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## **Optimal timing for the first cystoscopic follow-up using time-to-treatment initiation analysis of oncologic outcomes in primary non-muscle invasive bladder cancer**

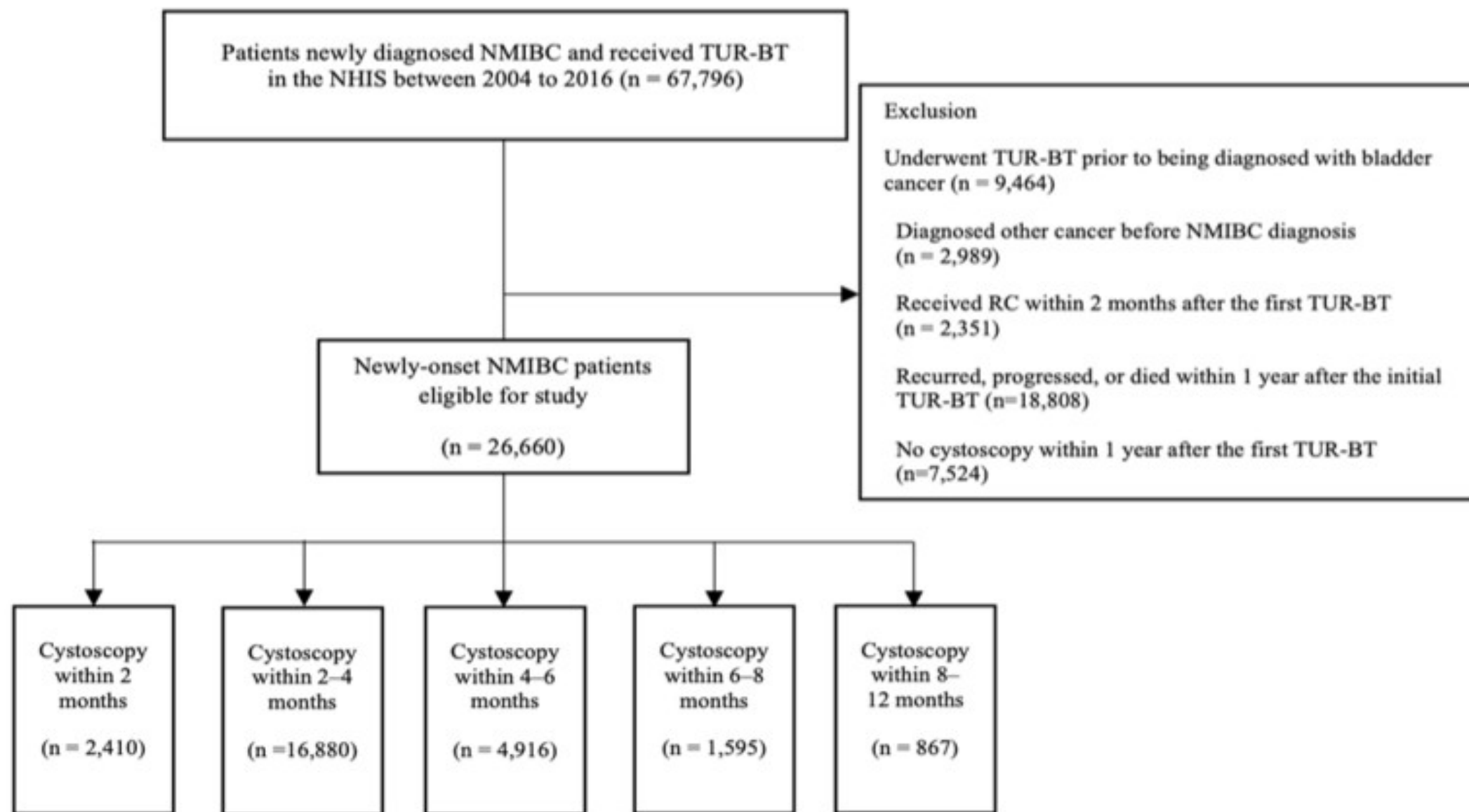
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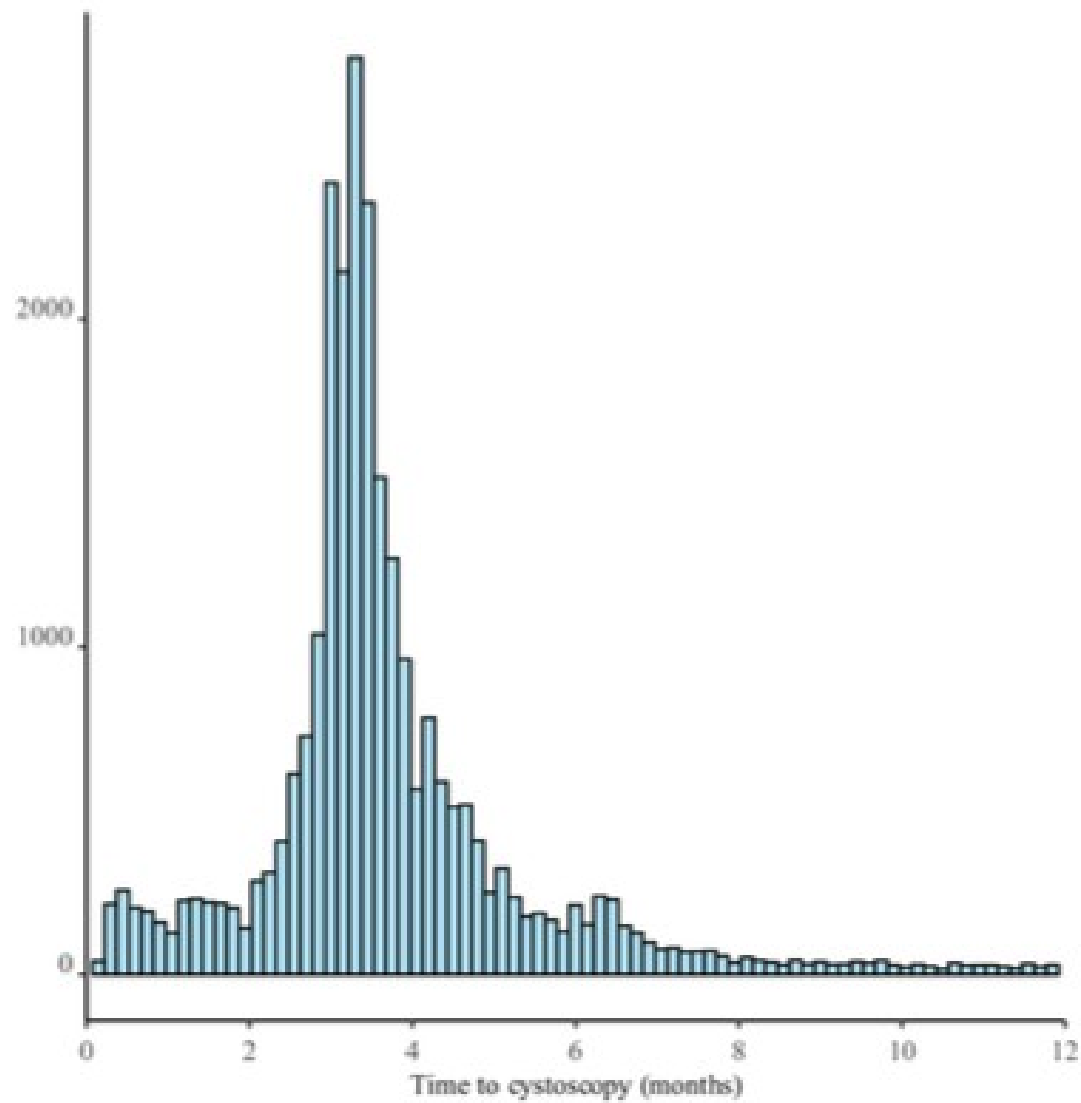
# What we know?

- Various guidelines recommend the first follow-up cystoscopy at 3 months, However, the reason for this is unknown
- However, data that define the optimal timing for initial follow-up cystoscopy are unavailable
- The initial cystoscopy after TUR-BT at 3 months is an important prognostic indicator for recurrence and progression
- A randomized controlled trial that compared 6- and 3-month follow-up protocols for NMIBC (Ta) observed no significant differences existed in recurrence or progression
- In practice, 84% of patients undergo their first cystoscopy 3–4 months after TUR-BT<sup>11</sup>

# AIM

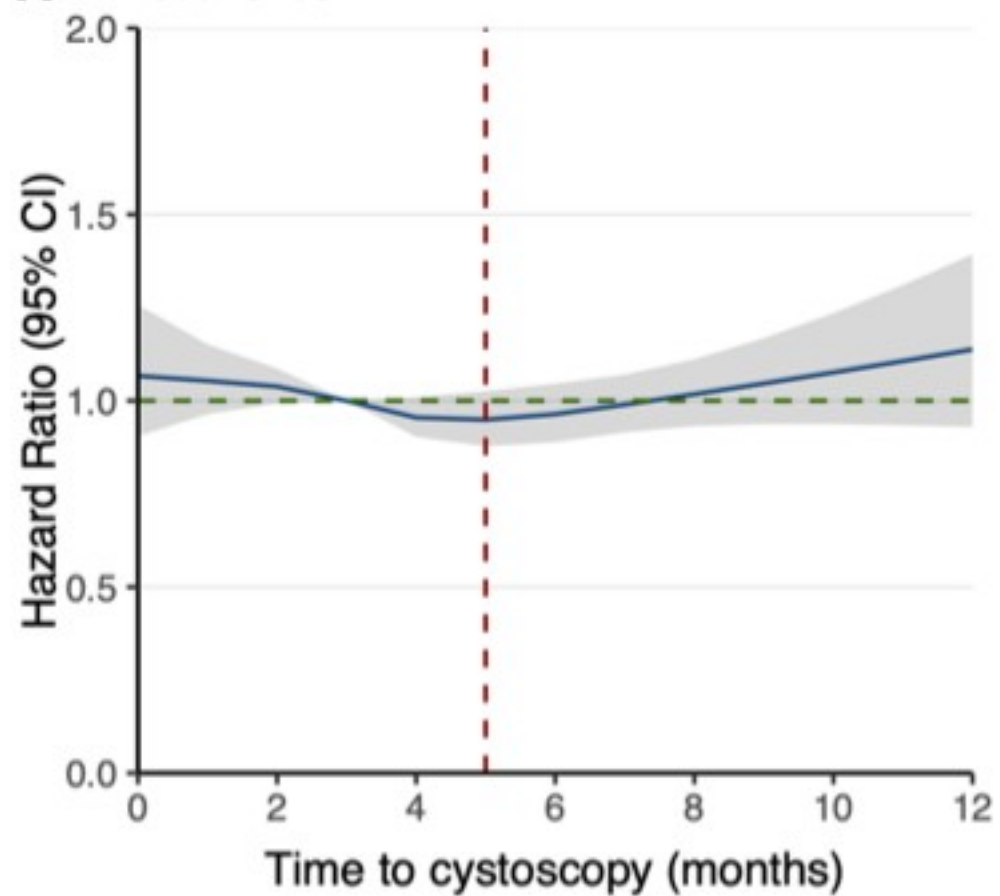
- The timing of the first follow-up cystoscopy is critical; hence, a uniform protocol is needed
- Therefore, we aimed to provide evidence on the timing of the first cystoscopy after TUR-BT and assess the oncologic outcomes in NMIBC



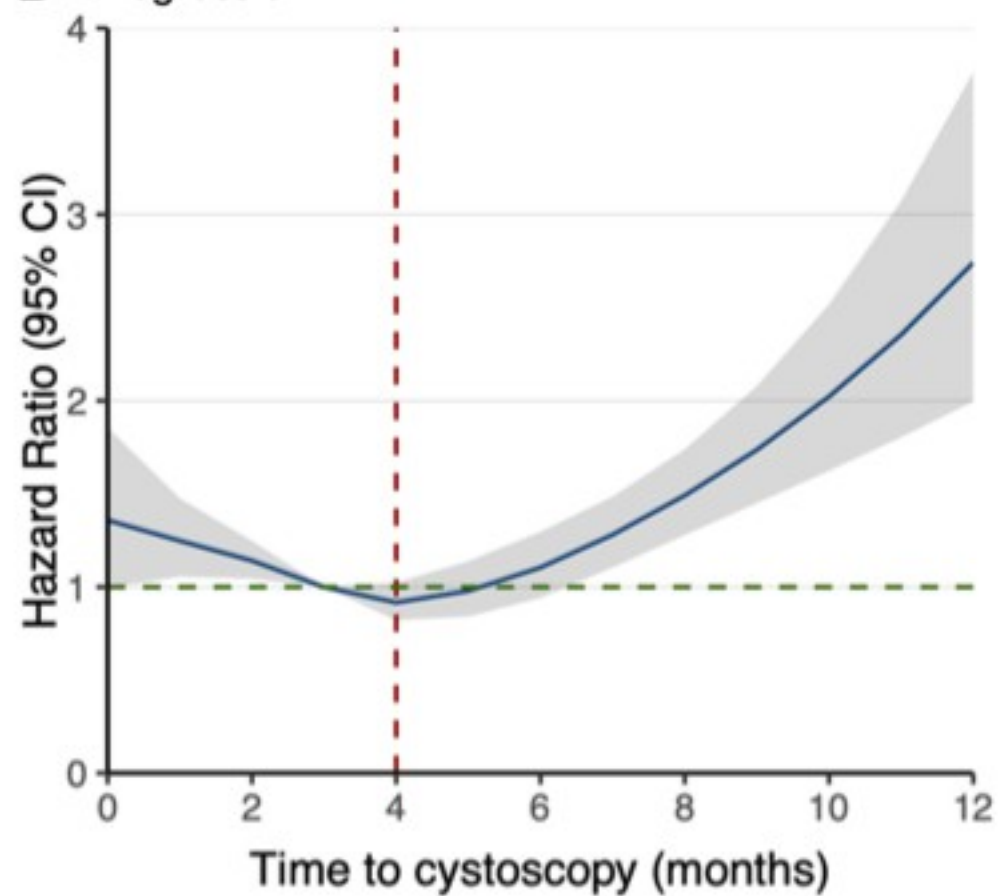


**Figure 2.** Distribution of time-to-first cystoscopy from the transurethral resection of bladder tumor.

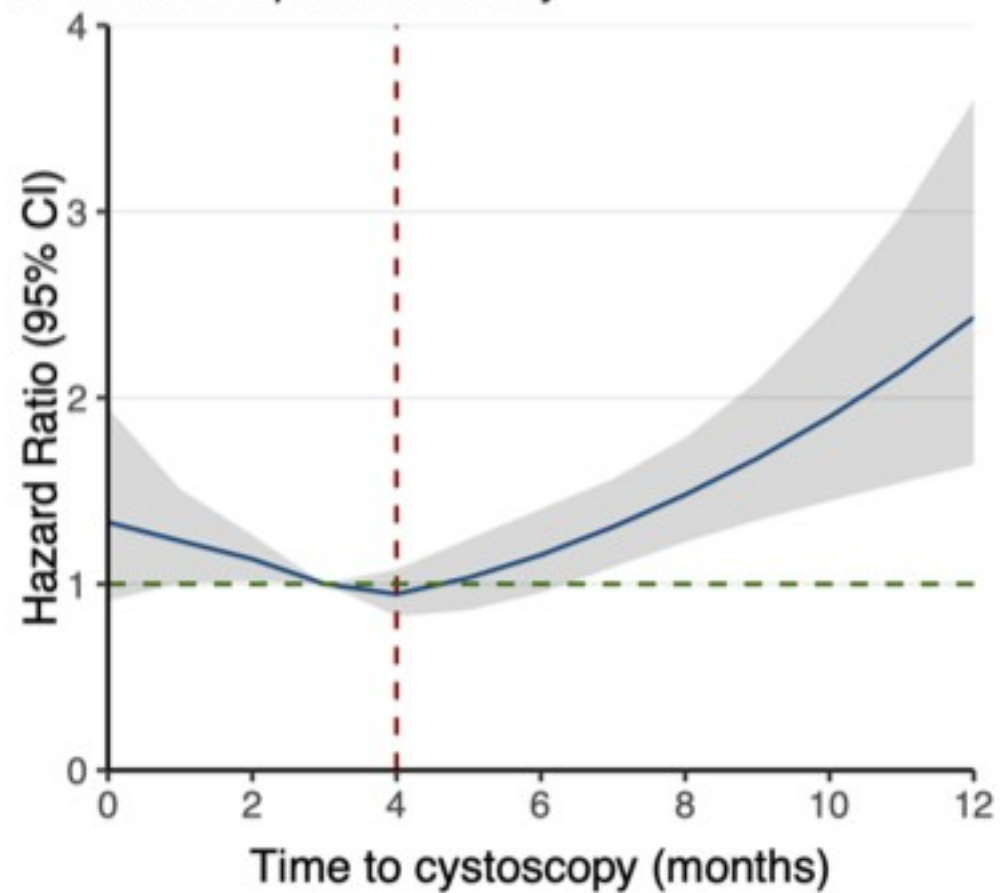
**A** Recurrence



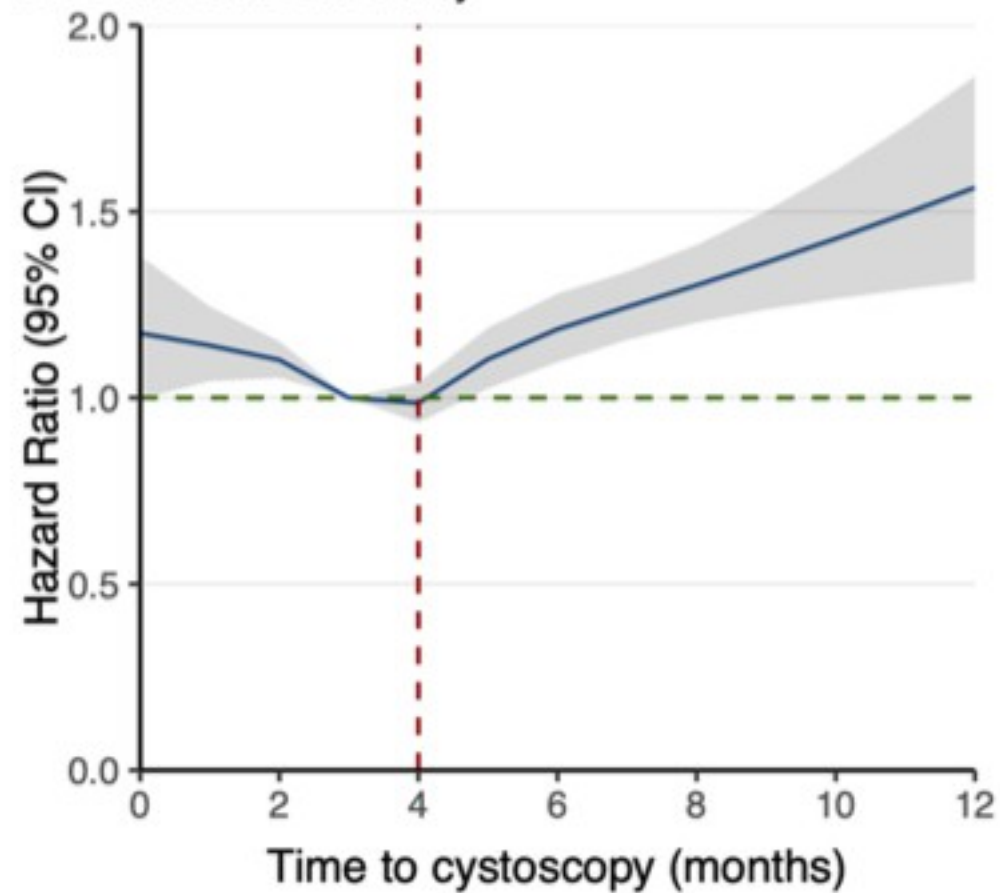
**B** Progression



**C** Cancer-specific mortality



**D** All-cause mortality



# Conclusion

- The timing of the first cystoscopy follow-up was associated with oncologic prognosis
- In our model, undergoing cystoscopy at 4 months has shown the best outcomes in clinical course
- Therefore, patients who do not receive cystoscopy at approximately 4 months for any reason need more careful follow-up to predict a poor clinical course