Survivorship – Bladder / Ureter / Renal Pelvis Cancer

This cancer survivorship algorithm has been specifically developed for MD Anderson using a multidisciplinary approach and taking into consideration circumstances particular to MD Anderson, including the following: MD Anderson’s specific patient population; MD Anderson’s services and structure; and MD Anderson’s clinical information. This algorithm is provided as informational purposes only and is not intended to replace the independent medical or professional judgment of physicians or other health care providers.

**ELIGIBILITY**

- Bladder Cancer
- 5 or more years after completion of treatment and NED\(^1\)
- (Exclusion: Superficial Bladder Cancer)

**CONCURRENT COMPONENTS OF SURVIVORSHIP VISIT**

- Physical exam with each visit
- Years 5-10:
  - BUN, creatinine annually (If continent diversion: 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 continent diversion: vitamin B12 level annually.)
  - Urine cytology annually
  - Chest X-ray annually

**SURVEILLANCE**

- BUN, creatinine annually (If continent diversion: vitamin B12 level annually.)
- Urine cytology annually
- Chest X-ray annually
- IVP every 2 years (alternate with CT Urogram if clinically indicated)

**MONITORING FOR LATE EFFECTS**

- Renal insufficiency
- Ostomy or continence issues
- Sexual health

**RISK REDUCTION/EARLY DETECTION**

- Colorectal cancer screening (See Colorectal Cancer Screening Algorithm)
- Prostate cancer screening\(^2\) for men
- Breast cancer screening (See Breast Cancer Screening Algorithm) for women
- Gynecologic cancer screening (See Cervical Cancer Screening Algorithm) for women
- Diet/weight management counseling
- Exercise/activity
- Tobacco cessation counseling
- Sun exposure/skin cancer screening if indicated

**PSYCHOSOCIAL FUNCTIONING**

- Distress
- Financial stressors
- Body image
- Social support

**DISPOSITION**

- New primary or recurrent disease?
  - Yes
    - Return to primary treating physician
  - No
    - Continue survivorship visits

\(^1\) NED = No evidence of Disease
\(^2\) Beginning at age 50 (45 for family history and/or African American) until age 75.

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 [http://www.utdol.com/online/content/topic.do?topicKey=gucancer/7627]

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DEVELOPMENT CREDITS

This practice algorithm is based on literature review conducted by the Genitourinary Survivorship Committee, and majority expert opinion of the Genitourinary Center Faculty at The University of Texas MD Anderson Cancer Center. Core committee team members include:

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