Timely Administration post-TURBT (TApT)

Quality Improvement Collaborative Details

Timely administration of IVC post TURBT is a national quality improvement (QI) project sponsored by ACS Cancer Programs beginning February 2026. The project will aid and assist programs in identifying areas for improvement in compliance related to NCDB quality measure BLCT1: For patients with low grade Ta bladder cancer undergoing transurethral resection of bladder tumor, intravesical chemotherapy is initiated within 24 hours of the procedure, or recommended.

The goal of this project is to:

- Improve the quality of cancer care and patient outcomes by accomplishing delivery of intravesical chemotherapy within 24 hours of the procedure
- Assist programs to identify root cause challenges in achieving compliance
- Develop a standardized way for programs to assess and monitor their compliance
- Identify and implement successful and sustainable solutions
- Support participating programs to achieve > a 20% increase of individual baseline

Why is this important?

Bladder cancer is the sixth most diagnosed malignancy, with most patients presenting with non–muscle-invasive disease.1,2 Management of non–muscle-invasive bladder cancer (NMIBC) is challenging due to its high recurrence rates, significant surveillance burden, and potential for progression. Multiple randomized controlled trials have demonstrated the benefits of intravesical chemotherapy (IVC) instillation following transurethral resection of bladder tumor (TURBT). 3-6 Messing et al. reported significantly lower recurrence rates in patients who received postoperative gemcitabine after TURBT for suspected low-grade NMIBC.3

Similar findings have been observed in other RCTs evaluating epirubicin and mitomycin. 4-6 A 2013 meta-analysis reported a 13% reduction in recurrence, while another found that a single postoperative dose of IVC prolonged the recurrence-free interval by 38% and resulted in a 12% reduction in early cancer recurrence.7,8 Given the robust Level 1 evidence supporting the use of single-dose intravesical chemotherapy after TURBT, major cancer care organizations—including the American Urological Association (AUA) and the National Comprehensive Cancer Network (NCCN)—recommend routine postoperative instillation of IVC in appropriately selected patients.9,10

Despite strong evidence and guideline recommendations, compliance rates among urologists remain low, ranging from 0.33% to 28.4%.11-13 The reasons for this low compliance are multifactorial; however, one study identified workflow implementation issues and provider concerns regarding toxicity as key contributing factors.14 Efforts to increase utilization are ongoing, with the American College of Surgeons' Commission on Cancer (CoC) designating the administration of intravesical chemotherapy after TURBT as a CoC Quality Measure (QM). The establishment of postop chemo after TURBT as a CoC QM presents an opportunity that this activity is now abstracted at all CoC institutions (~70% of cancer care in the US) as part of their required tumor registrar infrastructure and available through NCDB as well as within institutional Cancer Committees.

Who should participate?

Programs interested in improving systems and workflows and want to implement innovative solutions in addressing quality measure BLCT1.

- Programs must have a pharmacy on site or access and ability to provide intravesical chemotherapy instillation with gemcitabine or mitomycin.
- Programs must have completed at least 10 TURBT procedures in the 2024 calendar year
- Programs must be willing to review and submit TURBT cases and enter them into REDCap database every 90 days.
    - NOTE: RCRS via your cancer registry software is no longer required. Due to limitations of capturing recurrence and other specific elements for TURBT cases, this project will exclusively use REDCap to collect case details surrounding these procedures.

We strongly recommend you form a core QI team that fulfills the following roles:

- Physician champion: Physician with knowledge of the project that acts as a conduit between the QI team and leadership, urologist, and pharmacy
- Clinician project leader: supports the day-to-day activities of the QI project. Communicates project status with internal and external stakeholders.
- Oncology Data Specialists or similar: a dedicated person to analyze, interpret, and submit data
- Nursing staff member: may provide support pre or post op and understands communication channels
- Pharmacy team member: familiar with chemotherapy drugs used in intravesical administration

*Note: one person may serve in more than one role, but a minimum of 3 people on the core QI team is required.

What will you do?

Step 1: Present project to cancer committee. Receive signature of support from the Cancer Committee and urologist (if available) (template available). Form a core QI team as described above and discuss participation with cancer committee.

Step 2: Conduct a root cause analysis and current state process map. Resources for completing a root cause analysis will be shared and discussed on collaborative webinars.

Step 3: Join group calls to share challenges, innovations, and learn from peers.

Step 4: Submit details on TURBT procedures via REDCap. Respond to pre/mid/post questionnaires (sent to Primary contact via REDCap) related to root causes, implementation strategies, and tests of change

	Eligible Patients	Data Due
Baseline	March 1-May 31 2024	March 30
Collection 2	March 1-May 31, 2026	June 30
Collection 3	June 1-August 31, 2026	Sept 30
Collection 4	Sept 1-Nov 2026	Dec 31

Step 5: Develop and implement an intervention plan to test improvement in post TURBT IVC compliance. Annotate where/when interventions were implemented and how that impacted program's compliance

Step 6: Meaningfully participate and engage in the QI project. Over the course of the yearlong QI project, you will be submitting data (see below) and it is strongly recommended you participate in webinars and group calls.

What data will be collected?

This project will use REDCap to collect survey information on root causes, barriers, programmatic resources, implementation interventions, and satisfaction. Programs will also have the opportunity to provide written feedback, or ask questions to be addressed on future calls. These surveys will be sent to the primary contact 30-60 days before they are due. A PDF of the survey will also be attached to the link.
Pre/mid/post survey*: Collected via REDCap due April 30, August 31, December 31*

This project will also collect deidentified patient level data entered individually into REDCap (***Patient Measures****: Collected Quarterly (March 31, June 30, September 30, and December 3, 2026)*

Measure	Measure Abbreviation
For patients with low grade Ta bladder cancer undergoing transurethral resection of bladder tumor, intravesical chemotherapy* is initiated within 24 hours of the procedure, or recommended. *chemotherapy within 24 hours of the transurethral resection assumed to be intravesical however the NCDB does not differentiate this from systemic chemotherapy	BLCT1

Note: No PHI will be collected.
Note: Please view the FAQ on the project website for questions related to inclusion and exclusion.

What is the benefit of participating?

- Access to asynchronous learning materials, didactic webinars, and one on one coaching and technical assistance, as needed.
- Data submissions to aggregate and benchmark program progress against aggregate project benchmark
- Collaborate and network with peer programs and national leaders
- Earn credit for CoC standards 7.2, 7.3 in calendar year 2026
- Improve quality measure BLCT1
- Opportunity to showcase innovations and learnings at future ACS conferences

Timeline and Important dates

Date	Event
November 14, 2025 11am CT	Informational webinar, Intent to participate survey opens (via project website)
Feb 15, 2026	Intent to participate survey support due (HERE)
March 13, 2026 11am CT	**Collaborative call** Overview of project The science and evidence behind BLCT1 QI and process mapping, root cause case study
March 31	Baseline Collection data due (eligible patients March 1-May 31, 2024)
April 30	Pre-Survey due (sent via REDCap to primary contact) Letter of Support DUE with first REDCap Survey; template on project website Data submission examples and case study videos released
March-May	Programs complete process map, identify root causes
June 30	Collection 2 data due (eligible patients March 1- May 31 2026)
June-August	Programs develop interventions based on root cause; develop a future state map
August 14, 2026 11am CT	**Collaborative call 2**
August 31	Mid Year survey due (sent via REDCap to primary contact)
September 30	Collection 3 data due (eligible patients June 1-August 31, 2026)
September-November	Programs implement interventions
November 13, 2026	**Collaborative Call 3**
December 31	Collection 4 data due (eligible patients Sept 1-Nov 30, 2026) Final Survey Due

Optional and as needed “office hours” will be offered

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