**Study Summary**

# Narrow Band Imaging Versus White Light Cystoscopy Alone for Transurethral Resection of Non-Muscle Invasive Bladder Cancer

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## Conclusion

NBI with white light cystoscopy-guided transurethral resection of bladder tumor (WLC TURBT) may lower the risk of disease recurrence over time in comparison to WLC TURBT alone, with little or no effect on the risks of adverse events.

## Objective and Indication

To compare outcomes between NBI-WLC-guided TURBT and WLC- guided TURBT for treatment of non-muscle invasive bladder cancer (NMIBC).

## Design & Methods

- Comprehensive literature search (10 databases) with selection of randomized controlled trials.
- Conduction of meta-analysis on time-to-event and dichotomous data according to Cochrane methods.
- Primary outcomes: time to recurrence, time to progression, occurrence of a major adverse event.
- Secondary outcomes: time to death from bladder cancer, occurrence of minor adverse event.

## Results

- Eight studies with 2152 patients were included; 1847 patients were analysed.
- Limited confidence in time-to-event data: NBI + WLC TURBT may lower the risk of disease recurrence over time vs. WLC TURBT (hazard ratio 0.63, 95% CI 0.45 to 0.89; I2 = 53%; 6 studies, 1244 participants; low certainty of evidence).
- No evidence was found for disease progression as a time-to-event outcome or a dichotomous outcome.
- Little to no difference was found in the risk of a major adverse event between both groups (risk ratio 1.77, 95% CI 0.79 to 3.96; 4 studies, 1385 participants; low certainty of evidence)
- No evidence was found on death from bladder cancer as a time-to-event outcome or a dichotomous outcome.
- Little to no difference was found in the risk of a minor adverse event between both groups (risk ratio 0.88, 95% CI 0.49 to 1.56; I2 = 61%; 4 studies, 1385 participants; low certainty of evidence).

## Key Findings

- Based on a limited amount of available data, use of NBI may lower the risk of disease recurrence over time.
- Usage of NBI may have little or no increased risk of complications vs. WLC.



OLYMPUS MEDICAL SYSTEMS CORP.
2951 Ishikawa-cho, Hachioji-shi, Tokyo 192-8507, Japan
www.olympus-global.com

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