

Less intense follow-up in patients with intermediate-risk non-muscle invasive bladder cancer

Submission date 18/04/2024	Recruitment status Not yet recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 29/05/2024	Overall study status Ongoing	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
Last Edited 03/03/2026	Condition category Cancer	<input type="checkbox"/> Individual participant data <input checked="" type="checkbox"/> Record updated in last year

Plain English summary of protocol

Background and study aims

To prospectively investigate if a less intense follow-up schedule during the first 24 months for patients with primary or recurrent intermediate risk non-muscle invasive bladder cancer (NMIBC) after a negative first cystoscopy after transurethral resection of bladder (TURB) and adjuvant instillations have non-inferior oncologic outcomes defined as a proportion of patients with maximal diameter above 12 mm at recurrence. Additionally, the study aims to investigate if point-of-care use of urine tests in the de-escalated intervention arm is of value in this context.

Who can participate?

Patients with primary or recurrent intermediate-risk NMIBC

What does the study involve?

The study tests if it is safe to follow patients with NMIBC with less frequent endoscopic controls where we patients are allocated to a less intense follow-up protocol compared to the current standard which is every six months.

What are the possible benefits and risks of participating?

The benefit of participating is a 50% chance of having two instead of four cystoscopies during 2 years of observation of the disease.

The risks are related to slightly larger tumours at detection in the intervention group with less intense follow-up, although this will not affect the disease course over time.

Where is the study run from?

Skåne University Hospital (Sweden)

When is the study starting and how long is it expected to run for?

December 2023 to February 2029

Who is funding the study?
Skåne University Hospital (Sweden)

Who is the main contact?
Fredrik Liedberg, fredrik.liedberg@med.lu.se

Contact information

Type(s)

Public, Scientific, Principal investigator

Contact name

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Additional identifiers

Study information

Scientific Title

De-escalated Follow-up in Intermediate-Risk NMIBC Gain Resources – a prospective randomized trial

Acronym

SIGRID

Study objectives

Less intense follow-up is non-inferior to the current guideline recommendations.

Ethics approval required

Ethics approval required

Ethics approval(s)

approved 13/03/2024, The Swedish Ethical Review Authority (Box 2110, Uppsala, SE-75002, Sweden; +46-10-475 08 00; registrator@etikprovning.se), ref: Dnr 2024-00076-01

Study design

Randomized controlled trial

Primary study design

Interventional

Study type(s)

Other

Health condition(s) or problem(s) studied

Bladder cancer

Interventions

The study involves patients with intermediate-risk non-muscle invasive bladder cancer with normal first follow-up cystoscopy. The intervention is de-escalated follow-up, to decrease the burden of follow-up for patients and healthcare. Randomisation will be performed in RedCap.

Intervention Type

Procedure/Surgery

Primary outcome(s)

The proportion of patients with a recurrent tumour above 12 mm measured using endoscopy in mm in relation biopsy forceps at 6, 12, 18 and 24 months

Key secondary outcome(s)

1. Health-related quality of life (HRQoL) measured using the EORTC Core Quality of Life questionnaire (EORTC QLQ-C30)-non-muscle-invasive bladder cancer 24 (NMIBC24) at 12 and 24 months
2. Incremental cost-effectiveness ratio (ICER) = total cost divided by gain in quality-adjusted life years (QALYs) for the less intense follow-up schedule measured using the EQ-5D-5L at 12 and 24 months
3. Proportion positive urine test at least one visit before recurrence measured using a tumour test applied on urine samples at 6, 12, 18 and 24 months
4. Rate of recurrence measured in medical record using the proportion with recurrent disease at 6, 12, 18 and 24 months
5. Rate of progression measured using a pathological assessment of recurrent tumours at 6, 12, 18 and 24 months
6. Number of cystoscopies examinations recorded in medical notes at 24 months

Completion date

01/02/2029

Eligibility

Key inclusion criteria

Primary or recurrent intermediate risk NMIBC

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Sex

All

Total final enrolment

0

Key exclusion criteria

1. Undergoing treatment for any other active malignancy
2. Previous pelvic radiotherapy
3. Pregnancy

Date of first enrolment

01/07/2026

Date of final enrolment

01/02/2028

Locations**Countries of recruitment**

Sweden

Study participating centre

Skåne University Hospital, Dept. of Urology

Jan Waldenströmsgata 5

Malmö

Sweden

SE-205 02

Sponsor information**Organisation**

Skåne University Hospital

ROR

<https://ror.org/02z31g829>

Funder(s)**Funder type**

University/education

Funder Name

Skånes universitetssjukhus

Alternative Name(s)

Skåne University Hospital, SUS

Funding Body Type

Private sector organisation

Funding Body Subtype

Other non-profit organizations

Location

Sweden

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not expected to be made available