Superficial Bladder Cancer Follow-Up Protocol Urologic Oncology

Patients with a history of Ta, T1, or CIS urothelial cancer of the bladder should undergo the following schedule as a general rule:
- Cystoscopy every 3 months for two years followed by
- Cystoscopy every 6 months for two years followed by
- Annual cystoscopy indefinitely
- Cytology is sent as part of each cystoscopy
- For any recurrence, patients start again at 3 month cystoscopy above
- For every recurrence CT IVP should also be obtained
- For patients with high risk disease (CIS, T1, or high grade) patient are generally treated with intravesical treatments to decrease recurrence. The general schedule for this is once weekly for 6 weeks at first diagnosis followed by once weekly for 3 weeks after the first 3-month cystoscopy, then once weekly for 3 weeks every 6 months for a total of 3 years after negative cystoscopy around the same time. In general patients need to wait until bleeding has subsided before starting intravesical therapy after a biopsy (average 2-6 weeks)

Adapted from AUA guidelines
(https://www.auanet.org/education/guidelines/bladder-cancer.cfm)
References
43. Dalbagni G, Herr HW and Reuter VE: Impact of a second transurethral
resection on the staging of T1 bladder cancer. Urology 2002; 60: 822.
63. Fitzpatrick JM, West AB, Butler MR, Lane V and O'Flynn JD: Superficial bladder tumors (stage pTa, grades 1 and 2): the importance of recurrence pattern following initial resection. J Urol 1986; 135: 920.
78. Sylvester RJ, Oosterlinck W and van der Meijden AP: A single immediate postoperative instillation of chemotherapy decreases the risk of recurrence in


90. Torti FM, Shortliffe LD, Williams RD, Pitts WC, Kemspom RL, Ross JC et al:


112. Martinez-Pineiro JA, Martinez-Pineiro L, Solsona E, Rodrigues RH, Gomez JM, Martin MG et al: Has a 3-fold decreased dose of bacillus Calmette-Guerin the
same efficacy against recurrences and progression of T1G3 and Tis bladder
tumors than the standard dose? Results of a prospective randomized trial. J Urol
2005; 174: 1242.
113. Mugiya S, Ozono S, Nagata M, Takayama T, Ito T, Maruyama S et al: Long-
term outcome of a low-dose intravesical bacillus Calmette-Guerin therapy for
carcinoma in situ of the bladder: results after six successive instillations of 40 mg
114. Han RF and Pan JG: Can intravesical bacillus Calmette-Guerin reduce
recurrence in patients with superficial bladder cancer? A meta-analysis of
115. The effect of intravesical thiotepa on tumour recurrence after endoscopic
treatment of newly diagnosed superficial bladder cancer. A further report with
long-term follow-up of a Medical Research Council randomized trial. Medical
Research Council Working Party on Urological Cancer, Subgroup on Superficial
116. Au JL, Badalament RA, Wientjes MG, Young DC, Warner JA, Venema PL et al:
Methods to improve efficacy of intravesical mitomycin C: results of a randomized
117. Nieuwenhuijzen JA, Bex A and Horenblas S: Unusual complication after
immediate postoperative intravesical mitomycin C instillation. Eur Urol
2003; 43: 711.
118. Racioppi M, Porreca A, Foschi N, Delicato G, Destito A and D'Addessi A:
Bladder performance: a potential risk of early endovesical chemotherapy with
119. Cliff AM, Romaniuk CS and Parr NJ: Perivesical inflammation after early
mitomycin C instillation. BJU Int 2000; 85: 556.
122. Hisazumi H, Misaki T and Miyoshi N: Photoradiation therapy of bladder
123. Prout GR Jr, Lin CW, Benson R Jr, Nseyo UO, Daly JJ, Griffin PP et al:
Photodynamic therapy with hematoporphyrin derivative in the treatment of
1987; 317: 1251.
124. Harty JI, Amin M, Wieman TJ, Tseng MT, Ackerman D and Broghamer W:
Complications of whole bladder dihematoporphyrin ether photodynamic therapy.


137. Herr HW and Sogani PC: Does early cystectomy improve the survival of


