



MIDCENTRAL DISTRICT HEALTH BOARD

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Jack Whitehead

E-mail: fyi-request-15016-b9556ce6@requests.fyi.org.nz

Dear Jack

Your feedback regarding our response to your OIA in which you have requested a count of T2-T3 bladder cancers treated with TURBT (transurethral resection) is acknowledged.

You have advised that you want us to ask the four Urologists that were on staff in 2016 for their individual count.

We have spoken to the four Urologists and can confirm that their response is "100 percent", as all patients with bladder cancer are treated with TURBT which would see the full resection of the bladder cancer, not just a biopsy.

All patients staged as "probable T2 or T3" (or indeed T1 or T4) on imaging criteria should routinely undergo resection as part of their diagnosis, staging and treatment. This is unless they are considered unfit for anaesthesia or, in exceedingly rare circumstances, where the diagnosis was obtained by other means (cytology) and the imaging/clinical staging is considered irrelevant or beyond doubt (a massive high grade tumour involving the majority of the urothelial surface). Even in such rare cases, the decision to depart from standard management (for example; to proceed to cystectomy without prior TURBT) would almost always have been discussed by an appropriately constituted Uro Oncology Multidisciplinary team.

Please note that this response, or an edited version of this response, may be published on the MidCentral DHB website 10 working days after your receipt of this response.

Yours sincerely

Lyn Horgan
Operations Executive
Acute & Elective Specialist Services

