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BLADDER CANCER SURVEILLANCE AFTER CYSTECTOMY

After surgery, patients need to be followed closely to assess for recurrence. Bladder cancer may come back in 30 to 40% of patients within five years. Most recurrences are within the first two years of surgery but it can come back years later. Return of cancer in the area of surgery is most common early on. After one year, recurrences are most common in belly organs (27%), bone (16%) and in the kidney area (16%).

Below is our protocol for follow up or surveillance of bladder cancer based on the National Comprehensive Cancer Network Guidelines.

History and **physical exam**: At each visit.

Blood work: Liver Function Tests (LFTs), creatinine with estimated Glomerular Filtration Rate (eGFR) and electrolytes every 3-6 months for two years then as clinically indicated.

Nephrology consult if kidney function worsens.

Urine cytology: The urine should be checked for cancer cells every 3-6 months for two years, then as clinically indicated.

Urethral wash cytology: Every 6-12 months.
Cells are collected from the urethra (bladder tube) by placing a catheter in the urethra and flushing with saline to collect urethral cells. This wash is checked for cancer cells.
This is particularly important if precancerous areas (carcinoma in situ) were found in the bladder or prostatic urethra.

Chest imaging: Chest x-ray or chest CT every 3-6 months for two years based on risk of recurrence, then as clinically indicated.

Abdominal scan: Imaging (ultrasound, CT or MRI) of the upper tracts, abdomen and pelvis every 3-6 months for two years based of risk of recurrence, then as clinically indicated.

References
1. Wheat JC and Lee CT. Contemporary management of muscle invasive bladder cancer. AUA Update Series 2010, Lesson 34, Volume 29. American Urological Association, Education and Research, Inc., Linthicum MD.
2. Bladder Cancer. National Comprehensive Cancer Network Clinical Practice Guidelines in Oncology. Version 1.2014