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ELIGIBILITY

CONCURRENT COMPONENTS OF VISIT

DISPOSITION

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)

SURVEILLANCE

- | | |
|--|---|
| Years 5-10 <ul style="list-style-type: none"> Annually: <ul style="list-style-type: none"> History & physical exam CMP, LDH, CBC with differential, and vitamin B12¹ Urine cytology Chest x-ray CT abdomen and pelvis with contrast or ultrasound abdomen every 2 years | Years 11-20 <ul style="list-style-type: none"> Annually: <ul style="list-style-type: none"> History & physical exam BUN, creatinine, and vitamin B12¹ 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
- No → Continue survivorship monitoring

MONITORING FOR LATE EFFECTS

- Renal insufficiency
- Ostomy or continence issues
- Sexual health

RISK REDUCTION/EARLY DETECTION

- Patient education, counseling, and screening:
- Lifestyle risk assessment²
 - Cancer screening³
 - HPV vaccination as clinically indicated (see [HPV Vaccination algorithm](#))
 - Screening for Hepatitis B and C as clinically indicated (see [Hepatitis Screening and Management – HBV algorithm](#))
 - Consider cardiovascular risk reduction⁴
 - Vaccinations⁵ as appropriate

Refer or consult as indicated

PSYCHOSOCIAL FUNCTIONING

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

NED = no evidence of disease
 CMP = complete metabolic panel
 LDH = lactate dehydrogenase

¹ Obtain if patient has continent diversion
² See [Physical Activity, Nutrition](#), and [Tobacco Cessation](#) algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice
³ Includes [breast](#), [cervical](#) (if appropriate), [colorectal](#), [liver](#), [lung](#), [pancreatic](#), [prostate](#), and [skin cancer screening](#)
⁴ Consider use of Vanderbilt's [ABCDE's approach to cardiovascular health](#)
⁵ Based on [Centers for Disease Control and Prevention \(CDC\) guidelines](#)

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SUGGESTED READINGS

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DEVELOPMENT CREDITS

This survivorship algorithm is based 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:

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