

## TP7.2.3

**The effect of immediate versus early instillation of mitomycin C after transurethral resection of bladder cancer: Is timing everything?**

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**Introduction and Aims:** Almost three quarters of patients diagnosed with bladder cancer have non-muscle invasive disease. The European Association of Urology (EAU) guidelines recommend the use of intravesical instillation of Mitomycin C (MMC) to reduce the rate of recurrence.

**Methods:** A retrospective cohort analysis was carried out of all patients who underwent a TURBT between January 2016 and January 2019 in our Trust. A comparison of recurrence outcomes was investigated between patients who had immediate instillation of MMC (within 1 hours post-TURBT) versus early instillation (within 24 hours post-TURBT). Recurrence was assessed at 3 months cystoscopy and at 1 year follow-up.

**Results:** 201 patients were included. 100 underwent immediate MMC instillation (75% male, 25% female); 101 early instillation (72% male, 28% female). There was 11% recurrence (immediate) versus 13% (early) in instillation groups at 3 months. At first year, recurrence was seen in 12% (immediate) versus 14% (early) groups. Of these recurrences, there was an upstaging of tumour in 27% (immediate) versus 31% (early) at the 3 monthly follow-up and 25% (immediate) versus 28% (early) at the 1st year. The mean period of post-operative stay following initial TURBT was 0.8 days in the immediate versus 1.1 days in the early instillation groups.

**Conclusion:** Although no statistical differences were seen in this study, the results appear to favour immediate instillation of MMC after TURBT with respect to reduction in recurrence and upstaging rates. Post-operative length of stay in hospital was also shorter in patients who had an immediate MMC instillation.