Efficacy and toxicity of half dose BCG therapy in bladder cancer

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Objective:

Bacillus Calmette–Guérin (BCG) has been successfully used as immunotherapy to treat non-muscle invasive bladder cancer (NMIBC) for more than four decades. BCG is the only intravesical agent shown to reduce the risk of progression of NMIBC to muscle-invasive disease. Unfortunately, BCG therapy is not a universal panacea and it still fails in up to 40% of patients. This prospective cohort study was designed to document efficacy and toxicity of half dose (40 mg) BCG.

Methods:

Eligibility criteria include intermediate and high-grade NMIBC and carcinoma in situ after 3 weeks of TURBT. Weekly BCG therapy (40 mg, half dose) was given for 6 weeks as induction and a weekly dose for 3 weeks at 3, 6, 9 and 12 months was given as maintenance therapy. The entire procedure was done as an outdoor procedure.

Results:

18 patients were included in the study from 2018 to 2021. All patients had T1 disease, 6 had low grade (Intermediate risk) and 12 had high grade (High risk without very high-risk features) cancer. Cystitis is the most common symptom experienced by all patients to varied extent but fortunately all are self-limiting. 2 patients had fever which subsided with paracetamol. No serious adverse effect observed in any of the 18 patients, and all were discharged on the same day of admission. After 36 months of mean follow up period, 8 patients had recurrence.

Conclusions:

BCG therapy is an effective treatment in intermediate and high-grade NMIBC and carcinoma in situ after TURBT. With half-dose of BCG the toxicity is low and the cost of treatment is just over 20$ for each session.

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