Surgical Threshold Policy

NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

Follow-up Cystoscopy for Non-muscle Invasive Bladder Cancer

Scope

This policy covers Cystoscopy as a diagnostic tool in the follow-up after treatment for non-muscle invasive bladder cancer (NMIBC). Cystoscopy is usually carried out under local anaesthesia.

Policy

It is the responsibility of referring and treating clinicians to ensure compliance with this policy. Referral proforma and surgeon checklists should be attached, where available, to the patient notes to aid the clinical audit process and provide evidence of compliance with the policy. For patients not meeting the policy criteria, clinicians can apply for funding to the Exceptional Cases Panel – click here to access the form.

The Use of Cystoscopy for the Follow-up of Bladder Cancer

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1. First Cystoscopy at 3 months in all cases.
2. Frequency of later Cystoscopies should be adapted to the prognostic factors of the tumour (Table 1).
   - Low-risk tumours: Cystoscopy at 3 and then 12 months. Discharge if disease free after 12 months.
   - Intermediate-risk tumours: Cystoscopy at 3, 9 and 18 months and annually thereafter for 5 years. Discharge if disease free after 5 years.
   - High-risk tumours*: Cystoscopy every 3 months for the first 2 years, every six months for the next 2 years and annually thereafter.
3. With any disease recurrence, the same schedule of Cystoscopies (low, intermediate or high) is restarted from the beginning. However, where any low-risk non-muscle-invasive bladder cancer recurs within 12 months, the intermediate schedule should subsequently be followed.

* For people who have radical cystectomy for NMIBC, also consider:

- monitoring upper tracts for hydronephrosis, stones and cancer using imaging and glomerular filtration rate (GFR) estimation at least annually; and
- monitoring for local and distant recurrence using CT of the abdomen, pelvis and chest, carried out together with other planned CT imaging if possible, 6, 12 and 24 months after radical cystectomy; and
- monitoring for metabolic acidosis and B12 and folate deficiency at least annually; and
- for men with a defunctioned urethra, urethral washing for cytology and/or urethroscopy annually for 5 years to detect urethral recurrence.

Smoking

Patients who smoke should be advised to attempt to stop smoking and referred to smoking cessation services – **stop smoking policy**.

Table 1: Bladder Cancer Surveillance follow-up[1]

Recurrence risk group	Cystoscopy follow-up
Low	3 months and 12 months
Intermediate	3 months 9 months 18 months Annually thereafter
High	Year 1: 3 monthly Year 2: 3 monthly Year 3: 6 monthly Year 4: 6 monthly Annually thereafter

Definition of risk of recurrence (Based on NICE NG2[1])

Low risk patients are defined as:

- Solitary Ta Grade 1 and < 3cm in diameter
- Solitary Ta Grade 2 and < 3 cm in diameter
- Any papillary urothelial neoplasm of low malignant potential

Intermediate risk patients are defined as:

- Solitary Ta Grade 1 and diameter > 3cm
- Multifocal Ta Grade 1
- Solitary Ta Grade 2 (low grade) and diameter > 3cm
- Multifocal Ta Grade 2 (low grade)
- Ta Grade 2 (high grade)
- Any Ta Grade 2 (grade not further specified) Any low risk non muscle invasive bladder cancer recurring within the last 12 months of last tumour recurrence

High risk patients are defined as:

- Carcinoma in situ (Tis).
- Ta Grade 3
- T1 Grade 3
- T1 Grade 2
- Aggressive variants of urothelial carcinoma , for example micropapillary or nested variants

Evidence and Rationale

This policy is based on NICE guideline 2[1] which is underpinned by a review of the research literature.

OPCS codes

M45 Diagnostic endoscopic examination of bladder.
M77 Diagnostic endoscopic examination of urethra.

References

1. National institute for Health and Care Excellence: NICE Guideline 2. Bladder cancer: diagnosis and management. 2015.
2. Black's Medical Dictionary. 42nd Edition. A & C Black. London 2010.

Glossary[2]

Cystoscopy:	Refers to looking inside the bladder for medical reasons using an instrument called an endoscope.
Endoscope	A device with a light attached that is used to look inside a body cavity or organ.
Prognostic:	In medicine, an indicator of the course of a disease.
Superficial bladder cancer:	This means there is no evidence that the tumour has spread into the muscle coat of the bladder. The majority fall into this category and can usually be cured.
Transurethral resection of the bladder:	Is a surgical procedure that is used both to diagnose bladder cancer and to remove cancerous tissue from the bladder.
Urethra:	The urethra is a tube which connects the urinary bladder to the outside of the body.
Urinary:	The urinary system is the organ system that produces, stores and eliminates urine.