BCG Maintenance Full SWOG Course

Pro Argument

Erik P. Castle M.D., F.A.C.S.

Professor of Urology

Mayo Clinic

Department of Urology

Phoenix, AZ



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Overview

Briefly review the SWOG "Full Course" that is used

What "really happens"?

Why I think the full course is the way to go



SWOG Course

- Induction: 6 weeks
 - "connaught"

- Maintenance:
 - 3, 6, 12, 18, 24, 30, 36 months
 - Weekly for 3 weeks



SWOG Course

- No maintenance:
 - RFS 35.7mos

- Maintenance:
 - RFS 76.8 mos

- Further intervention not estimable
- 5yr OS about the same



What do I use?

- I tend to put a slight variation on the SWOG protocol
 - 18 months of q 3 months of treatment
 - Then every 6 months up to 3 years
 - Then discuss annual maintenance with the patient
- I use in all pTcis and pT1 cases for sure if possible
- HGpTa and others less frequently



What happens in the real world?

Some patients miss a dose or more

Some patients can't tolerate

 Some patients have their own ideas of what they want to do



Conventional wisdom

Really for cis and T1

 Need to get induction on board after appropriate resections and within about 3 to 4 weeks

 If a good response then that "immunomodulation" should be continued

Summary

- What are your and what are the patient goals?
 - If cancer control then you need to do the whole course
- What is the harm?
 - "BCG-osis" I honestly can't remember the last case
 - Inconvenient

As Nike said: "JUST DO IT"



Conventional wisdom

- After 18 months with no recurrence does it really matter?
 - YES

- Does it really decrease recurrences?
 - YES

- Does it matter if they have symptoms?
 - YES

