NICE National Institute for Health and Care Excellence

NICE Pathways

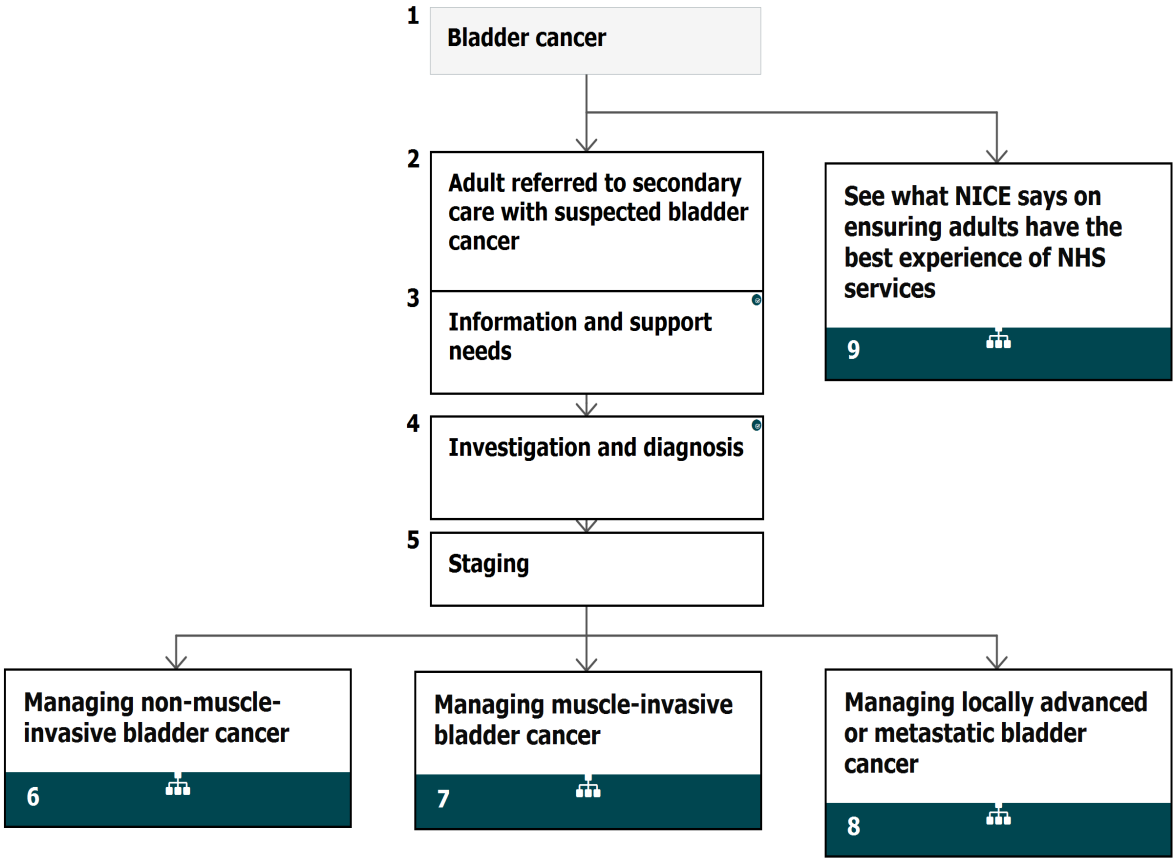
Bladder cancer overview

NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

http://pathways.nice.org.uk/pathways/bladder-cancer
NICE Pathway last updated: 29 January 2019

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Bladder cancer

No additional information

2 Adult referred to secondary care with suspected bladder cancer

See what NICE says on recognition and referral from primary to secondary care for suspected urological cancers.

3 Information and support needs

Follow NICE's recommendations on communication and patient-centred care relating to patient experience in adult NHS services, and the advice in the NICE guidelines on improving outcomes in urological cancers and improving supportive and palliative care for adults with cancer throughout the person's care.

Offer clinical nurse specialist support to people with bladder cancer and give them the clinical nurse specialist's contact details.

Ensure that the clinical nurse specialist:

- acts as the key worker to address the person's information and care needs
- has experience and training in bladder cancer care.

Use a holistic needs assessment to identify an individualised package of information and support for people with bladder cancer and, if they wish, their partners, families or carers, at key points in their care such as:

- when they are first diagnosed
- after they have had their first treatment
- if their bladder cancer recurs or progresses
- if their treatment is changed
- if palliative or end of life care is being discussed.

When carrying out a holistic needs assessment recognise that many of the symptoms, investigations and treatments for bladder cancer affect the urogenital organs and may be distressing and intrusive. Discuss with the person:

- the type, stage and grade of their cancer and likely prognosis
- treatment and follow-up options
- the potential complications of intrusive procedures, including urinary retention, urinary infection, pain, bleeding or need for a catheter
- the impact of treatment on their sexual health and body image, including how to find support and information relevant to their gender
- diet and lifestyle, including physical activity
- smoking cessation for people who smoke
- how to find information about bladder cancer, for example, through information prescriptions, sources of written information, websites or DVDs
- how to find support groups and survivorship programmes
- how to find information about returning to work after treatment for cancer
- how to find information about financial support (such as free prescriptions and industrial compensation schemes).

Offer smoking cessation support to all people with bladder cancer who smoke, in line with NICE's guidelines on smoking cessation services and brief interventions and referral for smoking cessation (see NICE's recommendations on stop smoking interventions and services).

Offer people with bladder cancer and, if they wish, their partners, families or carers, opportunities to have discussions at any stage during their treatment and care with:

- a range of specialist healthcare professionals, including those who can provide psychological support
- other people with bladder cancer who have had similar treatments.

Clinicians caring for people with bladder cancer should ensure that there is close liaison between secondary and primary care with respect to ongoing and community-based support.

Trusts should consider conducting annual bladder cancer patient satisfaction surveys developed by their urology multidisciplinary team and people with bladder cancer, and use the results to guide a programme of quality improvement.

For further information, see NICE's recommendations on medicines optimisation.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

3. Access to a clinical nurse specialist

4 Investigation and diagnosis

Do not substitute urinary biomarkers for cystoscopy to investigate suspected bladder cancer or for follow-up after treatment for bladder cancer, except in the context of a clinical research study.

Consider CT or MRI staging before TURBT if muscle-invasive bladder cancer is suspected at cystoscopy.

Offer white-light-guided TURBT with one of photodynamic diagnosis, narrow-band imaging, cytology or a urinary biomarker test (such as UroVysion using FISH, ImmunoCyt or a NMP22 test) to people with suspected bladder cancer. This should be carried out or supervised by a urologist experienced in TURBT.

Obtain detrusor muscle during TURBT.

Do not take random biopsies of normal-looking urothelium during TURBT unless there is a specific clinical indication (for example, investigation of positive cytology not otherwise explained).

Record the size and number of tumours during TURBT.

Offer people with suspected bladder cancer a single dose of intravesical mitomycin C given at the same time as the first TURBT.

Quality standards

The following quality statements are relevant to this part of the interactive flowchart.

1. Obtaining detrusor muscle during transurethral resection of bladder tumour

2. Chemotherapy during transurethral resection of bladder tumour

5 Staging

Consider further TURBT within 6 weeks if the first specimen does not include detrusor muscle.

Offer CT or MRI staging to people diagnosed with muscle-invasive bladder cancer or high-risk non-muscle-invasive bladder cancer that is being assessed for radical treatment (see risk

categories for non-muscle-invasive bladder cancer [See page 7]).

Consider CT urography, carried out with other planned CT imaging if possible, to detect upper tract involvement in people with new or recurrent high-risk non-muscle-invasive or muscle-invasive bladder cancer.

Consider CT of the thorax, carried out with other planned CT imaging if possible, to detect thoracic malignancy in people with muscle-invasive bladder cancer.

Consider FDG-PET-CT for people with muscle-invasive bladder cancer or high-risk non-muscle-invasive bladder cancer before radical treatment if there are indeterminate findings on CT or MRI, or a high risk of metastatic disease (for example T3b disease).

6 Managing non-muscle-invasive bladder cancer

See Bladder cancer / Managing non-muscle-invasive bladder cancer

7 Managing muscle-invasive bladder cancer

See Bladder cancer / Managing muscle-invasive bladder cancer

8 Managing locally advanced or metastatic bladder cancer

See Bladder cancer / Managing locally advanced or metastatic bladder cancer

9 See what NICE says on ensuring adults have the best experience of NHS services

See Patient experience in adult NHS services

Risk categories for non-muscle-invasive bladder cancer[1]

Low risk	Intermediate risk	High risk
Urothelial cancer with any of: • solitary pTaG1 with a diameter less than 3 cm • solitary pTaG2 low grade with a diameter less than 3 cm • any papillary urothelial neoplasm of low malignant potential	Urothelial cancer that is not low risk or high risk, including: • solitary pTaG1 with a diameter more than 3 cm • multifocal pTaG1 • solitary pTaG2 low grade with a diameter more than 3 cm • multifocal pTaG2 low grade • pTaG2 high grade • any pTaG2 grade not further specified • any low-risk non-muscle-invasive bladder cancer recurring within 12 months of last tumour occurrence	Urothelial cancer with any of: • pTaG3 • pT1G2 • pT1G3 • pTis (Cis) • aggressive variants of urothelial carcinoma, for example micropapillary or nested variants

[1] There is no widely accepted classification of risk in non-muscle-invasive bladder cancer. To make clear recommendations for management, the Guideline Development Group developed this consensus classification based on evidence reviewed and clinical opinion.

Glossary

BCG

Bacille Calmette-Guérin

FISH

fluorescence in situ hybridization

FDG-PET

fluorodeoxyglucose positron emission tomography

G-CSF

granulocyte-colony stimulating factor

GFR

glomerular filtration rate

NMP22

nuclear matrix protein 22

MVAC

methotrexate, vinblastine, doxorubicin and cisplatin

TURBT

transurethral resection of bladder tumour

Sources

Bladder cancer: diagnosis and management (2015) NICE guideline NG2

Improving supportive and palliative care for adults with cancer (2004) NICE guideline CSG4

Improving outcomes in urological cancers (2002) NICE guideline CSG2

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and

practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.