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The Cancer Control Challenge:
Better Understanding It to Better Face It

EVALUATION OF THE EFFECTIVENESS OF ENDOSCOPIC BLADDER RESECTION: A COMPARISON OF CLINICAL OUTCOMES AMONG PATIENTS WITH MALIGNANT BLADDER NEOPLASM

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Introduction: Bladder cancer is a urological malignancy with high incidence and recurrence rates. Transurethral resection of the bladder (TURB) is the main therapeutic procedure for non-muscle invasive bladder tumors, characterized by the absence of invasion into the bladder muscle layer. In addition to its therapeutic role, TURB is essential for the initial staging of the disease. Despite being widelyperformed, its effectiveness in terms of population clinical outcomes, such as mortality and hospitalizations, still lacks systematic evaluation in the Brazilian context. **Objectives:** To evaluate the effectiveness of transurethral resection in bladder cancer patients by analyzing the correlation between the number of endoscopic resections of bladder tumors, hospitalizations, and deaths from bladder neoplasms in Brazil between 2020 and 2023. **Methods:** This is an ecological study based on secondary data extracted from the public database TABNET/DATASUS, covering the period from 2020 to 2023. Three annual variables were analyzed: the number of endoscopic resections of bladder tumors, the number of hospitalizations for malignant bladder neoplasms, and the number of deaths due to malignant bladder neoplasms. The association between these variables was assessed using Pearson correlation (linear association) and Spearman correlation (monotonic association). **Results:** A strong positive correlation was observed between the evaluated indicators. The Pearson correlation between resections and deaths was 0.9989, between resections and hospitalizations was 0.9987, and between hospitalizations and deaths was 0.9999. The Spearman coefficients were 1.0 in all comparisons. These findings suggest a parallel behavior between the three indicators, with a simultaneous increase from 2020 to 2023. The high correlation between endoscopic resections, hospitalizations, and deaths from bladder câncer suggests that TURB, although widely performed, has been applied in contexts of high disease burden, often associated with late-stage diagnoses, which limits its isolated impact on mortality reduction. **Conclusion:** Therefore, the data emphasize

the need for complementary strategies such as screening programs, early diagnosis, and rigorous follow-up to enhance the benefits of TURB in the management of bladder cancer.

Keywords: Clinical outcomes; endoscopic urethral resection of the bladder; bladder malignant neoplasm.