THE UNIVERSITY OF TEXAS MD Anderson Cancer Center
Making Cancer History®

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)

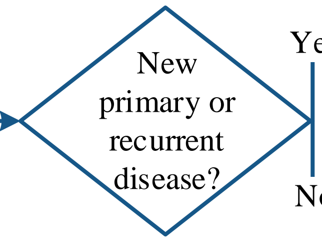
CONCURRENT COMPONENTS OF VISIT

SURVEILLANCE

Years 5-10
- Annually:
  - Physical exam
  - CMP, LDH, CBC with differential, and vitamin B12[1]
  - Urine cytology
  - Chest x-ray
- CT abdomen and pelvis with contrast or ultrasound abdomen every 2 years

Years 11-20
- Annually:
  - Physical exam
  - BUN, creatinine, and vitamin B12[1]
  - 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

→ Refer or consult as indicated

RISK REDUCTION/ EARLY DETECTION

Patient education, counseling, and screening:
- Lifestyle risk assessment[2]
- Cancer screening[3]
- 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[4]
- Vaccinations[5] 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

→ Refer or consult as indicated

DISPOSITION

- Return to primary treating physician
- Continue survivorship monitoring
- Refer or consult as indicated

NED = no evidence of disease
CMP = complete metabolic panel

[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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