

Bladder Cancer

DEFINITIONS

- Initial Work up and Staging refers to imaging studies that are part of the routine evaluation of a patient prior to therapy
- Restaging After Treatment refers to recommendations for studies to be performed regardless of the clinical status of the patient after completion of an episode of treatment.
- Evaluation for Change in Clinical Status refers to examinations ordered to evaluate new or worsening signs and symptoms.
- Surveillance Imaging refers to recommendations for imaging to be performed at intervals following therapy regardless of the clinical status of the patient.

Detection

- Contrast enhanced CT or MRI of the pelvis

Initial Work Up and Staging

- Pelvis MRI preferred for local staging, CT acceptable
- Abdomen and Chest CT if tumor invades bladder wall (Stage T2 or higher)
- MRI brain if there are neurologic signs or symptoms
- Bone scan if elevated alkaline phosphatase or symptoms
- PET may be of value if other studies are equivocal

Restaging after treatment

Evaluation for Change in Clinical Status

- As clinically indicated

Surveillance Imaging (Patient stable after treatment)

Invasive transitional cel carcinoma

- CT Chest, Abdomen and Pelvis annually

After cystectomy

- CT or MRI of the abdomen and pelvis, CT Chest every 3-6 months for 2 years and then as clinically indicated
- Diagnostic Imaging Oncology; Shaaban et al eds.; Amirsys Corp. 2012; Urinary Bladder Carcinoma p 5-64
- NCCN Clinical Practice Guidelines in Oncology Bladder Cancer V 1.2012 accessed 12/29/10
- NCCN Guidelines Version 2.2012 Bladder Cancer accessed 7/8/2012
- NCCN Guidelines version 1.2012 Bladder Cancer accessed 11/23/2012
- Schöder H, Larson SM Positron emission tomography for prostate, bladder, and renal cancer. Semin Nucl Med. 2004 Oct;34(4):274-92.
- Drieskens O, Oyen R, Van Poppel H, Vankan Y, Flamen P, Mortelmans L. FDG-PET for preoperative staging of bladder cancer. Eur J Nucl Med Mol Imaging. 2005 Dec;32(12):1412-7.

Additional Information

Metastasis most likely to

- Lymph Nodes 69%
- Bone 47%
- Lung 37%
- Liver 26%
- Peritoneum 16%
- Pleura 11%
- Adrenal 7%

References

1. Shinagare, Atul B., Ramaiya, Nikhil H., Jagannathan, Jyothi P., Fennessy, Fiona M., Taplin, Mary-Ellen, Van den Abbeele, Annick D. Metastatic Pattern of Bladder Cancer: Correlation With the Characteristics of the Primary Tumor Am. J. Roentgenol. 2012 196: 117-122

References

1. Diagnostic Imaging Oncology; Shaaban et al eds.; Amirsys Corp. 2012; Urinary Bladder Carcinoma p 5-64
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4. NCCN Guidelines version 1.2012 Bladder Cancer accessed 11/23/2012
5. Schöder H, Larson SM Positron emission tomography for prostate, bladder, and renal cancer. *Semin Nucl Med.* 2004 Oct;34(4):274-92.
6. Drieskens O, Oyen R, Van Poppel H, Vankan Y, Flamen P, Mortelmans L. FDG-PET for preoperative staging of bladder cancer. *Eur J Nucl Med Mol Imaging.* 2005 Dec;32(12):1412-7.
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14. Shinagare, Atul B., Ramaiya, Nikhil H., Jagannathan, Jyothi P., Fennessy, Fiona M., Taplin, Mary-Ellen, Van den Abbeele, Annick D. Metastatic Pattern of Bladder Cancer: Correlation With the Characteristics of the Primary Tumor *Am. J. Roentgenol.* 2012 196: 117-122