Survivorship – Bladder / Ureter / Renal Pelvis Cancer

Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson’s specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient’s care. This algorithm should not be used to treat pregnant women.

**ELIGIBILITY**

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

**CONCURRENT COMPONENTS OF VISIT**

- Physical exam with each visit
- Years 5-10:
  - BUN, creatinine annually (if patient has continent diversion, obtain vitamin B12 level annually)
  - Urine cytology annually
  - Chest x-ray annually
  - IVP every 2 years (alternate with CT urogram if clinically indicated)
- Years 11-20:
  - BUN, creatinine annually (if patient has continent diversion, obtain vitamin B12 level annually)
  - Urine cytology annually
  - Chest x-ray annually

**SURVEILLANCE**

**MONITORING FOR LATE EFFECTS**

- Renal insufficiency
- Ostomy or continence issues
- Sexual health

- 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 Screening and Management – HBV and HCV Algorithm)
  - Consider cardiovascular risk reduction
  - Vaccinations as appropriate

**RISK REDUCTION/EARLY DETECTION**

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

**PSYCHOSOCIAL FUNCTIONING**

**DISPOSITION**

- New primary or recurrent disease?
  - Yes: Refer or consult as indicated
  - No: Return to primary treating physician
  - Continue survivorship visits

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**NED** = no evidence of disease  
**IVP** = intravenous pyelogram

1 See Physical Activity, Nutrition, and Tobacco Cessation 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

Department of Clinical Effectiveness V6
Approved by the Executive Committee of the Medical Staff on 04/24/2018
SUGGESTED READINGS

European Society for Medical Oncology. ESMO minimum clinical recommendations for diagnosis, treatment, and follow-up of invasive bladder cancer. Annals of Oncology; 16 (supp): i43-i44.
Stephenson AJ. The role of radical cystectomy and bladder-sparing treatments for patients with bladder cancer. Up To Date, June 25, 2009
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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