



IMPLEMENTING A NEW STANDARD OF CARE FOR BLADDER CANCER

> INTRODUCTION: Overview of BLCC

Bladder Cancer currently affects more than 580,000 patients in the U.S. It is also the fourth most common cancer in men and is observed in men 3-4 times more than women.* Treatment can be difficult because bladder tumors may resemble normal, healthy tissue when using conventional white light cystoscopy. Tumors can be easily missed or incompletely removed, making cancer recurrence in the future more likely. Now, Blue Light Cystoscopy with Cysview (BLCC) uses the KARL STORZ Photodynamic Diagnosis system to identify the presence of cancerous tumors by displaying them in a bright pink color during procedures.

Its advantages include increasing potential detection of tumors and enhancing removal of tumors for a more complete resection. The result is significant new diagnostic and treatment capabilities for healthcare providers. In fact, in the 2016 Guidelines for the management of non-muscle-invasive bladder cancer (NMIBC), the American Urological Association and Society for Urologic Oncology included Blue Light Cystoscopy as recommended for increasing the detection and reducing recurrence of NMIBC.

Thomas Cangiano, MD, Board-certified Urologist at Advent Health Altamonte Springs, FL, describes his initial experiences and observations when using the BLCC approach on his patients.

> THE CHALLENGES: Adopting a New Approach to Identifying Bladder Cancer

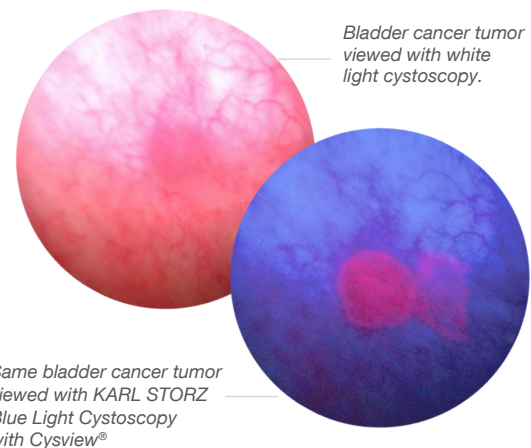
Dr. Cangiano explains, “Until recently, physicians and surgeons have typically relied on use of conventional white light cystoscopy to look for any lesions that appeared to be abnormal. This usually includes anything that appears red or velvety, any kind of lesion that

doesn’t look like typical bladder tissue — such as papillary or raised.”

“The hurdle that doctors face is to be able to effectively identify cancerous tissue in the bladder, then to ensure its complete removal,” Cangiano adds. “The most common approach has been cystoscopy using conventional white light illumination.”

Now, there is a new approach to identifying certain types of bladder cancer, which offers potential for improved management of the disease. Among the challenges to consider in adopting this new method are the potential learning curve, gaining support of the facility and gaining patient acceptance.

> THE SOLUTION: Blue Light Cystoscopy with Cysview®



Cangiano continues, “Learning of the availability of Blue Light Cystoscopy with Cysview (BLCC), we began to consider its use in our bladder cancer patients. Initially, we weren’t sure whether there was data showing increased detection in bladder cancer. We began championing adoption of BLCC at our facility, Advent Health Altamonte, after further research of the literature included



phase-three trials that showed increased detection of carcinoma in situ and papillary tumors in patients undergoing the BLCC technique versus white light cystoscopy alone.”

Dr. Cangiano explains, “The intensity of fluorescence, is really quite impressive when you can clearly see a tumor like a carcinoma in situ (CIS) or papillary tumor. Also, there are satellite lesions you may not see when using white light cystoscopy that you can identify with BLCC. So the blue light method helps not only with detection, but also with resection, enabling the surgeon to clearly see the outer margins of the tumor.”

He emphasizes “this is really important because we now have confidence that we’ve performed a complete resection, and that recurrence is less likely since we didn’t miss anything.”

> **THE RESULTS: Satisfying Patients & Facilitating Detection**

“In terms of our patients, we believe they are quite satisfied,” says Cangiano. He adds, “They seem to be very interested when we have the conversation about this imaging agent that is going to be instilled in their bladder, and how it is going to help us see the entire tumor, both the primary site and the satellite lesions. More importantly, they understand that the BLCC method is going to help in the diagnosis and treatment of their disease.”

Cangiano notes that the BLCC technology was only acquired recently at his facility and has been in use for just over a year. At the same time, he is already seeing the immediate benefits of increased detection and full completion of resection.

The most significant impact of BLCC is that you are now able to see tumors that you would have missed under white light only. Hence this allows for patients to be managed more effectively and with potentially fewer trips to the OR in the future.

Looking ahead to the latest advancements, in addition to the original BLCC system which uses a rigid endoscope, Cangiano adds that “We now have a flexible scope alternative for BLCC that can be used in the clinic setting while the patient is awake. We expect that system to be quite helpful because we scope a lot of patients with white light and don’t see anything, and then, their cytology comes back positive. Or, you scope them and you don’t see anything. Then, they come back three or four months later with a lesion that you know must have been there before, but you simply didn’t see it. So, this added technology could be very useful in the office setting for improved detection of bladder cancer.”

*American Cancer Society: <https://www.cancer.org/cancer/bladder-cancer/about/key-statistics.html>
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ABOUT KARL STORZ

In 1945, Dr. Karl Storz began developing instruments that would allow physicians to see inside the human body. His visionary inventions were at the forefront of modern endoscopy, which not only revolutionized medical diagnostics, but also paved the way for minimally invasive surgery.

More than 75 years later, the KARL STORZ company continues to be a worldwide leader in advanced endoscopy solutions. The family-owned company, based in Tuttlingen, Germany, maintains an unwavering commitment to innovation, intelligent design, and clinical effectiveness.

To ensure complete solutions in minimally invasive surgery, KARL STORZ provides comprehensive repair and support services. KARL STORZ products are backed by their own service solutions through Protection 1®. This program includes Field Service Technicians, endoscope exchanges, and dedicated On-Site Endoscopic Specialists who deliver ongoing support.

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