Survivorship – Bladder / Ureter / Renal Pelvis Cancer

Bladder cancer 5 or more years after completion of treatment and NED (Patients with suspected or confirmed non muscle invasive bladder cancer are excluded from this algorithm)

### Years 5-10
- **Annually:**
  - History & physical exam
  - CMP, LDH, CBC with differential, and vitamin B12
  - Urine cytology
  - Chest x-ray
  - CT abdomen and pelvis with contrast or ultrasound abdomen every 2 years

- **Renal insufficiency**
- **Ostomy or continence issues**
- **Sexual health**

### Years 11-20
- **Annually:**
  - History & physical exam
  - BUN, creatinine, and vitamin B12
  - Urine cytology
  - Chest x-ray
  - CT abdomen and pelvis or ultrasound renal as clinically indicated

### New primary or recurrent disease?
- **Yes**
  - Return to primary treating physician
  - **Primary Oncologist** to discuss Goal Concordant Care (GCC) with patient, or if clinically indicated, with Patient Representative

- **No**
  - Continue survivorship monitoring

### Eligibility

### Concurrent Components of Visit

### Surveillance

### Monitoring for Late Effects

### Risk Reduction/Early Detection

### Psychosocial Functioning

### Patient education, counseling, and screening:
- Lifestyle risk assessment
- Cancer screening
- HPV vaccination as clinically indicated (see HPV Vaccination algorithm)
- Screening for Hepatitis B and C as clinically indicated [see Hepatitis B Virus (HBV) Screening and Management and Hepatitis C Virus (HCV) Screening algorithms]
- Consider cardiovascular risk reduction
- Vaccinations as appropriate

### Assess for:
- Distress management (see Distress Screening and Psychosocial Management algorithm)
- Body image
- Financial stressors
- Social support

### Disclaimer:
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### Department of Clinical Effectiveness V9
Approved by the Executive Committee of the Medical Staff on 01/16/2024

1. See [Physical Activity, Nutrition, and Tobacco Cessation Treatment algorithms](#); ongoing reassessment of lifestyle risks should be a part of routine clinical practice.
2. Includes breast, cervical (if appropriate), colorectal, liver, lung, pancreatic, prostate, and skin cancer screening.
3. Consider use of Vanderbilt’s ABCDE’s approach to cardiovascular health.
4. Based on [Centers for Disease Control and Prevention (CDC) guidelines](#).
SUGGESTED READINGS


MD Anderson Institutional Policy #CLN1202 - Advance Care Planning Policy. Advance Care Planning (ACP) Conversation Workflow (ATT1925)


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This survivorship algorithm is based on majority expert opinion of the Genitourinary Survivorship workgroup at The University of Texas MD Anderson Cancer Center. It was developed using a multidisciplinary approach that included input from the following:

**Core Development Team Leads**

Ashish M. Kamat, MD (Urology)

**Workgroup Members**

Olga N. Fleckenstein, BS*
Katherine Gilmore, MPH (Cancer Survivorship)
William Graber, MD (Urology)
Thoa Kazantsev, MSN, RN, OCN*
Deborah A. Kuban, MD (Radiation Oncology)
Christopher Logothetis, MD (Genitourinary Medical Oncology)
William E. Osai, MSN, RN, FNP (Genitourinary Medical Oncology)
Michael Roth, MD (Pediatrics - Patient Care)
Raghu Vikram, MD (Abdominal Imaging)

* Clinical Effectiveness Development Team

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