

Photodynamic Diagnosis of Bladder Cancer Selected by the NHS Technology Adoption Centre as a "Technology Implementation Project"

Photodynamic diagnosis of bladder cancer (PDD) has been selected by The NHS Technology Adoption Centre (NTAC) from over 50 applications as a "Technology implementation project."

The aim of these projects is to enable effective uptake of new technologies as standard care within the NHS, by gaining an understanding of implementation issues and how to overcome potential barriers to the adoption of the latest technology.

The selection was based on those technologies which are clinically proven, have improved patient outcomes or system efficiencies, support NHS policy and clinical focus - but have still had minimal adoption by the NHS.

Margaret Parton, NHS Technology Hub Adoption Centre Chief Executive, says: "The photodynamic diagnosis of bladder cancer is an exciting technology with the potential to deliver excellent benefits to patients. We are delighted that it has passed the very stringent criteria applied by the NHS Technology Centre to become part of the implementation programme."

To date, GE Healthcare's Hexvix (hexaminolevulinate) is the only approved product in the UK market to perform a PDD or fluorescence cystoscopy. "The company is delighted that Hexvix cystoscopy has been selected as one of the NHS projects- GE Healthcare's vision of early health is embodied by Hexvix as it helps detect more bladder cancer lesions in more patients. It is fantastic to see this technique selected for the implementation project in order to make it available to more patients," said Nigel Mason, GE Healthcare's Country Manager in the UK.

Bladder cancer is one of the most expensive cancers to treat because of its combination of long survival and intensive and costly routine monitoring and treatment due to the recurrent nature of the disease[1]. In the UK, the total cost for diagnosis, treatment and five-year follow-up of patients diagnosed with bladder cancer was 55 million GBP (2001-2002), with the majority of the cost borne by the NHS. The mean cost per patient with bladder cancer was 8349 GBP over the five years[2].

Bladder cancer is the fourth most commonly diagnosed malignancy in men and tenth among women in the UK[3]. GE Healthcare's Hexvix cystoscopy might prove to be a cost effective technique and it is hoped it can have a significant impact in the patient's quality of life. Recent analytic modeling has suggested that the use of Hexvix might reduce the economic impact of this disease.

"I have been using Hexvix for a period of time, and with it I can find and resect more bladder lesions compared to white light cystoscopy alone, which can be a significant benefit to a patient and their long term prognosis," said Mr Hugh Mustafid, Consultant Urological Surgeon to the North Hampshire Hospital.

The economic benefits of Hexvix were recently assessed in a decision analytic model reflecting practice patterns and costs in the UK. The model predicted a possible reduction of 18% in the number of cystectomies and 4.3% reduction in TURBs when Hexvix cystoscopy was compared to white light cystoscopy (WLC). Using the same modelling an increase of 211.106 disease free days (DFD) was predicted for Hexvix over a two year time horizon for more than 9.000 patients in comparison with WLC, improving quality of life for patients[4]. Whilst these data are still to be proven by clinical trials the modelling, based on expert input, is encouraging.

References

- [1]. Botteman M et al. (2003) The health economics of bladder cancer: a comprehensive review of the published literature. *Pharmacoeconomics* 21: 1315-1330
- [2]. Sanger VK, Ragavan N, Matanhelia SS, et al. The economic consequences of prostate and bladder cancer in the UK. *BJU Inter* 2005; 95:59-63.
- [3]. [Http://info.cancerresearchuk.org/cancerstats/types/bladder/incidence/#source1](http://info.cancerresearchuk.org/cancerstats/types/bladder/incidence/#source1)
- [4]. Hexvix Fluorescence Cystoscopy for non-invasive bladder cancer management: an economic model on the impact on healthcare cost in the UK. T. Zyckynski et al.