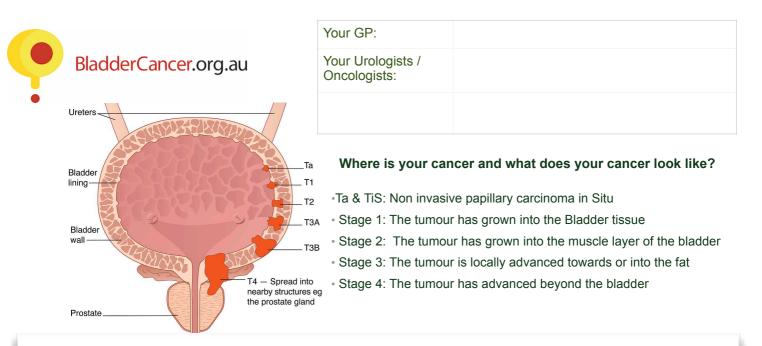


Name:	
Address:	
Phone & Email:	
Emergency Contact:	

Bladder cancer tests, results, diagnosis and staging:

	Date	Doctor Notes
Biopsy Result- Type		<ul> <li>Urothelial cancer/Transitional Cell Carcinoma [TCC]</li> <li>Other Type - Yes/ No</li> <li>Carcinoma in situ (CIS) present- Yes/No</li> <li>Low Grade (G1/G2)</li></ul>
Cystoscopy		□ Single tumour □ Multiple Tumours
TURBT		Tumours Removed Yes/No
Biopsy Result- Stage		<ul> <li>T1 T2 T3 T4 (See diagram)</li> <li>Awaiting re-biopsy Yes/No</li> </ul>
Re-Biopsy - Stage		<ul> <li>T1 T2 T3 T4 (see diagram)</li> <li>Re-biopsy required Yes/No</li> </ul>
Rest of urinary tract		<ul> <li>Kidneys Yes (left/right) /No</li> <li>Ureter Yes (left/right)/No</li> <li>Urethra Yes/No</li> </ul>
Ultrasound		<ul> <li>Bladder tumour seen Yes/No</li> <li>Kidneys normal Yes/No</li> <li>Diverticulum</li> </ul>
CT scan		<ul> <li>Organ confined Yes/No</li> <li>Lymph nodes Yes/No</li> <li>Distant disease Yes/No</li> </ul>
PET scan (optional)		<ul> <li>Organ confined Yes/No</li> <li>Lymph nodes Yes/No</li> <li>Distant disease Yes/No</li> </ul>
Bone scan		Not required Bony disease Yes/No
Other scans		





## Proposed appointments and treatment

	Date	Doctor Notes
Multidisciplinary Meeting (MDM) Outcome (tick only or all options)		<ul> <li>Surveillance</li> <li>Repeat Cystoscopy</li> <li>Chemotherapy</li> <li>Surgery – radical cystectomy</li> <li>Radiation – radical radiotherapy</li> </ul>
Repeat Cystoscopy (TURBT/ Biopsy)		Yes / No
Bladder installations (BCG/ other)		Yes / No / Discuss later
Chemotherapy		Yes / No / Possible after surgery
Surgery- radical cystectomy		Not required / An option
Radiation- radical radiotherapy		Not required / An option
Urology Nurse		Yes / No / Possible after surgery
Stomal Therapist		Yes /No
Continence Physiotherapist		Yes / No / Possible after surgery
Psychologist		Optional
Dietitian		Optional
GP discussion		

Notes & Questions: