SUPERFICIAL BLADDER CANCER
Visit website for detailed information

Notes:
- Treatment is individualized and may deviate from this schedule
- Higher risk tumors require more intensive surveillance
- SURVEILLANCE IS CRITICAL, USUALLY LIFELONG

### Diagnosis:
- Ta Tis T1 Grade 1 2 3 Carcinoma in Situ

#### Cystoscopy
- Evaluation of hematuria or bladder mass
- Arrange US or CT if not already done

#### TURBT
- Obtain a specimen for diagnosis
- Attempt to remove entire tumor
- Day care/Outpatient surgery

#### High Grade: re-TURBT
- Optional: For high risk tumors
- Low risk tumors usually go straight to surveillance cystoscopy

### Surveillance Cystoscopy:
Cytology and US/CT as needed

- **BCG Induction**
  - Optional: See below
- **TURBT**
  - 3 months
  - 6 months
  - 9 months
  - 12 months (1 YEAR)
  - 15 months
  - 18 months
  - 21 months
  - 24 months (2 YEARS)
  - 30 months
  - 36 months (3 YEARS)
- **YEARRLY**

### BCG (optional):
Coordinated so surveillance cystoscopy occurs no sooner than 4 weeks after completion of BCG maintenance

- **BCG Induction**
  - Medical Oncology Richmond Hospital
  - WEEKLY treatment x 6 WEEKS
  - Outpatient, 1 Hour
  - BCG Induction
  - Re-staging TURBT Complete
  - 3 months
  - 6 months
  - 12 months (1 YEAR)
  - 18 months
  - 24 months (2 YEARS)
  - 36 months (3 YEARS)
  - COMPLETE

- **Cystoscopy or TURBT**
  - Assess response to treatment
  - Further TURBT performed if possible recurrence at surveillance cystoscopy

- **BCG Maintenance**
  - Optional: For high risk tumors
  - WEEKLY treatments x 3 WEEKS
  - See schedule

TURBT: TransUrethral Resection Bladder Tumor
BCG: Bacillus Calmette-Geurin
MTC: Mitomycin C

References:
2. Surveillance Cystoscopy: Campbell Walsh Urology 11th ed. Table 93-4, p 2221