



North East London
Cancer Alliance

North East London Cancer Alliance

Clinical Protocols - Guidelines for Bladder Cancer Patients (including Diagnosis & Treatment) in North East London

Miss Jhumur Pati V1 March 2026

Contents

Imaging Criteria for USC Haematuria Clinic:	2
Use of Urine Cytology or Biomarkers:	2
New Tumours Deemed High Risk at Flexible Cystoscopy:.....	3
Imaging for High-Risk Bladder Cancer:	3
10-Item Documentation - Recommendation for TURBT Standardised Operation Note (Template - Appendix 1):	3
Taking Deep Bladder Biopsies or Mapping Biopsies:.....	3
Re-look TURBT Criteria, Including Implications for CWT Tracking:	4
Criteria for Intravesical Mitomycin Course (For Intermediate Risk Superficial Bladder Cancer):.....	4
Criteria to Consider Primary Radical Surgery:	4
Clinical Trials for Bladder Cancer Patients:	5
Appendix 1 - 10-Step TURBT Operation Note Template	6
Appendix 2 – Haematuria Clinic Proforma	7

Imaging Criteria for USC Haematuria Clinic:

USS Criteria:

For All patients with NVH (unless deemed High Risk on Identify Calculator)

For patients < 55 years with VH

CT IVU Criteria:

- Visible haematuria in patients **≥55 years**
- High-risk patients as per IDENTIFY calculator:
[Identify Calculator - BURST Urology | Research Collaborative](#)
 - Age
 - Gender
 - VH
 - Current Smoker
 - Ex-smoker
 - FH of urothelial cancer
 - Previous benign haematuria Investigations
 - Single UTI with VH
 - Recurrent UTI with VH
 - Catheter (Indwelling or ISC)
 - Previous pelvic RT
 - SP pain/dysuria
 - Anticoagulation
- Abnormal US findings (e.g., hydronephrosis, bladder lesion)
- Confirmed bladder cancer (if no recent CTIVU)

Use of Urine Cytology or Biomarkers:

Urine Cytology or NMP 22 tests do not add value to the USC pathway, while significantly adding cost and therefore should be avoided as a routine test on the USC haematuria pathway. Urine Cytology should be considered:

- prior to diagnostic ureteroscopy (selective urine cytology)

- surveillance for patients with previous CIS (prior to cystoscopy)
- in patients with PS 3-4 to confirm diagnosis of bladder cancer prior to starting radiotherapy or chemotherapy.

New Tumours Deemed High Risk at Flexible Cystoscopy:

- Solid tumour of any size
- More than 3cm single or multifocal papillary tumours

Imaging for High-Risk Bladder Cancer:

- High Risk bladder tumours should have MRI Pelvis/CT chest/CT IVU (if not prev done), preferably prior to TURBT. It is the responsibility of the person performing flexi to make appropriate imaging requests.
- If nodal disease is present FDG PET may be considered

10-Item Documentation - Recommendation for TURBT Standardised Operation Note (Template - Appendix 1):

1. Primary or Recurrent tumour =
2. EUA (before/after resection) =
3. Size of tumour or total surface area of tumours (loop=1 cm) =
4. Characteristics (solid, papillary, sessile) =
5. Position =
6. Suspicious for CIS = Yes/No
7. Visualisation of muscle at tumour base = Yes/No
8. Deep biopsy taken separately = Yes/No
9. Visual evaluation for perforation = Yes/No
10. Visually complete resection or % residual tumour =

Taking Deep Bladder Biopsies or Mapping Biopsies:

- Deep biopsies would not be expected if a tumour is within a diverticulum, due to risk of perforation

- Deep Biopsies should be undertaken with caution if the tumour is located on the anterior bladder wall or dome, due to risk of perforation
- When tumour is resected from a diverticulum mapping biopsies from various areas of bladder should be considered, **to assess eligibility for future partial cystectomy (diverticulectomy), in appropriate patients.**
- When patient is undergoing initial resection for a suspected MIBC, consider mapping biopsies from trigone and prostatic urethra **to assess eligibility for future cystectomy & orthotopic bladder, in appropriate patients**

Re-look TURBT Criteria, Including Implications for CWT Tracking:

- **G3Ta Tumours:** No automatic re-look if muscle present and complete resection achieved.
- **G3T1 Tumours:** Re-look no later than 6 weeks after first resection is recommended due to high recurrence risk.
- **G1 and G2 Tumours:** No automatic re-look, irrespective of muscle presence.
- **Ta Tumours:** Completely resected low grade Ta tumours do not need a re-look.
- **A TURBT cannot be considered as first definitive treatment unless the tumour has been effectively removed, and the patient is now only on a surveillance follow-up pathway. This should be documented in the MDT meeting (NHSE, CWT, 2025). Therefore, patients should remain on a 62-day pathway.**
- **MDT Oversight:** Final decision regarding relook vs starting treatment or surveillance, is to be made at MDT meeting - considering patient's comorbidities/frailty - tracking to continue until clear plan is made and agreed with patient/family.

Criteria for Intravesical Mitomycin Course (For Intermediate Risk Superficial Bladder Cancer):

- Primary G1/G2pTa >3 cms (single or multifocal)
- Recurrent G1/G2pTa Bladder Cancers >1 cm or multifocal recurring within the first 12 months of diagnosis

These patients can usually be followed up with flexible cystoscopy.

Criteria to Consider Primary Radical Surgery:

1. **Muscle Invasive Tumours** – Following evaluation of patient's fitness. Primary Surgery should be offered particularly in patients with SCC or AdenoCa. This would also be the treatment of choice for fit patients with TCC
2. **HG Superficial Tumours** – In high grade superficial disease where atypical histology is noted: Plasmacytoid, Sarcomatoid, Micropapillary, Nested Variant, Giant Cell Variant, Squamous Differentiation, Neuroendocrine etc
3. **HG Superficial Tumours within bladder diverticulum** – Could be offered diverticulectomy if random bx from rest of bladder exclude cancer.

Clinical Trials for Bladder Cancer Patients:

All clinical trials for NEL bladder cancer patients should be circulated to clinical teams (including PI, location, excl and incl criteria, any additional requirements). Potentially eligible patients should ideally be discussed at MDT where practical.

This will:

1. Increase knowledge and awareness regarding new trials available
2. Increase transparency regarding eligibility of patients
3. Avoid unnecessary clinic appts for patients deemed ineligible
4. Allow required investigations or pathological markers/receptors to be completed (i.e. PD L-1, FGFR 2/3 mutation), prior to patient's clinic attendance

10-Step TURBT Operation Note Template

TURBT Operation Note

Surgeon:

Background & Indication:

Operation details:

11. Primary or Recurrent tumour =
12. EUA (before/after resection) =
13. Size of tumour or total surface area of tumours (loop=1 cm) =
14. Characteristics (solid, papillary, sessile) =
15. Position =
16. Suspicious for CIS = Yes/No
17. Visualisation of muscle at tumour base = Yes/No
18. Deep biopsy taken separately = Yes/No
19. Visual evaluation for perforation = Yes/No
20. Visually complete resection or % residual tumour =

Other notes: (free text area)

Post-operative Plan:

Haematuria Clinic Proforma

Clinic Date: Click or tap to enter a date.

Department of Urology

Age: years **Male** **Female**

Referral Reason	Non-Visible Haematuria <input type="checkbox"/>	Painless <input type="checkbox"/>	Referral source	GP <input type="checkbox"/>
	Visible Haematuria <input type="checkbox"/>	Painful <input type="checkbox"/>		Other: Click or tap here to enter text.

Urinalysis	Bld ...	Leu ...	Nit ...	Pro ...	Glu ...	Ket ...	pH ...	SG ...
-------------------	---------	---------	---------	---------	---------	---------	--------	--------

Presenting History	Click or tap here to enter text.
---------------------------	----------------------------------

LUTS	NONE <input type="checkbox"/>							
	Frequency	<input type="checkbox"/>	Urgency	<input type="checkbox"/>	Nocturia	<input type="checkbox"/>	Dysuria	<input type="checkbox"/>
	Incontinence	<input type="checkbox"/>	Hesitancy	<input type="checkbox"/>	Incomplete Emptying	<input type="checkbox"/>	Terminal Dribbling	<input type="checkbox"/>
	Cystitis	<input type="checkbox"/>	UTIs	<input type="checkbox"/>	Loin Pain/Colic	<input type="checkbox"/>	Erectile Dysfunction	<input type="checkbox"/>
Notes: Click or tap here to enter text.								

Past Medical History	NONE <input type="checkbox"/>					
	Catheter in situ	<input type="checkbox"/>	ISC	<input type="checkbox"/>	Kidney Stones	<input type="checkbox"/>
	Weight Loss	<input type="checkbox"/>	Night Sweats	<input type="checkbox"/>	Hypertension	<input type="checkbox"/>
	CVA	<input type="checkbox"/>	MI	<input type="checkbox"/>	AF	<input type="checkbox"/>
	IHD	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	High Cholesterol	<input type="checkbox"/>
	Renal Dysfunction	<input type="checkbox"/>	Renal Failure	<input type="checkbox"/>	Asthma	<input type="checkbox"/>
	Pelvic Radiotherapy	<input type="checkbox"/>	Previous Chemo	<input type="checkbox"/>		
Other: Click or tap here to enter text.						

Medications	Aspirin	<input type="checkbox"/>	Clopidogrel	<input type="checkbox"/>	Apixiban/Rivaroxaban	<input type="checkbox"/>
	Other Anticoagulants	<input type="checkbox"/>	Click or tap here to enter text.			
	Cyclophosphamide	<input type="checkbox"/>	Prednisolone	<input type="checkbox"/>	Steroid inhalers	<input type="checkbox"/>
	Metformin	<input type="checkbox"/>	Ketamine	<input type="checkbox"/>	Dipyridamole	<input type="checkbox"/>
	Tamsulosin	<input type="checkbox"/>	Statins	<input type="checkbox"/>	Atenolol	<input type="checkbox"/>
	Amlodipine	<input type="checkbox"/>	Bendroflumethiazide	<input type="checkbox"/>		
	Other: Click or tap here to enter text.					

Allergies	Click or tap here to enter text.
------------------	----------------------------------

Family History	Prostate Cancer <input type="checkbox"/> Bladder Cancer <input type="checkbox"/> Renal Cancer <input type="checkbox"/> Urinary Stones <input type="checkbox"/> Details or any other relevant family history: Click or tap here to enter text.
-----------------------	--

Smoking	Never Smoked <input type="checkbox"/> Ex/Current Smoker <input type="checkbox"/> : Click or tap here to enter text.
----------------	---

Occupation	Click or tap here to enter text.
-------------------	----------------------------------

Travel History	Born in: Click or tap here to enter text.
	Recent travel: Click or tap here to enter text.

	<h2 style="margin: 0;">Flexible Cystoscopy</h2> <p style="margin: 0;">Department of Urology</p>
--	---

<p>Consented with EConsent Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Flexible Cystoscopy EConsent proforma</p>	<p>Interpreter Language:</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
--	--

<p>Local Anaesthetic</p> <p><input type="checkbox"/></p> <p>Instillagel</p> <p>6ml <input type="checkbox"/></p> <p>11ml <input type="checkbox"/></p>	<p>Antibiotic:</p>	<p>Chaperone:</p>

Findings

Genitalia:

Urethra:

Prostate:

Bladder:

UOs:

J Manoeuvre:

Complications:

Investigations:

Bloods

CT IVU

MRI Pelvis

CT Chest

Plan: