



MIDCENTRAL DISTRICT HEALTH BOARD

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28 May 2021

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.

I would like to firstly take the opportunity to apologise to you for what you perceive as us refusing to provide you with the information you have requested. Please be assured that this is not the case.

We have continued to work with our Data Quality team to provide the numbers you have requested. The challenge is that MidCentral DHB replaced its patient management system in 2017, which requires us having to manually search our old system, along with data from the Regional Cancer system.

Our Data Quality team has found that there were 60 TURBTs for 2016 (T2-T3 bladder cancers). Due to the difficulty in retrieving this information, it is possible that the number may be more than 60, but we can say with certainty that it would not be less.

As stated in our response of 12 May 2021; we have spoken to the four Urologists and can confirm that their response is "100 percent" of T2-T3 bladder cancers were treated with TURBT, as all patients with bladder cancer are treated with TURBT which would see the full resection of the bladder cancer, not just a biopsy. In other words, 60 (or more) bladder cancers were treated with TURBT in 2016.

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).

Operations Executive, Acute & Elective Specialist Services

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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.

Any other information about the number of T2-T3 bladder cancers treated with TURBT in 2016 cannot be made available without substantial collation and review, and accordingly cannot be provided pursuant to section 18(f) of the Official Information Act 1982. We have considered fixing a charge or extending the timeframe for responding, but do not consider that these measures would enable any additional information to be provided. You have the right to complain to the Ombudsman about this decision; please see <https://www.ombudsman.parliament.nz/get-help-public>

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

A handwritten signature in black ink, appearing to read 'Lyn Horgan', with a stylized flourish at the end.

Lyn Horgan
Operations Executive
Acute & Elective Specialist Services