2015
NCCN GUIDELINES REVIEW
BLADDER CANCER CASE REVIEW 2014

STUDY TOPIC: Adherence to National Comprehensive Cancer Network (NCCN) and National Cancer Data Base (NCDB) Guidelines for noninvasive bladder cancer. Evaluate if patients with non-invasive urothelial cell carcinoma of the bladder had imaging of the upper tract collecting system by either IVP, CT scan, renal ultrasound, ureteroscopy or MR urogram

OBJECTIVE: To ensure appropriate workup of non-invasive bladder cancer for treatment planning in accordance with NCCN guidelines.

MEASUREMENT: 2014 cases

METHOD: Retrospective chart and abstract review. A total of 6 analytical cases were reviewed.

RESULTS:

CASE	MRN	STAGE AT DIAGNOSIS	PRIMARY EVALUATION/SURGICAL TREATMENT	IMIAGING OF UPPER TRACT COLLECTING SYSTEM	MET GUIDELINE
1	000799577	0A	8/5/14 cystoscopy w/TURBT showed low grade non-invasive transitional cell carcinoma.	Renal US and CT Abdomen/Pelvis	**Yes**
2	005060314	0A	4/14/14 cystoscopy w/TURBT showed high-grade non-invasive papillary urothelial carcinoma.	Renal US and CT Abdomen/Pelvis	**Yes**
3	300089075	0A	7/2/14 Cystoscopy 7/9/14 TURBT showed non-invasive papillary urothelial carcinoma low-grade.	CT Abdomen/Pelvis	**Yes**
4	220930838	0A	11/10/14 Cystoscopy 11/26/14 Cystoscopy with fulguration of bladder tumor showed non-invasive low-grade papillary transitional cell carcinoma.	Renal US	**Yes**
5	008656027	0A	12/2/14 TURBT showed non-invasive papillary urothelial carcinoma high-grade.	CT Abdomen/Pelvis	**Yes**
6	300082336	0A	12/15/14 Cystoscopy 2/9/15 TURBT showed non-invasive papillary urothelial carcinoma, low-grade	Renal US	**Yes**

CONCLUSIONS: All 6 noninvasive bladder cases were adherent to this NCCN workup guideline with either CT scanning and/or renal ultrasound

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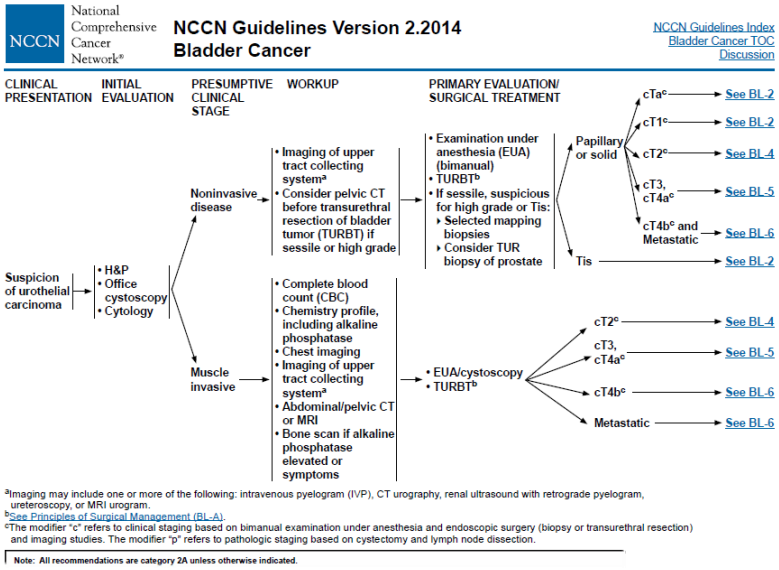
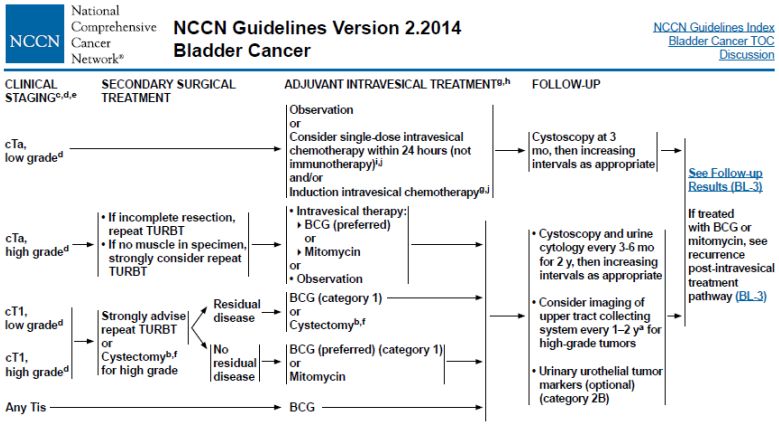


[a]Imaging may include one or more of the following: intravenous pyelogram (IVP), CT urography, renal ultrasound with retrograde pyelogram, ureteroscopy, or MRI urogram.
[b]See Principles of Surgical Management (BL-A).
[c]The modifier "c" refers to clinical staging based on bimanual examination under anesthesia and endoscopic surgery (biopsy or transurethral resection) and imaging studies. The modifier "p" refers to pathologic staging based on cystectomy and lymph node dissection.

Note: All recommendations are category 2A unless otherwise indicated.



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[d]Montironi R, Lopez-Beltran A. The 2004 WHO classification of bladder tumors: A summary and commentary. Int J Surg Pathol 2005;13:143-153.
See Principles of Pathology Management (BL-B).
[e]See Probability of Recurrence and Progression (BL-C) and Non-Urothelial Cell Carcinoma of the Bladder (BL-D).
[f]See Follow-Up After Cystectomy and Bladder Preservation (BL-E).
[g]Indications for adjuvant therapy: Based on probability of recurrence and progression to muscle-invasive disease, such as size, number, and grade.
[h]See Principles of Intravesical Treatment (BL-F).
[i]Immediate intravesical chemotherapy, not immunotherapy, may decrease recurrence.
[j]Although there is no intravesical chemotherapy standard for cTa low grade, mitomycin is most commonly used.

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