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**Bladder Cancer: Superficial Podium**

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**1656: NATIONAL ASSESSMENT OF NON-MUSCLE INVASIVE BLADDER CANCER (NMIBC) PRACTICE PATTERNS: IMMEDIATE POST-OPERATIVE INSTILLATION OF CHEMOTHERAPY (IPOIC)**

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**INTRODUCTION AND OBJECTIVES:** IPOIC for low-risk NMIBC is part of the AUA guidelines. The basis of this recommendation is the Sylvester meta-analysis indicating a 2-yr 12.5% reduction in recurrence when IPOIC is administered within 24 hours of TURBT. The aim of this study is to assess adherence with this guideline among a nationally representative sample of US-based urologists (61% study participation rate). **METHODS:** A geographically balanced (22% Northeast, 37% South, 20% Midwest, 21% West) sample of urologists (n=259; 96% board certified; 18 years mean post residency; 30% fellowship trained; 16% urological oncologist fellowship) was obtained by a scientific market research firm. Participants reviewed records of their last 4 NMIBC patients who had completed their initial treatment plan and completed a case report form for specific demographic, pathological and treatment information. **Selection criteria:** 1. Histological confirmed diagnosis of NMIBC-transitional cell carcinoma, 2. Patient completed initial treatment plan with observation ongoing, 3. Patient may have been a candidate for or received intravesical therapy, 4. Patient must not have ongoing initial intravesical induction therapy. Categorical and nominal data were analyzed using Chi-square tests of independence and z-tests for column proportions, with a statistical significance level of 0.05. Tests were adjusted for all pair-wise comparisons within a row of each innermost sub-table using Bonferroni correction.

**RESULTS:**

Of the 1,010 patients with NMIBC who met selection criteria above, 59.6% received instillation therapy during the initial round of treatment and 28.4% of these patients (16.9% of all patients) received IPOIC. Primary, low risk patients most often received IPOIC. 90.4% of the time, patients received immediate instillation within 12 hours of surgery. 66% of urologists never used IPOIC, 17% used IPOIC 50% of the time and only 2% used IPOIC 100% of the time.

**CONCLUSIONS:**

Wide variation in adherence to the AUA IPOIC guideline exists in the US. The reason for the great diversity in guideline adherence is speculative, however, physician bias, progression and recurrence risk, local pharmacy and hospital practice factors all likely contribute.

Received Immediate Instillation?	Primary, low risk (A)	Primary, intermediate risk (B)	Primary, high risk (C)	Recurrent, low risk (D)	Recurrent, intermediate risk (E)	Recurrent, high risk (F)	Total Instillations
<i>Count</i>	108	112	157	80	73	72	602
<b>Yes</b>	58.3%	28.1%	21.6%	22.8%	20.7%	13.1%	28.4%
	<b>BCDEF*</b>						
<b>No</b>	41.7%	71.9%	78.4%	77.2%	79.3%	86.9%	71.6%
	P	P	P	P	P	P	
	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

\*For each significant pair, the letter of the category with the smaller proportion appears under the category with the larger proportion.