATING ROOM
- A NURSE ON THEIR FIRST DAY COULD BE PUT INTO A WHIPPLE BECAUSE SHE HAD AN 8 HOUR SHIFT AND DR. SCHULICK HAD AN 8 HOUR CASE
MULTI-INSTITUTIONAL STUDY ON OUTCOMES ON PATIENTS WHO UNDERGO CYSTECTOMY WHO HAVE HAD A HISTORY OF PRIOR PELVIC RADIATION

- FIRST STEP IS IRB, WHERE TO HOUSE DATA ETC.
- ROCHESTER, ED MESSING
- MD ANDESERSON, ASHISH KAMAT
- STANFORD, EILA SKINNER
- USC, SIA DANESHMAND/ANNE SCHUCKMAN
- OHIO STATE, MEGAN MERRILL
- U MICHIGAN, CHERYL LEE
- OSHU, THERESA KOPPI
- THIS INCLUDES PUTTING ALL OF OUR SPREADSHEET DATA INTO REDCAP
CLINICAL CARE PATHWAYS FOR CYSTECTOMY PATIENTS

• LIANE FELDMAN IS A PIONEER AT MCGILL IN STANDARDIZATION OF POST-OP CARE
• POWER FOR RESEARCH AND REDUCTION IN COST WITH STANDARDIZATION
• JASON, SAL, TREVOR AND MIKE CONTINUING TO LOOK AT THIS FOR RC PATIENTS
QUALITY AND VALUE IN BLADDER CANCER

• TOTAL NUMBER OF BLADDER CANCER PATIENTS I FOLLOW IS AROUND 1500
• 10% HAVE HAD ONLY ONE TUMOR AND NEVER HAD ANOTHER RECURRENCE
• IS THERE A MARKER THAT CAN RELIABLY IDENTIFY THESE PATIENTS SO WE CAN STOP CYSTOSCOPY EARLIER?

VALUE AND BLADDER CANCER

• OUR PRACTICE Follows 2000+ Patients with UC
• 10-15% HAVE NEVER RECURRED
• IS THERE A MARKER FOR THESE PTS?
• CAN WE AVOID UNCCESSARY CYSTOSCOPY?
SATISFACTION AND OUTCOMES OF MULTI-D BLADDER CA CLINIC COMPARED TO STANDARD

- ZUHAIR BARQAWI, TOM FLAIG, BRIAN KAVANAGH, TOM PURCELL

- SATISFACTION AND OUTCOMES OF MULTI-DISCIPLINARY BLADDER CANCER CLINIC COMPARED TO SEEING PROVIDERS AT SEPARATE TIMES

- NO IRB-APPROVAL NEEDED AS THIS IS A QI PROJECT

- QUESTIONNAIRE HAS BEEN COMPLETED AND IS AVAILABLE FOR PATIENTS TO COMPLETE IN ROOMS

- AWAITING BUDGET ALLOCATION FROM HOSPITAL ADMINISTRATION

  - MULTI-D CLINICS DECREASE PRODUCTIVITY OF PROVIDER BY $1/2$, SO $1/2$ FTE SUPPORT REQ’D

ENDOWED CHAIR

• TALKING TO ANYONE WHO WILL LISTEN ABOUT BLADDER CANCER AND QUALITY IMPROVEMENT FOR PATIENTS AND DOCTORS

• CURRENTLY WE HAVE APPROXIMATELY $470,000; WHEN WE GET TO $1.5M INTEREST SPINS OFF ANNUALLY TO HELP SUPPORT OTHER GREAT PROJECTS

• DEAN RILEY/UPI HAS A MATCHING PROGRAM FROM REAL ESTATE RENT

• DR. SCHULICK ALSO SUPPORTIVE
PROTOCOLS FOR ED AND UROLOGY

• PROTOCOLS ALLOW FOR STANDARDIZATION AND EFFICIENCY
• 18 TRAUMA PROTOCOLS ARE GOING TO BE TRIALED IN MARCH IN OUR DEPARTMENT
• PHD DESIGNING APP FOR PHONE WAS INTERESTED IN BROADENING SCOPE
• RICH ZANE ALWAYS INTERESTED IN COLLABORATING
• PROTOCOLS FOR DYSURIA, HEMATURIA, RENAL MASS, BPH, RETENTION, KIDNEY STONES??!!
“DR. SIRI!!”

• ISAAH KOOLSTRA? RICH ZANE!! KYLE ROVE??

• VOICE COMMAND ORDERS!!

• INVESTIGATING FEASIBILITY, PILOT SOON