MUSCLE INVASIVE BLADDER CANCER

SURVIVORSHIP CARE PLAN

BCAN
Bladder Cancer Advocacy Network

This Survivorship Care Plan will facilitate cancer care following active treatment. It is intended to be completed by a member of the patient's healthcare team. This document may include important contact information, a treatment summary, recommendations for follow-up care testing, a directory of support services and resources, and other information. This is a summary document whose purpose is to review the highlights of the cancer treatment plan for this patient and does not replace the medical record. This document is current only as of the date of preparation.

Prepared by	
Date Prepared	

I. General Information

Survivor Information	
Name	
Gender	
Phone	
Email	
Date of birth	

Cancer Diagnosis	
Bladder cancer diagnosis date	
Age at diagnosis	
Tumor histology (type)	
Tumor grade	
Imaging	
Stage (TNM)	
Other cancer history (if applicable)	

Care Team	
Provider	**Name**
Urologic Oncologist	
General Urologist	
Medical Oncologist	
Oncology/Urology Advanced Practice Provider	
Primary Care Provider	
Other providers	

II. Ongoing Treatment Plan Notes

III. Treatment Plan Summary

Tumor Resection(s) (TURBT)	Date	Clinical Stage (TNM)

Neoadjuvant Systemic Agents (e.g., chemo, immunotherapy)	# Cycles	Start Date	End Date

Pre-Cystectomy Result	Tumor Genomic Profile (if available)	Post-Cystectomy Result

Radical Cystectomy	Date	Tumor Stage (TNM)	Urinary Diversion

Adjuvant Systemic Agents (e.g., chemo, immunotherapy)	#Cycles	Start Date	End Date

Clinical Trials (if applicable)	Treatment/ Intervention	Dates

Trimodality Therapy (TMT)				
Radiation		**Chemotherapy**		
# of Fractions	**Dates**	**Agent**	**# of treatments**	**Dates**

IV. Follow-up Care Without Recurrence

The specific tests and the frequency of follow-up outlined below are general recommendations based upon NCCN guidelines and expert consensus. Their application may vary from one provider to another depending on the individual patient. The patient should discuss the details of cancer surveillance with their provider. Recurrent cancer will require a deviation from the schedule below to consider additional treatments.

A-I. Preventive Measures **Source:** NCCN.org

Test	**Year**						
	1	**2**	**3**	**4**	**5**	**6–10**	**>10**
Cystoscopy	N/A						
Imaging	• CTU or MRU (image upper tracts + axial imaging of abdomen/pelvis) every 3–6 mo • CT chest (preferred) or chest x-ray every 3–6 mo or • FDG-PET/CT (category 2B) only if metastatic disease suspected		• Abdomen/pelvis CT or MRI annually • CT chest (preferred) or chest x-ray annually or • FDG-PET/CT (category 2B) only if metastatic disease suspected			Renal US annually(e)	As clinically indicated
Blood tests	• Renal function testing (electrolytes and creatinine) every 3–6 mo • LFT(f) every 3–6 mo • CBC, CMP every 3–6 mo if received chemotherapy	• Renal function testing (electrolytes and creatinine) annually • LFT(f) annually • B_{12} annually based on clinical judgement				B_{12} annually based on clinical judgement	
Urine tests	• Urine cytology every 6–12 mo • Consider urethral wash cytology every 6–12 mo(g)		Urine cytology as clinically indicated Urethral wash cytology as clinically indicated				

Surveillance s/p bladder sparing (e.g., trimodality, partial-cystectomy)

Test	**Year**						
	1	**2**	**3**	**4**	**5**	**6–10**	**>10**
Cystoscopy	Every 3 mo		Every 6 mo		Annually		As clinically indicated
Imaging	• CTU or MRU (image upper tracts + axial imaging of abdomen/pelvis) every 3–6 mo for MIBC • CT chest (preferred) or chest x-ray every 3–6 mo for MIBC or • FDG-PET/CT (category 2B) only if metastatic disease suspected		• Abdomen/pelvis CT or MRI annually • CT chest (preferred) or chest x-ray annually or • FDG-PET/CT (category 2B) only if metastatic disease suspected			As clinically indicated	
Blood tests	• Renal function testing (electrolytes and creatinine) every 3–6 mo • LFT(f) every 3–6 mo • CBC, CMP every 3–6 mo if received chemotherapy	• Renal function testing (electrolytes and creatinine) annually • LFT(f) annually					
Urine tests	Urine cytology every 6–12 mo		Urine cytology as clinically indicated				

Appendices

A-I. Preventive Measures

Health Maintenance	More Information
Routine health	An annual exam with a primary care provider
Cancer screening	Stay current on routine cancer screenings (e.g., gynecology, breast, colon, prostate, skin checks)
Lifestyle management	A balanced diet, routine physical exercise, adequate sleep, minimal alcohol, smoking cessation
Mental health	To nurture emotional well-being and equip patients with the tools to manage life's challenges effectively establish care with a mental health professional.

A-II. Symptoms to Watch For

- Abdominal pain
- Anxiety
- Back pain
- Blood in the urine
- Blood or other drainage from the vagina or the penis
- Bone pain or fractures
- Chest pain
- Concerns about cancer recurrence
- Depression
- Leg swelling
- Relationship problems related to cancer and its after-effects
- Loss of appetite
- Nausea
- Sexual dysfunction
- Shortness of breath
- Unexplained weakness or fatigue
- Unplanned weight loss
- Urinary difficulties
- Vomiting

A-III. Potential Late-Effects of Cancer

Patients may experience the following effects after cancer treatment:

- **Radical Cystectomy:**
  Urinary problems: urine leakage; urinary tract infection, scarring, or obstruction; narrowing of the stoma; bladder stones or trouble urinating; kidney stones, loss of kidney function, stricture of ureter, bleeding from urethra
  Bowel problems: diarrhea, constipation, or bowel obstruction
  Other: sexual dysfunction, psychological distress, electrolyte abnormalities, abdominal hernia
- **Chemotherapy/Immunotherapy**
  Neuropathy, tinnitus, cognitive dysfunction, psychological distress, fatigue, metabolic syndrome, colitis, GI side effects.
- **Radiation:**
  Fatigue, scarring, bladder or rectal irritation and bleeding, bowel obstruction, psychological distress

A-IV. Resources for Health Care Providers & Patients

Bladder Cancer Advocacy Network:
BCAN — the Bladder Cancer Advocacy Network — is the first national advocacy organization dedicated to increasing public awareness about bladder cancer; to advancing bladder cancer research; and to providing educational and support services for the bladder cancer community. BCAN is a cooperative effort among bladder cancer survivors, their families and caregivers, and the medical community. A survivorship tool kit is currently under development for health care providers. http://www.bcan.org/

American Cancer Society (ACS) Guidelines on Nutrition and Physical Activity for Cancer Prevention
Updated every five years, this document is a short version of the ACS Nutrition and Physical Activity Guidelines. It includes how to maintain a healthy weight and how to stay active. http://www.cancer.org/Healthy/index

Association of Oncology Social Work (AOSW)
AOSW provides a wide variety of resources for social workers who provide care to cancer patients, survivors, and families. AOSW also has resources to assist with patient navigation. www.aosw.org

American Psychosocial Oncology Society (APOS)
APOS publishes a pocket guide to psychosocial care for cancer patients, survivors, and their families. http://www.apos-society.org

Cancer Care for the Whole Patient: Meeting Psychosocial Health Needs
The report by the Institute of Medicine studies the delivery of psychosocial services to cancer patients and their families and identifies ways to improve it. https://nap.nationalacademies.org/catalog/11993/cancer-care-for-the-whole-patient-meeting-psychosocial-health-needs

From Cancer Patient to Cancer Survivor: Lost in Transition Report Recommendations
The recommendations in this report, taken from the Institute of Medicine's report, From Cancer Patient to Cancer Survivor: Lost in Transition, are directed to cancer patients and their advocates, health care providers and their leadership, health insurers and plans, employers, research sponsors, and the public and their elected representatives. https://nap.nationalacademies.org/catalog/11468/from-cancer-patient-to-cancer-survivor-lost-in-transition

National Cancer Institute: Office of Survivorship
The mission of the Office of Cancer Survivorship (OCS) is to enhance the quality and length of survival of all persons diagnosed with cancer and to minimize or stabilize adverse effects experienced during cancer survivorship. Resources for physicians include clinical practice follow-up guidelines, management of late-term effects of cancer treatment, and information regarding supportive care. http://dccps.nci.nih.gov/ocs/resources-physicians.html

Oncology Nursing Society (ONS)

ONS publishes a number of useful references for nurses and others providing care to cancer patients and survivors, particularly with regard to symptom management. They also offer regular opportunities for continuing education. www.ons.org

Wound and Ostomy Care Nurses (WOCN)

The WOCN is dedicated to advancing the practice and delivery of expert healthcare to individuals with wound, ostomy, and continence care needs. WOC nurses provide direct care to people with abdominal stomas, wounds, fistulas, drains, pressure injuries, and/or continence disorders, and can serve as an educator, consultant, researcher, or administrator. www.wocn.org