

Bladder Deep Dive

Bladder Cancer Scenarios: CWTs

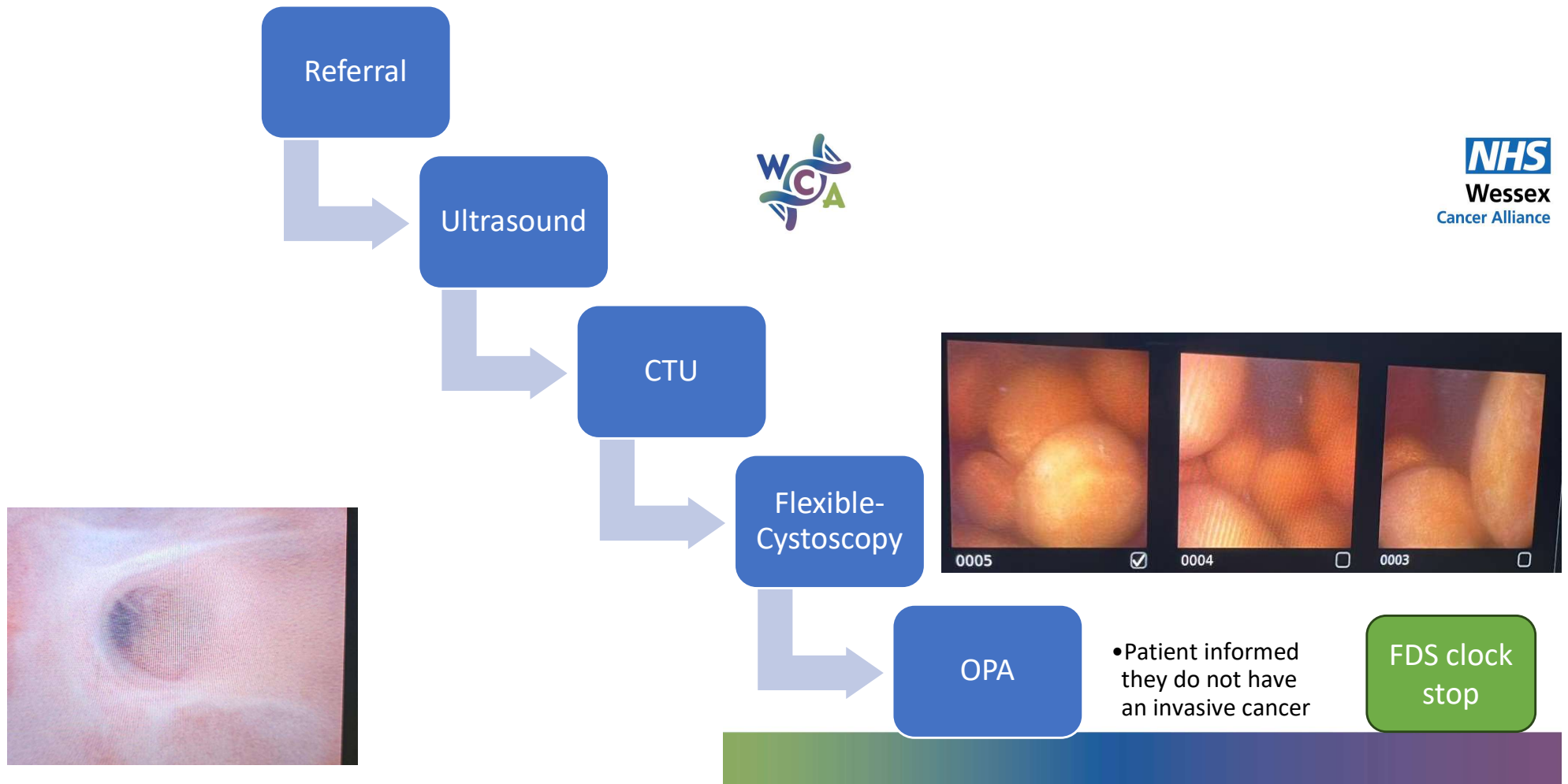
WCA Service Improvement Team

28-day bladder best practice timed pathway

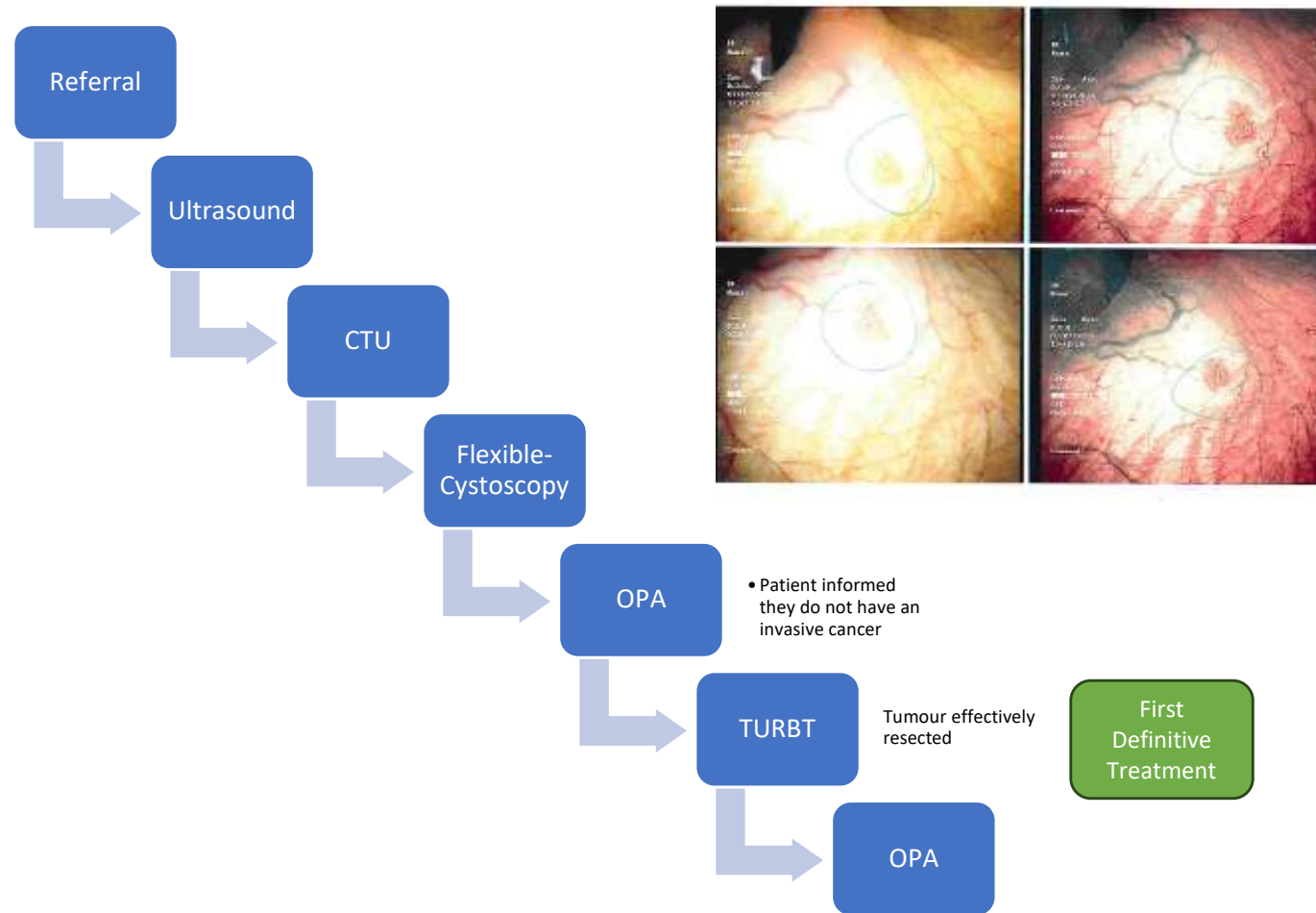
	Day 0	By Day 3	By Day 10	By Day 14	By Day 20	By Day 28	
	Primary care	Local diagnostic centre			Specialist diagnostic centre		
Bladder and other Urothelial	<p>Urgent GP electronic referral (using NG12 criteria)¹</p> <p>Including a minimum dataset (including Bloods)²</p>	<p>Clinical triage⁴ by suitably experienced member of urology multi-disciplinary team.</p> <p>Bloods if not provided in primary care</p>	<p>Haematuria one-stop clinic⁵</p> <p>If visible haematuria: Flexible Cystoscopy (can be omitted if straight to TURBT) and CT of abdomen and pelvis (+ chest if suspicion of cancer), unless contraindicated, then consider Ultrasound (with hot reporting).⁶</p> <p>If non-visible haematuria: Flexible Cystoscopy and Ultrasound and consider CT of abdomen and pelvis (+ chest if suspicion of cancer) if indicated. Consider booking MRI pre-TURBT where muscle invasive disease is expected.</p>	<p>+/- MRI if indicated (where muscle invasive disease is expected).</p> <p>TURBT / Bladder Biopsy⁷ (reported within 7 calendar days). Followed by CT of chest (if muscle invasive bladder cancer and not carried out previously).</p> <p>If suspected upper urinary tract urothelial carcinoma electronically refer directly to sMDT¹⁰</p> <p>If suspicion of upper tract urothelial tumour: Consider Ureterorenoscopy +/- Biopsy⁷</p>	<p>If low risk non-muscle invasive bladder cancer, may remain in local MDT, for all others electronically refer to Specialist MDT¹⁰ and specialist clinic appointment</p> <p>Bladder cancer clinic with histology results</p> <p>and</p> <p>Discuss treatment options and Personalised Care and Support Plan with MDT input; assess fitness +/- pre-op assessment; Patient optimisation and support¹¹</p>		
	Presenting with metastatic disease			<p>Ensure histological diagnosis (TUR biopsies or biopsies from metastasis) and complete staging investigations (CT of chest, abdomen and pelvis post contrast). Local diagnostic planning meeting / streamlined MDT.</p> <p>Refer appropriate cases directly to sMDT.¹⁰</p>		<p>sMDT</p> <p>Consider PET-CT +/- pelvic MRI</p>	
Patient information	<p>Patient information Provided in primary care³</p>	<p>Patient information / signposting Provided in consultation or OPA⁵</p>	<p>Cancer likely / diagnosed</p> <p>Clinic review; Communication with patient and discussion with CNS. Record FDS when patient is informed that they have cancer⁸</p> <p>OR</p> <p>Cancer ruled out and communication with patient</p> <p>Patient informed; referred to other secondary care service if possible. Record FDS when patient informed that cancer has been excluded⁸</p>				

Scenario 1

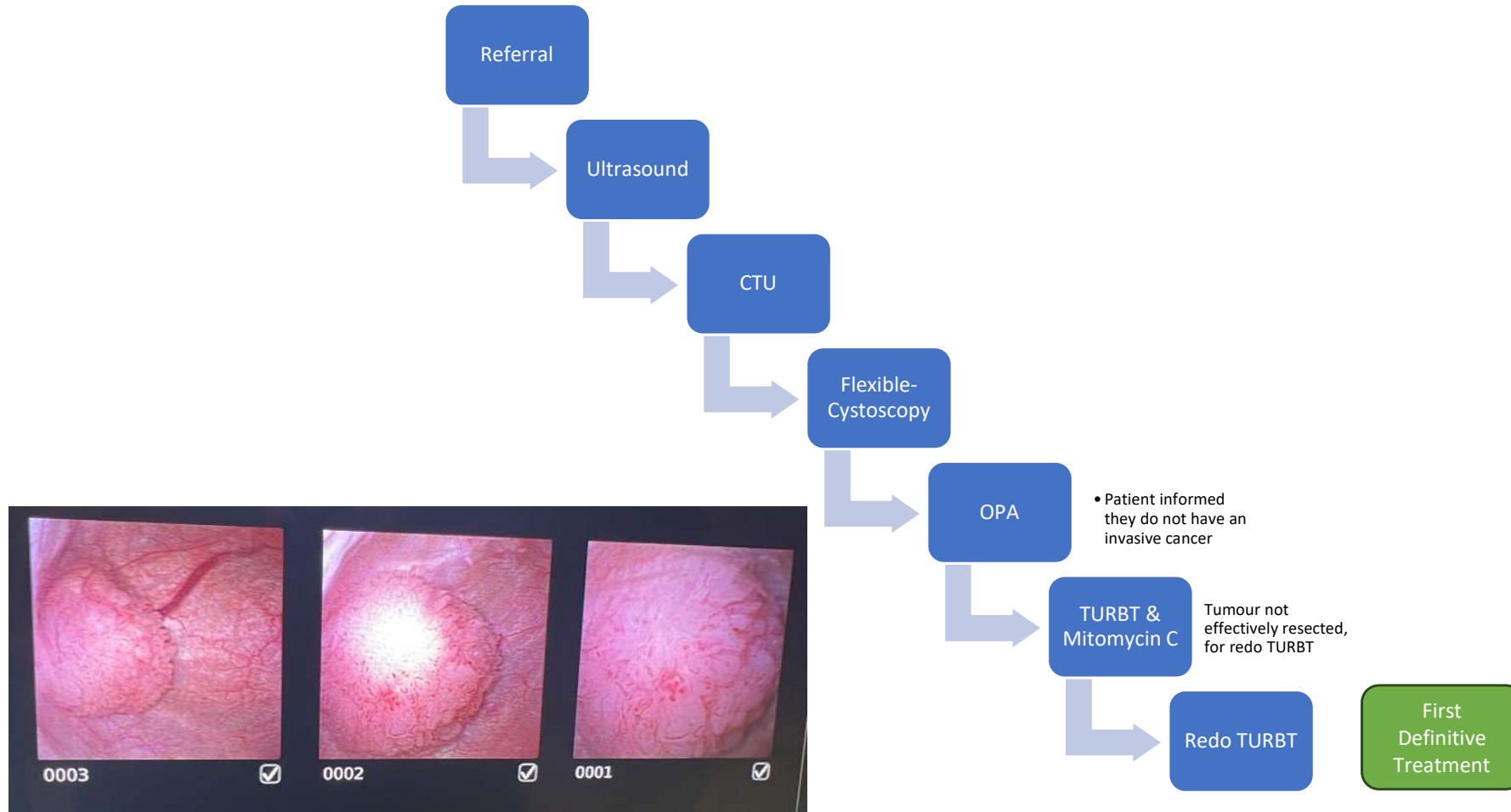
- **When** is the Faster Diagnosis Standard clock stop?



- **When is the First definitive Treatment?**



- **What** is the First definitive Treatment?

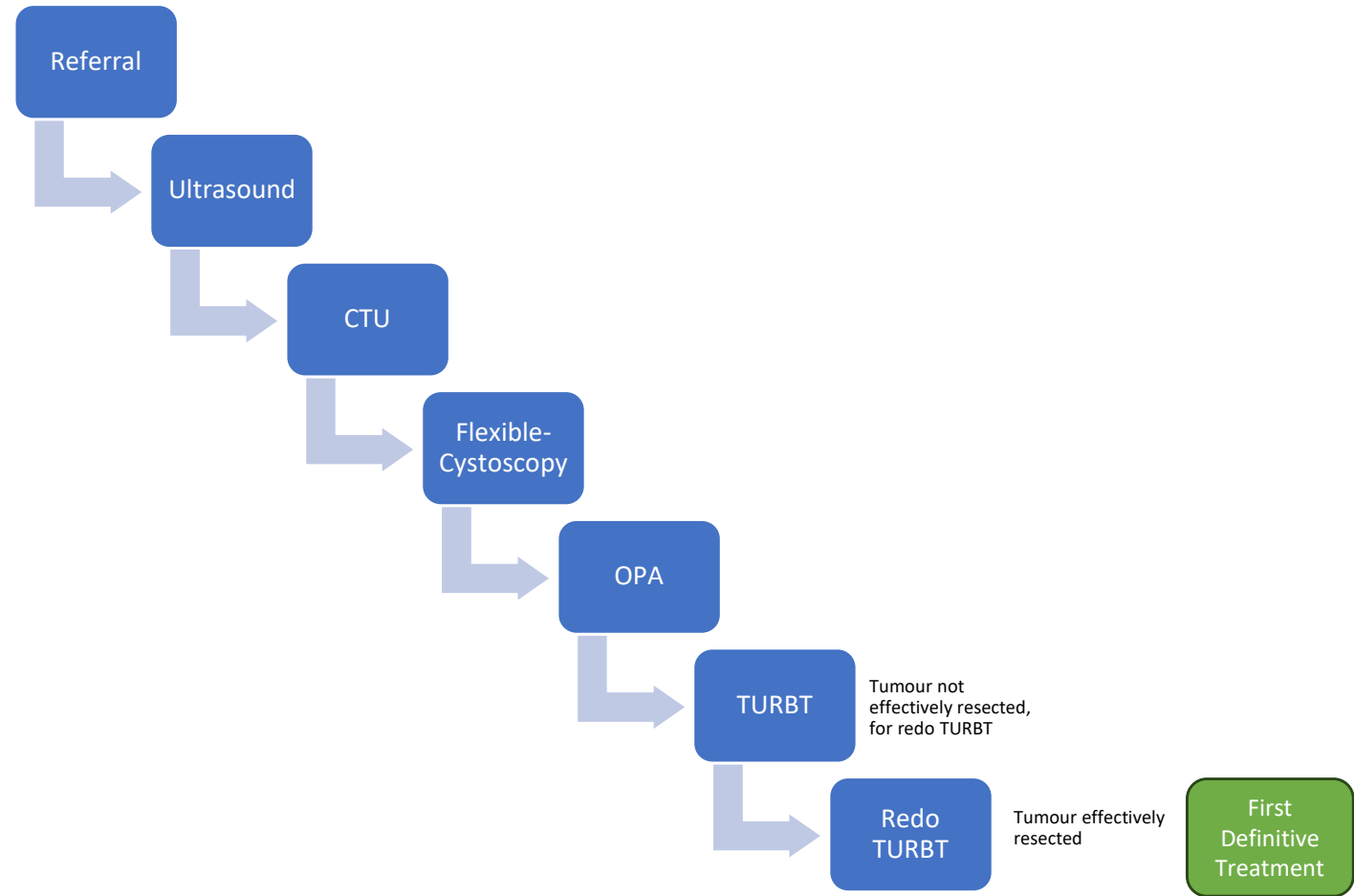




Scenario 4



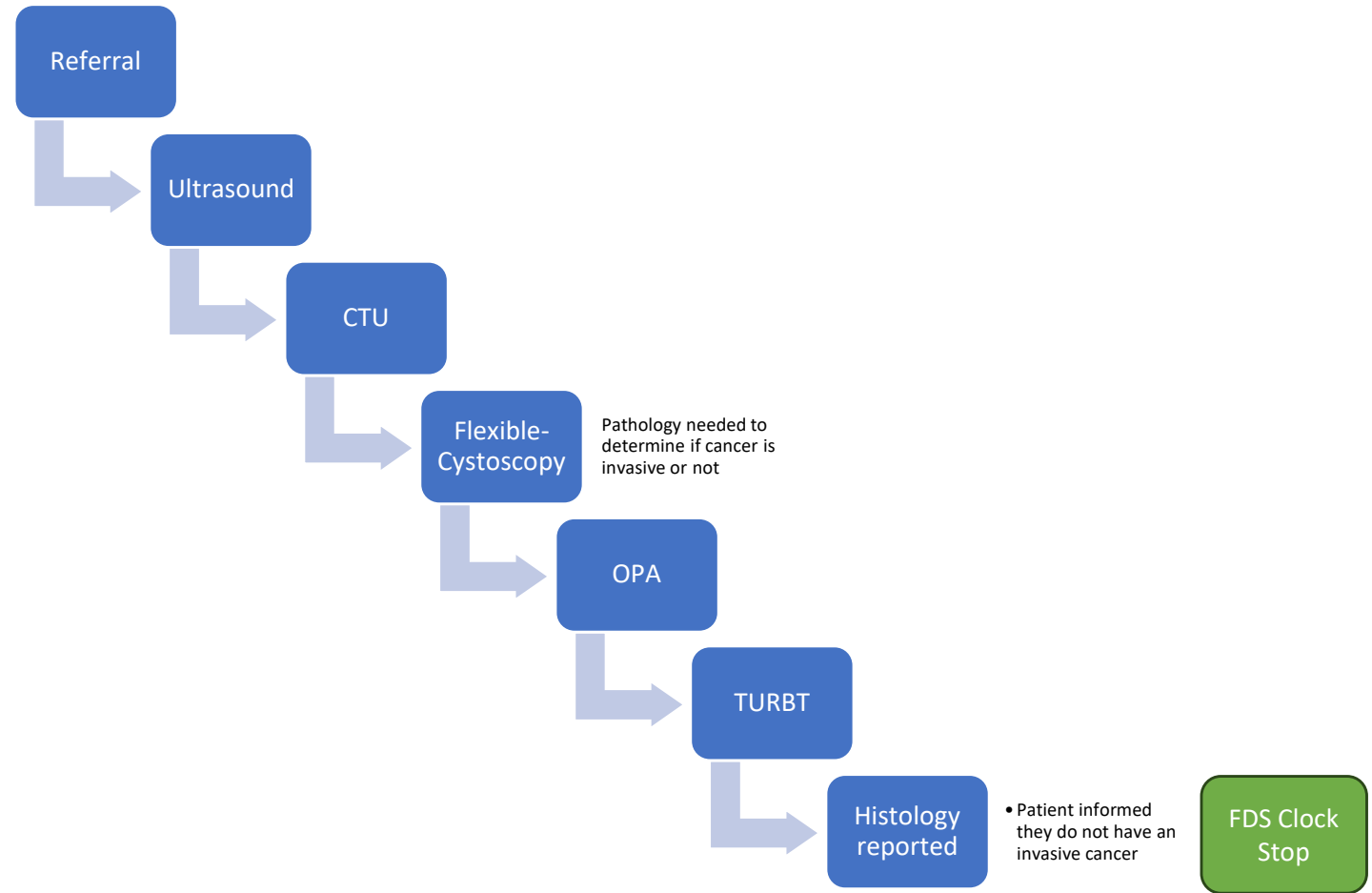
- **When is the First definitive Treatment?**





Scenario 5

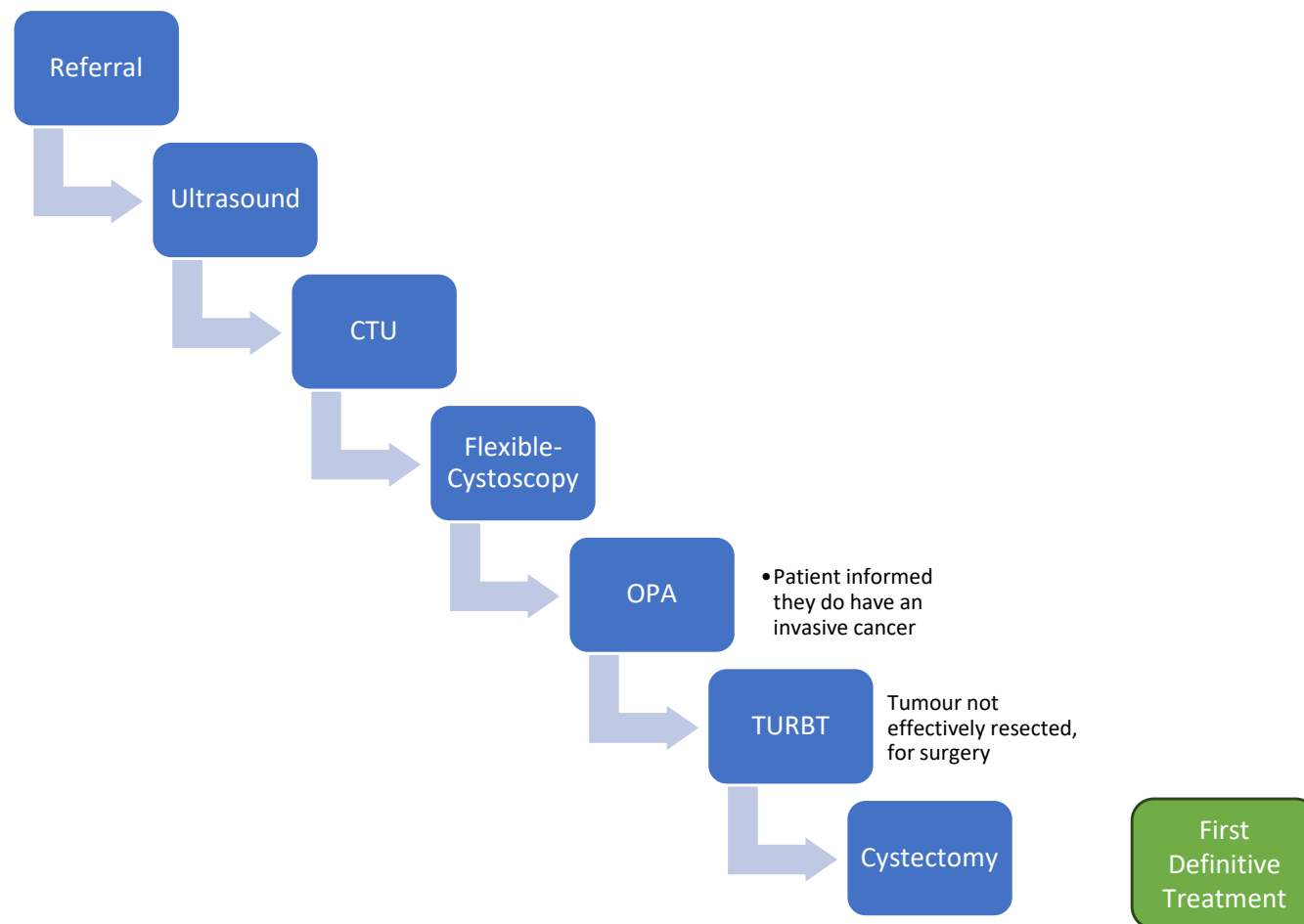
- **When** is the Faster Diagnosis stop clock?





Scenario 6

- **When is the First Definitive Treatment?**





Scenario 7

- **When is the First Definitive Treatment?**

