

Investigational pathway for Bladder carcinoma

Symptoms: Visible and non visible haematuria, passing clots or tissue bits in urine, persistent irritative urinary symptoms

Imaging
USS Abdomen and Pelvis (A)
Intravenous Urography /CT Urogram (A)
MR Urogram (B)

Investigations
-CBP and Renal profile (A)
-Diagnostic Cystoscopy ± biopsy (B)
- Urine cytology (C)
- Advanced vision investigation (Narrow band imaging/ Fluorescent cystoscopy) (C)

Investigations when muscle invasive bladder tumour is suspected
- CT Chest abdomen and Pelvis with contrast (B)
FDG PET CT (C)

Examination under anesthesia and Transurethral resection of Bladder tumour.
TURBT findings should include: Number and size of tumours, relation to ureteric orifices, comment on urethra, Prostate and bladder neck (A).
Following TURBT for suspected non-muscle invasive bladder tumour patients, one dose of Intravesicle Mitomycin at the dosage of 40mg in 50 ml of saline should be administered for Intravesicle treatment within 24hrs of resection (A)

Non-Metastatic disease

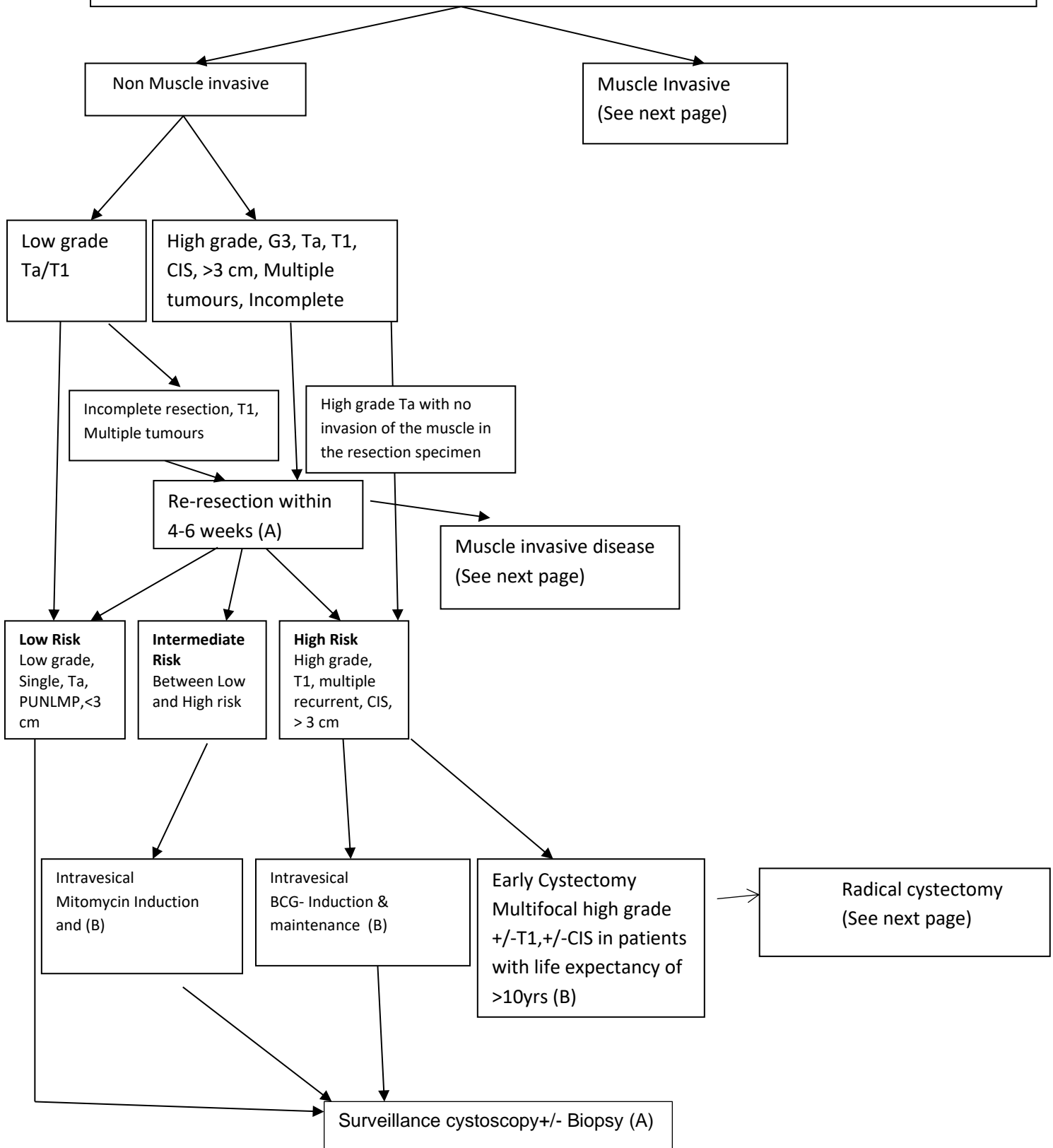
Metastatic disease

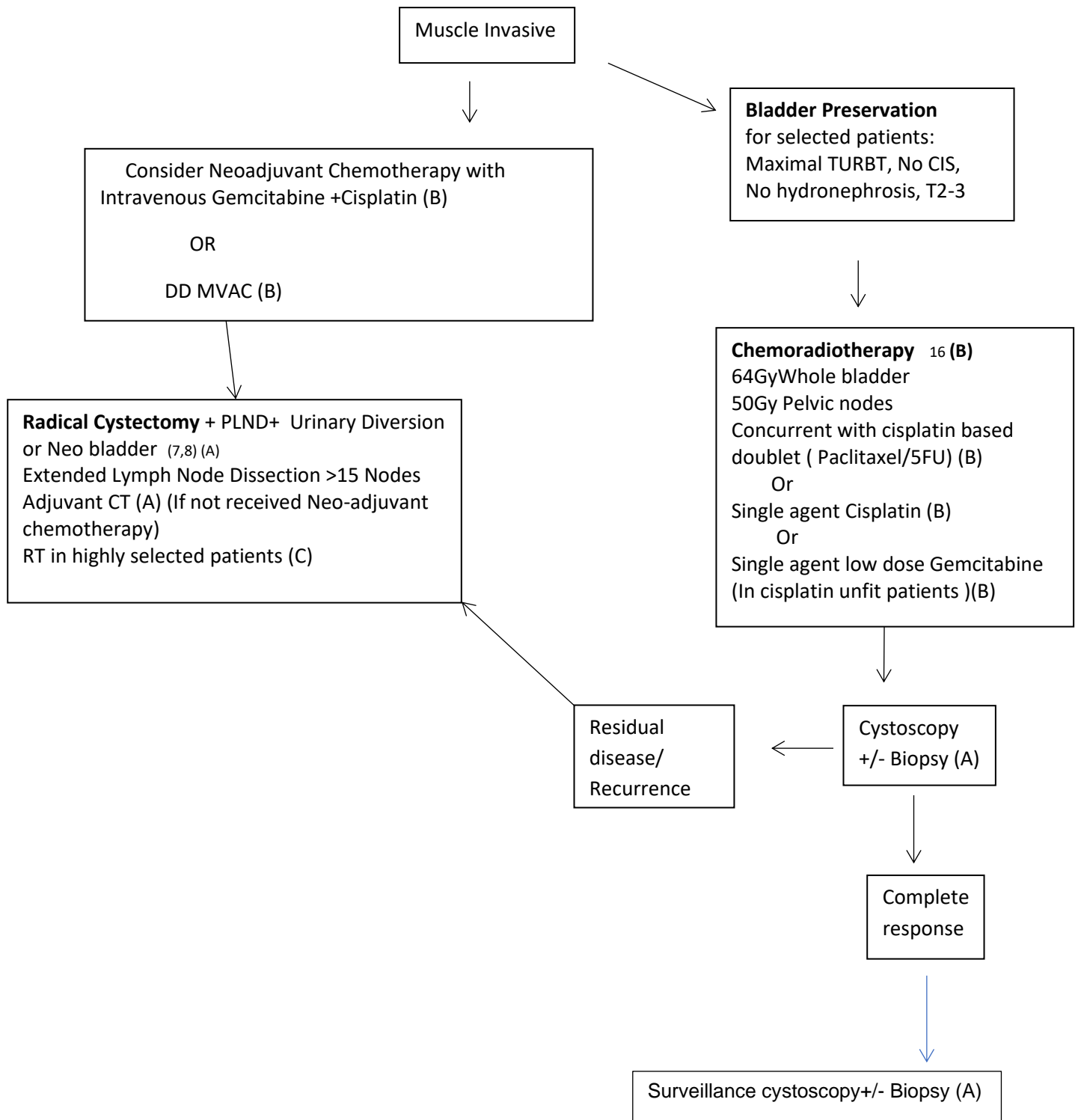
Non-Muscle invasive

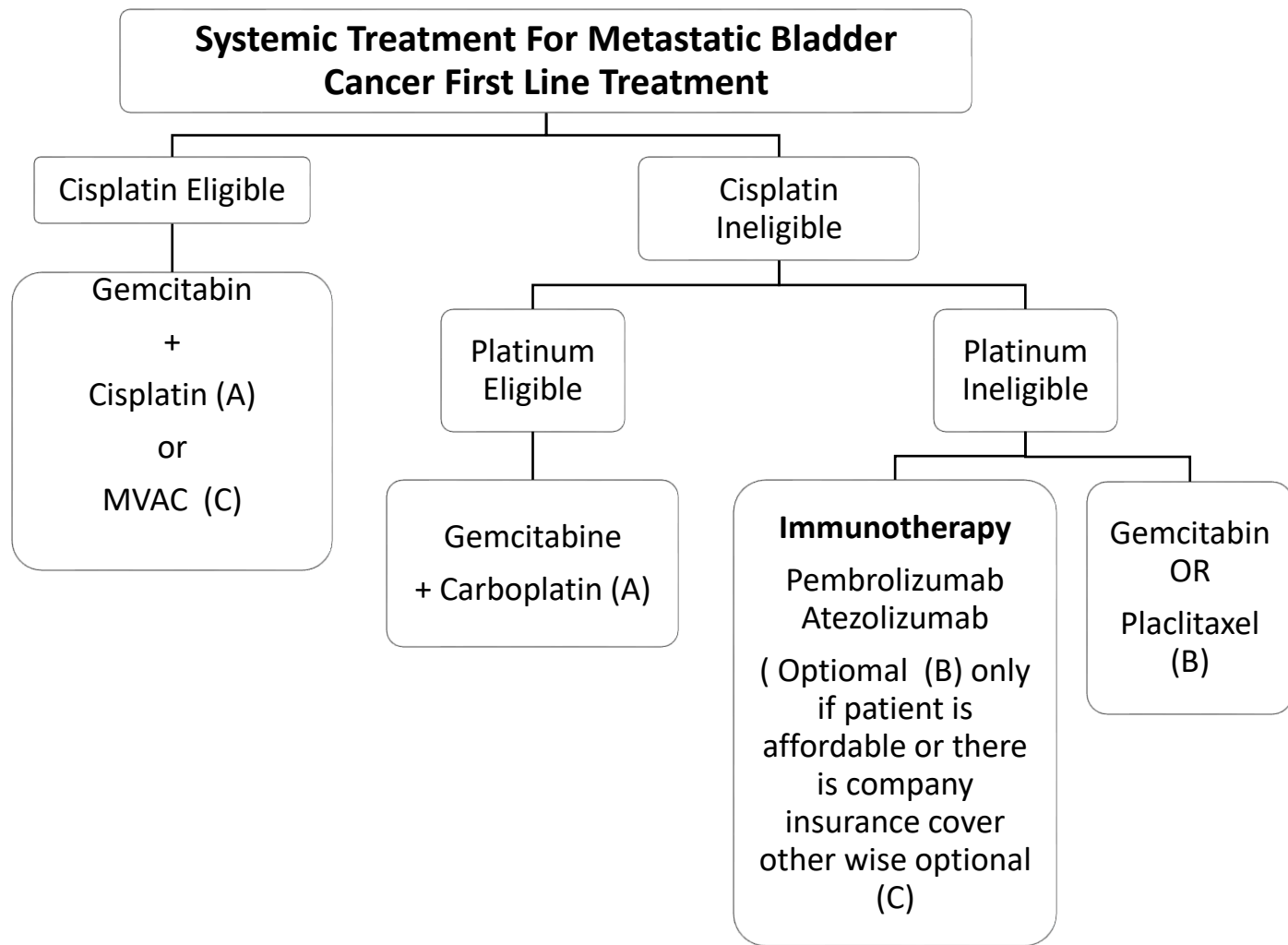
Muscle invasive

Trans urethral resection of bladder tumour

Examination under anesthesia and Transurethral resection of Bladder tumour. TURBT findings should include: Number and size of tumours, relation to ureteric orifices, comment on urethra, Prostate and bladder neck (A)
 Following TURBT for low grade NMIBC , one dose of Intravesicle Mitomycin should be administered within the 24hrs of resection (A)







Cisplatin Ineligible is defined as presence of one of the following :

1. ECOG PS \geq 2 OR KPS < 60 to 70 %
2. Creatinine Clearance < 60 mL/min
3. Grade \geq Hearing Loss
4. Grade \geq 2 Peripheral Neuropathy
5. NYHA Class \geq III Heart Failure

Systemic Treatment For Metastatic Bladder Cancer (Second Line And Subsequent Treatment)

Rechallenge with Platin +Gemcitabine (If previous platin based therapy >12 months back) (A)

Weekly paclitaxel (B)

Pemetrexed (B)

Docetaxel (B)

Gemcitabine (B)

Immunotherapy (B/C)

Pembrolizumab

Nivolumab

Atezolizumab

(Optimal (B) only if patient is affordable or there is company insurance cover other wise optional (C)

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