Upper GU Tract Tumors (Renal Pelvis and Ureter)

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.

Initial Work Up and Staging

- CT or MRI of Abdomen and Pelvis
- CT chest if chest x-ray is not diagnostic
- Bone scan (nuclear) if abnormal alkaline phosphatase or bone signs or symptoms

Restaging after treatment

- No immediate routine post surgical imaging is recommended

Evaluation for Change in Clinical Status

- As clinically indicated

Surveillance Imaging (Patient stable after treatment)

- CT or MRI of the abdomen and pelvis at no less than 3 month intervals for 2 years then annual

Note: Distribution of metastases

- Liver 63%
- Lung 58%
- Bone 43%
- GI Tract 20%
- Adrenal 15%
- Ovary 13%
- Uterus 10%
- NCCN Guidelines Version 2.2012 Upper GU Tract Tumors accessed 7/8/11
- Diagnostic Imaging Oncology; Shaaban et al eds.; Amirsys Corp. 2012; Renal Pelvis and Ureteral carcinoma p5-44

References

1. NCCN Guidelines Version 2.2012 Upper GU Tract Tumors accessed 7/8/11
2. Diagnostic Imaging Oncology; Shaaban et al eds.; Amirsys Corp. 2012; Renal Pelvis and Ureteral carcinoma p5-44