UCCH Pathway

UCCH Guideline
Urothelial Carcinoma

2.03.01 Anlage 12

Version Jun/2021

Hubertus Wald Tumorzentrum
Universitäres Cancer Center Hamburg
Ein Kompetenznetzwerk des UKE

Guideline Urothelial Carcinoma

Version 04, Jun/2021

according to TNM classification 8th edition

Urothelial carcinoma board members

M. Rink (Urology)
G. v. Amsberg (Oncology)
S. Minner (Pathology)
U. Göbel (patient representative UCCH)

Responsible author	M. Rink (Urology), G. v. Amsberg (Oncology)
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Legend of Colours

= Therapeutic procedure

= Clinical or diagnostical condition

= Diagnostic procedure

= Clinical trial

= Supportive measure

= Referral

= Tumorboard (including post tumorboard interaction with patient that follows the principles of shared decision-making)

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Pathway: Urothelial Carcinoma

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CLINICAL PRESENTATION

- Known or suspected urothelial carcinoma by:
  - Ultrasound
  - CT / MRI
  - Cystoscopy
  - Small / Gross hematuria
  - Cytology

↓

Work up
(via urological consultation)

Baseline:

- History including risk factors
- Physical exam
- Lab exam
- Ultrasound
- I.v. pyelographie or CT-urography or MRI-urography (in localized disease)

Supportive:

- Offer contact to self-help group, psychooncology and early palliative care (in case of metastatic disease)

→

TURBT[1]
with/ without immediate postoperative instillation Tx[2]

→

CLINICAL and PATHOLOGICAL EVALUATION

- **Intraoperative findings:**
  - Localization
  - Number of tumors
  - Tumor size
  - PDD
- **Histopathological evaluation** (WHO classification 2004):
  - Stage
  - Grade (in case of high grade: immunohistochemistry: p53, Mib1)
  - PD-1/PD-L1 status in case of invasive disease
  - Concomitant CIS

→ **NMIBC pTaT1** → Pathway page 2

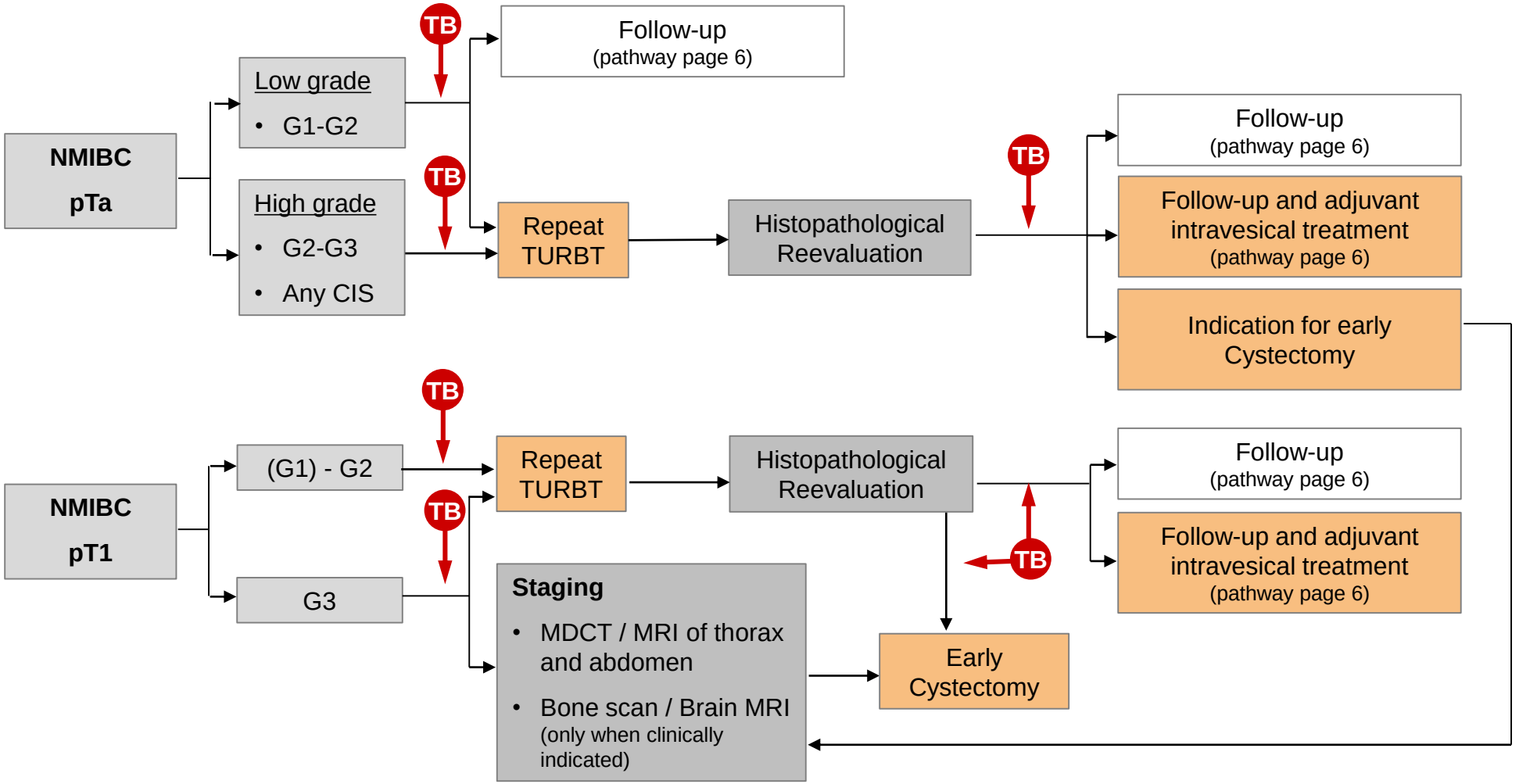
→ **MIBC ≥pT2** → Pathway page 3

TURBT Transurethral resection of a bladder tumor, NMIBC Non-muscle invasive bladder cancer, MIBC Muscle invasive bladder cancer, PDD Photodynamic diagnostic, CIS Carcinoma in situ

[1] TURBT: Photodynamic diagnostic TURBT is performed when clinically indicated (based on current NMIBC EAU Guidelines, Vers. 2020)

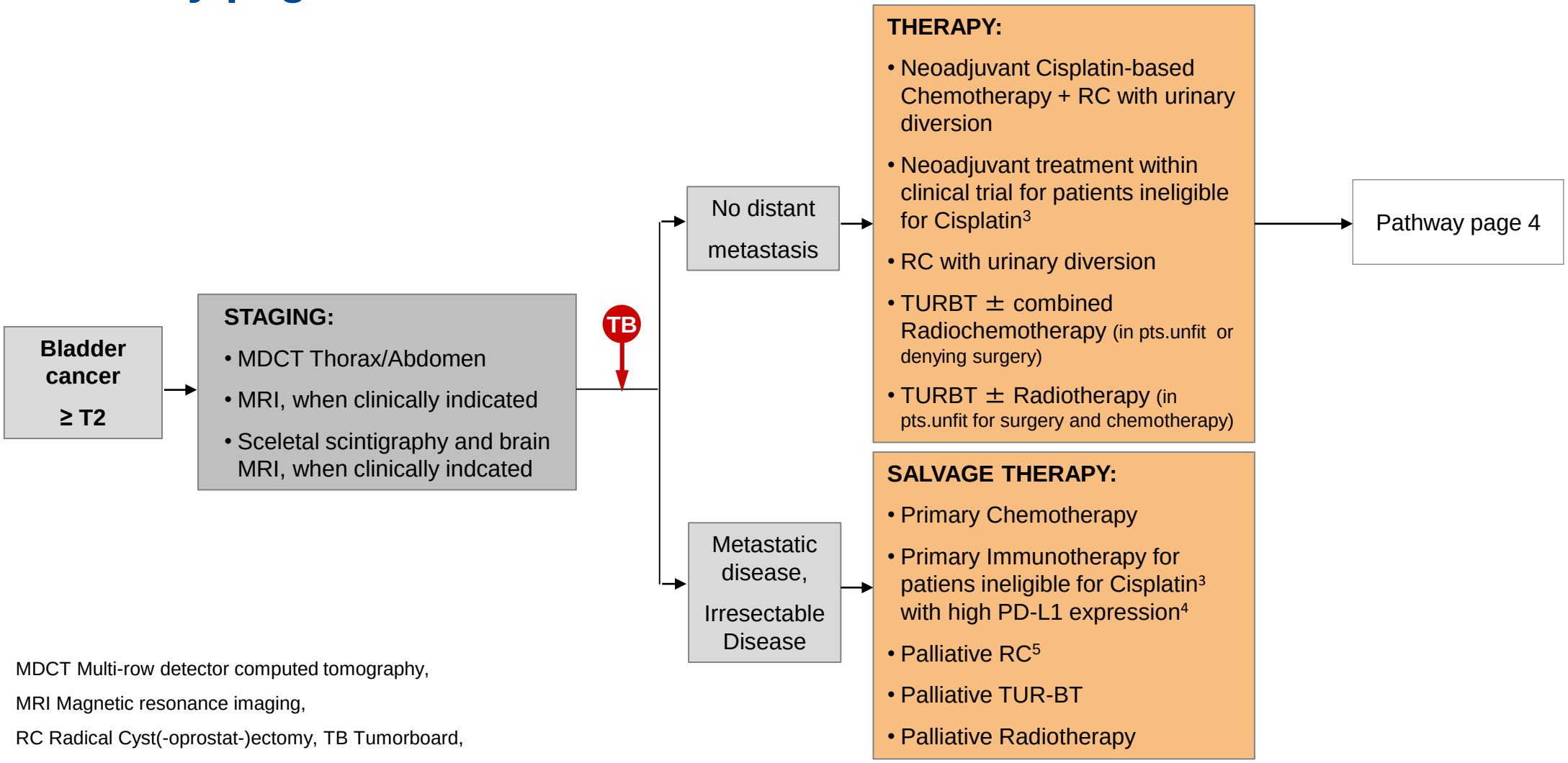
[2] Single, immediate postoperative chemo instillation: Based on physicians discretion according to current NMIBC EAU Guidelines, Vers. 2020

Pathway page 2: NMIBC (Non-muscle invasive bladder cancer)



CIS Carcinoma in situ, MRI Magnetic resonance imaging, MDCT Multi-row detector computed tomography, TURBT Transurethral resection of a bladder tumor

Pathway page 3: Muscle invasive and advanced bladder cancer



MDCT Multi-row detector computed tomography,

MRI Magnetic resonance imaging,

RC Radical Cyst(-oprostat-)ectomy, TB Tumorboard,

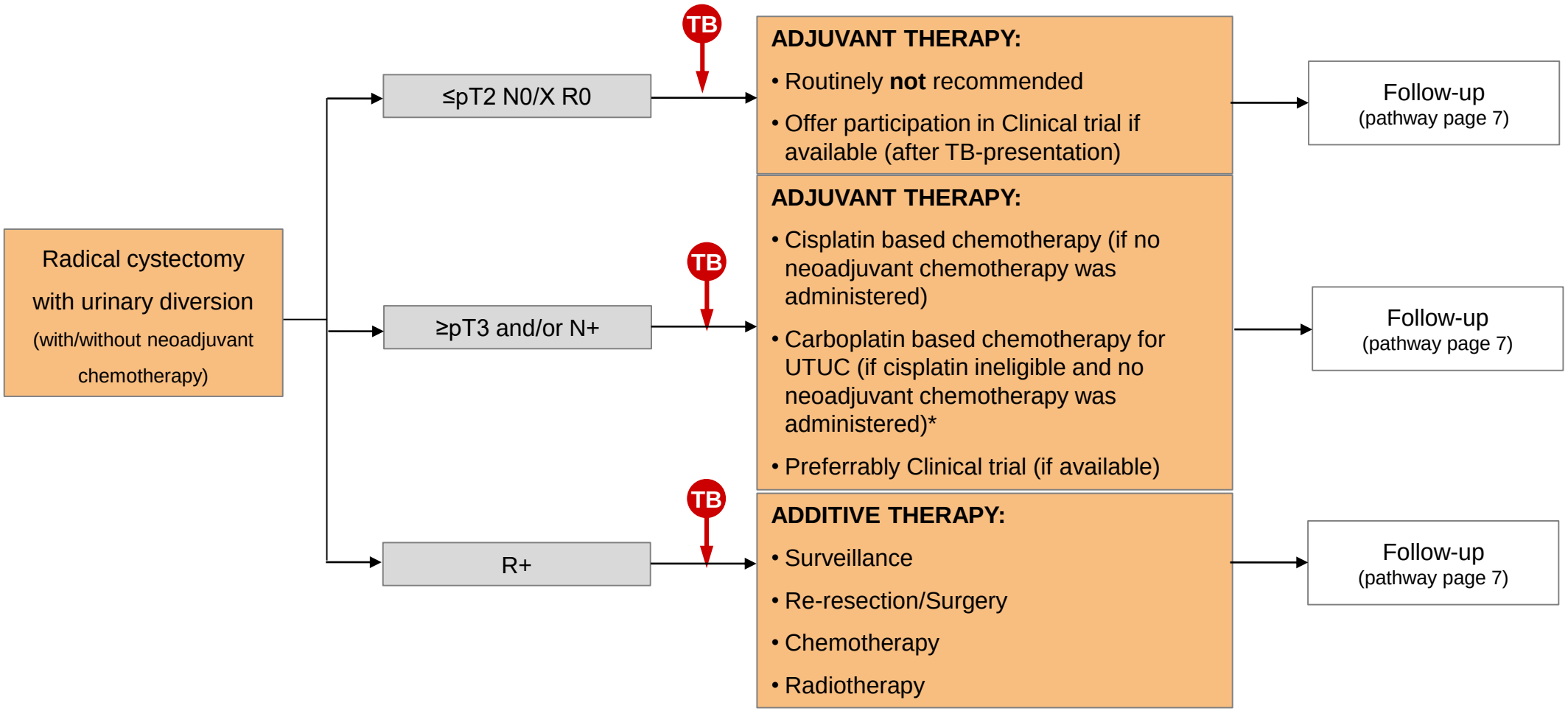
TURBT Transurethral resection of a bladder tumor

[3] Cisplatin ineligible is defined as ECOG ≥2 or Karnofsky PS ≤ 60- 70%, Creatinin Clearance ≤ 60 ml/min ; hearing loss (≥ G 2 CTCAE Version 4), peripheral neuropathy (≥ G 2 CTCAE Version 4), cardial insufficiency NYHA III)

[4] high PD-L1 expression is defined as CPS (combined positivity score) > 10 or tumor infiltrating immune cells > 5%

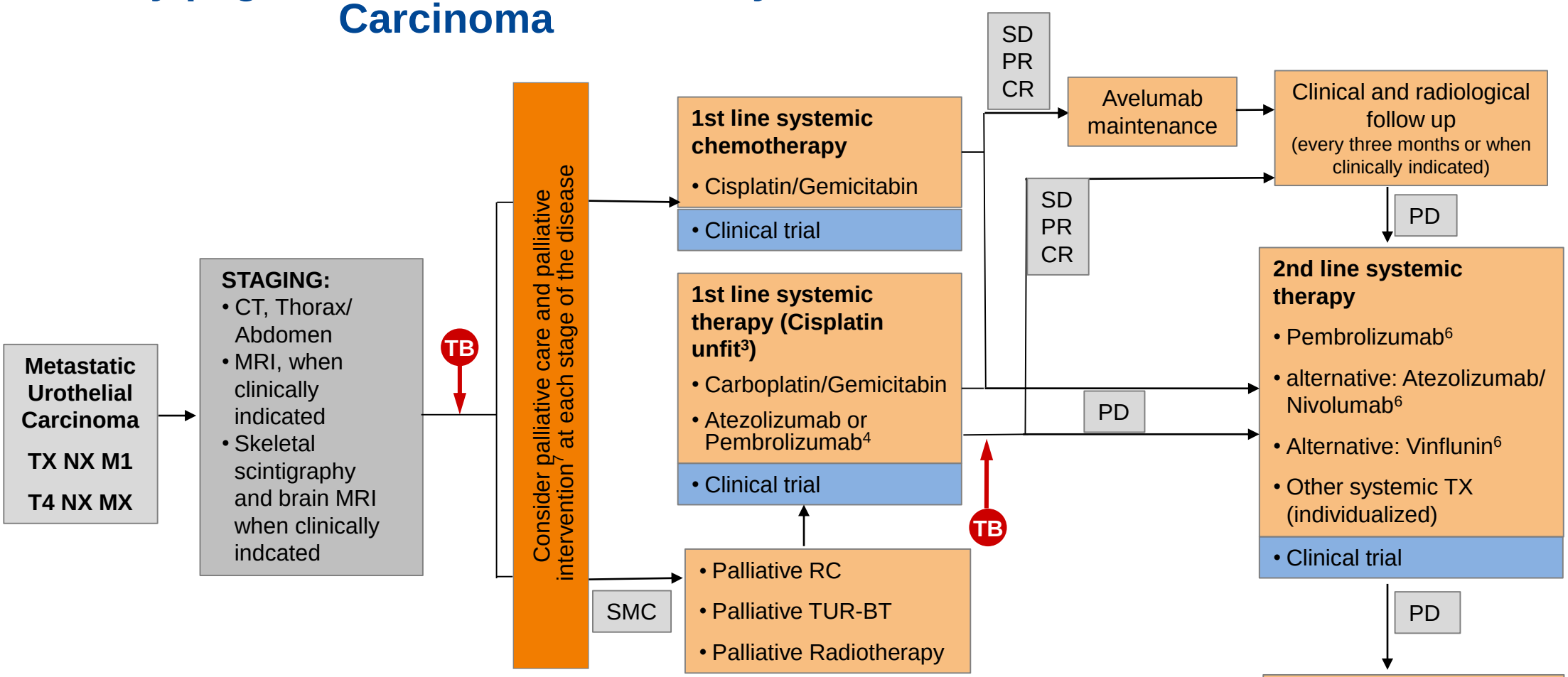
[5] in the case of severe local complications which cannot be controlled otherwise

Pathway page 4: Muscle invasive and advanced bladder cancer (continuation)



* Can be considered according to the POUT trial

Pathway page 5: Metastatic and locally advanced irresectable Urothelial Carcinoma



CT Computertomography, MRI Magnetic resonance imagine, PD Progressive disease, SD stable disease, PR partial response, CR Complete Response, SMC Special medical condition

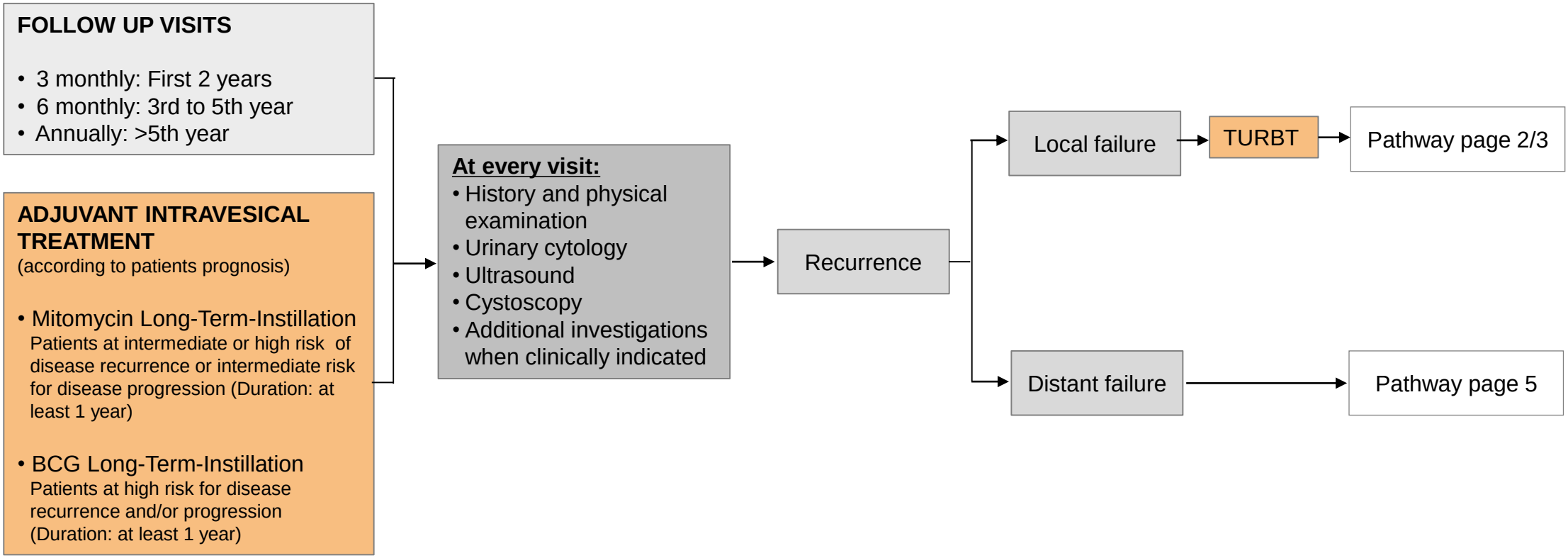
[3] Cisplatin ineligible is defined as ECOG ≥2 or Karnofsky PS ≤ 60- 70%, Creatinin Clearance ≤ 60 ml/min; hearing loss (≥ G 2 CTCAE Version 4), peripheral neuropathy (≥ G 2 CTCAE Version 4), cardial insufficiency NYHA III)

[4] high PDL-1 expression is defined as CPS (combined positivity score) > 10 or tumor infiltrating immune cells > 5%

[6] after platin-based chemotherapy

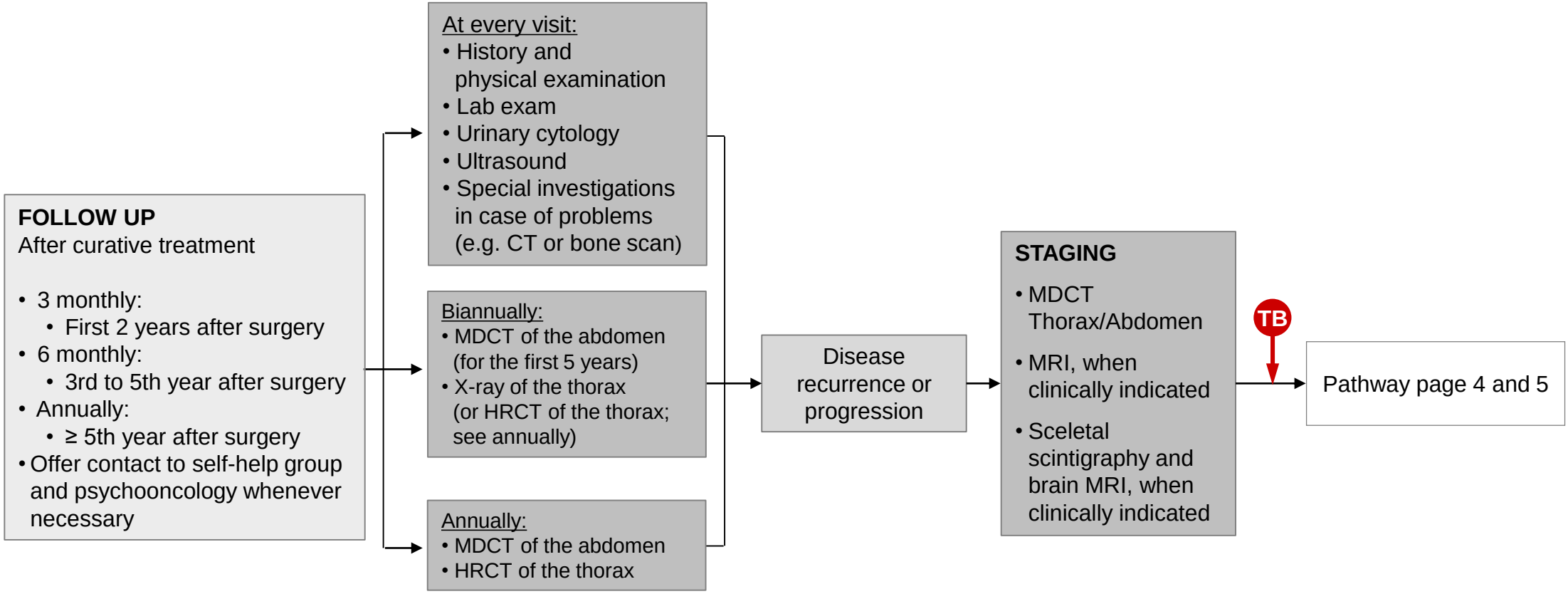
[7] See palliative care screening tool on page 8

Pathway page 6: Follow up in non-muscle invasive bladder cancer



BCG Bacillus Calmette-Guérin

Pathway page 7: Follow up in muscle invasive bladder cancer



HRCT High-resolution computed tomography, MDCT Multi-row detector computed tomography

Pathway Page 8: Palliative care screening tool

			Screening items	Points
1.		•	Presence of metastatic or locally advanced cancer	2
2.		•	ECOG score (functional status score, performance status)	0-4
3.		•	Presence of one or more serious complications of advanced cancer usually associated with a prognosis of < 12 months (e.g. brain metastases, hypercalcemia, delirium, spinal cord compression, cachexia	1
4.		•	Presence of one or more serious comorbid diseases also associated with poor prognosis (e.g. moderate-severe COPD or CHF, dementia, AIDS, end stage renal failure end stage liver cirrhosis)	1
5.		•	Presence of palliative care problems	1
	a.	•	Symptoms uncontrolled by standard approaches	1
	b.	•	Moderate to severe distress in patient or family, related to cancer diagnosis or therapy (personal targets and expectations, educational and informational requirements, cultural factors)	1
	c.	•	Patient/family requests palliative care consult	1
	d.	•	Team needs assistance with complex decision making or determing goals of care (benefit/side effects of treatment)	1
	e.	•	Instable or deficient network especially for emergency situation or 24-h care	1

A total of > 5 points signalizes need for supportive palliative care

According to Glare et al. (2011); NCCN Clinical Practice guidelines in Oncology 2015