Appendix 4

Urology Care Pathways

Cancer Care Pathways outline the steps and stages in the patient journey from referral through to diagnostics, staging, treatment, follow up, rehabilitation and if applicable onto palliative care.

Timed effective care pathways are central to delivering quality and timely care to patients throughout their cancer journey and to the delivery of an equitable service. The timelines on the pathway are intended to facilitate the proactive management of patients within the access standards and it is to be noted that for some urological tumours, the patient will move much quicker through the pathway (e.g. testicular cancer).

<table>
<thead>
<tr>
<th>GOOD PRACTICE &amp; QUALITY PARAMETERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• National Standards for Urological Cancer Services, 2005</td>
</tr>
<tr>
<td>• South East Wales Cancer Network (SEWCN) Urology referral Guideline 2010</td>
</tr>
<tr>
<td>• Uro-Oncology CNS (Key worker) to provide patient support &amp; information at all stages, at appropriate points.</td>
</tr>
<tr>
<td>• Oncology Protocols (to include Clinical Trials)</td>
</tr>
<tr>
<td>• Urology dedicated MDT Co-ordinator.</td>
</tr>
<tr>
<td>• Letter from MDT to GP</td>
</tr>
<tr>
<td>• Proactive pathway management</td>
</tr>
<tr>
<td>• Use of CANISC,</td>
</tr>
<tr>
<td>• Use of SEWCN Urology Follow up Protocols 2010</td>
</tr>
</tbody>
</table>

References

NICE (2002) Improving Outcomes in Urological Cancer
http://www.nice.org.uk/guidance/index.jsp?action=byID&o=10889
British Association Of Urological Surgeons Guidelines
http://www.baus.org.uk/
European Association Of Urology
http://www.europeanurology.com/
National Standards for Urological Cancer Services, 2005
Prostate Pathway

GP referral – triage by Urology Consultant

OPA (PSA Clinic or CS Slot)
History/DRE/Counselling = Biopsy

Benign pathology
Patient letter informing of benign pathology

Positive Pathology
MDT Meeting

Results Clinic
Diagnosis discussed with patient

Staging
*MRI & Bone scan if appropriate

Localised
Locally advanced
Metastases

Decision to treat – with Urologist or Oncologist

Radical Prostatectomy
Radical Radiotherapy
(±/-) Hormone Therapy
Brachytherapy
Active Surveillance
Clinical Trials

Radical Prostatectomy
Radical Radiotherapy
(±/-) Hormone Therapy
Hormone therapy
Brachytherapy
Active Surveillance
Clinical Trials

Hormone therapy
Oncology
Palliation
Active Surveillance
Clinical Trials
Renal Tumour

Pathway

GP referral – Solid mass on imaging or palpable renal mass

OPA CS slot Imaging/ History/ Physical/Flexi

Renal Tumour

Stage tumour CT Thorax, Abdo, pelvis

Patient discussed at MDT

Outpatient’s appointment Treatment options discussed Decision to treat

PT1a

Laparoscopic Treatment of choice

? Partial
? Open Surgery
? Laparoscopic

PT2

Laparoscopic

? Open

PT3a

Open

? Laparoscopic

PT3b

Open

? Laparoscopic
Vascular Surgeon
Cardiac Bypass

PT4 M1

? Debulk
+ Immunotherapy
Embolisation
Radiotherapy
Oncology
Palliative Care

Renal Preservation

Partial Nephrectomy
Open/ Laparoscopy
Radio Frequency
Ablation

Follow Up

Other point of entry (A&E, Incidental Findings)

Maximum Wait

1/62

7/62

28/62

31/62

62/62

MaximumWait

28/62

31/62

62/62

7/62

1/62
Testicular Cancer Pathway

**PATHWAY**

- GP Referral received
- Testicular Cancer suspected

**OPA** - Assessment of clinical presentation (Lump)

- Diagnostic tests
- Ultrasound performed at time of OPA where possible

- Testicular Cancer Confirmed
- Decision to treat

- CXR Tumor Marker
- Stage CT Thorax/Abdo/Pelvis

**Patient discussed at MDT**

- Orchidectomy +/- Prosthesis
- Pre-op Sperm bank if needed

- Patient discussed at Network MDT

- Metastatic

- Oncology

**Patient discussed at MDT**

- Oncology Outpatient's appointment

- Surveillance
- Chemotherapy
- Radiation
- Clinical Trial
- Sperm Bank

**Follow Up**
Haematuria

**Maximum Wait**
- 1/62

**Pathway**
- GP referral / other point of entry (A&E, incidental findings)
- One Stop Haematuria Clinic
  - Flexible cystoscopy + Upper Tract Imaging/ History Physical

**Bladder Tumour**
- Superficial
- Muscle Invasive
  - TURBT
  - Single shot MitomycinC
  - CT Chest, Abdomen

**Grade and stage tumour**

**Patient discussed at MDT**

**Outpatient's appointment**
- Treatment options discussed
- Decision to treat

**Follow Up**
- PTa
  - Endoscopic Follow up
- PTaG3
  - BCG
- PT1G3
  - Re-resect BCG

- Ureteroscopy
- Laparoscopic Nephro-Ureterectomy

- Superficial treatment options
- Invasive treatment options

- ? Bladder Preservation /radio/chemo
- ? Radical Surgery/ reconstruction
- Palliation
- Neo-adjuvant Chemo
Penile Cancer Pathway

**MAXIMUM WAIT**

1/62

28/62

31/62

62/62

**PATHWAY**

GP Referral received
Penile Cancer suspected

**OPA**

Biopsy/Stage CT/MRI.
Refer to Royal Glamorgan
Forward results to Royal Glamorgan

**Patient discussed at Network MDT**

Outpatients Appointment
Decision to treat

**Localised**

- **Surgery**
  - Amputation
  - Penile preservation

- **Radiation**

**Groins**

- **Lymph Node Dissection**
  - Therapeutic
  - Prophylactic

- **Chemo Radiation**

**Advanced**

- **Pelvic Lymph Node Dissection**
  - Open Laparoscopy

- **Chemo Radiation**

- **Palliative Care**

**Clinical Trials**

**Follow Up**