

newly diagnosed MIBC. Patients were still being referred for cystectomies, however few were performed. Radiation as curative and palliative intent continued. Of the 5 regional cancer centres, only 1 continued with cystectomies as normal, whereas 2 performed the procedure on a case-by-case basis, and the procedure was delayed/deferred in the other 2 centres.

Conclusions: Diagnostics, and definitive management of bladder cancer has been severely affected by COVID-19. In particular, deferred intravesical BCG and delayed radical treatment can have a dire impact on the long-term outcomes of the patients presenting during the pandemic.

545 Assessing the Impact Of COVID-19 On the Diagnosis and Management of Bladder Cancer in The United Kingdom – The West Midlands Experience

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Introduction: The British Association of Urological Surgeons (BAUS) issued an interim strategy for the management of bladder cancer as a contingency measure during the COVID-19 pandemic. We aim to assess the actual implementation of these recommendations and deviation from the standard of care in the West Midlands.

Method: A questionnaire was devised and sent to bladder cancer leads of 12 NHS Trusts in the region in June 2020. Responses were analysed and compared with the BAUS COVID-19 strategy.

Results: 11 centres were aware of the BAUS COVID-19 strategy. 2 centres were offering teleconsultations only for 2-week-wait referrals, and 6 centres had changed their practice for non-visible haematuria referrals. All centres were offering TURBTs for new and high-risk tumours. 8 centres had clear MDT documentation of NICE risk-stratifications of all bladder tumours and 10 centres were also documenting any changes in treatment. Only 7 centres continued to give BCG to newly diagnosed NMIBC. All centres continued with staging CT for