Provincial Hematuria/Bladder Cancer Evaluation Primary Care Pathway

Use of anti-coagulants or anti-platelet therapy does not exclude a patient from evaluation of hematuria

Patient states to have gross hematuria or found to have microscopic hematuria on urinalysis (u/a) not dipstick

- **Nonmalignant causes of hematuria** may require evaluation and treatment by primary care prior to proceeding with pathway. Including:
  - **Urinary Tract Infections** (UTI)- effective treatment, retest. If hematuria persists, continue on pathway
    Evidence based criteria for urinary infection testing Algorithm (albertahealthservices.ca)
  - **Renal Colic** (Suspected) Order CT Renal Colic Protocol if symptoms of renal colic. If no stones identified, continue on hematuria pathway
  - **Gynecologic Cause**
  - **Traumatic catheterization/ instrumentation**
- **Risk factors for urothelial cancer should be considered (see link above for details)**

Microhematuria

- NO visible blood in urine
- ≥3 RBC/HPF on U/A (lab determines if urine microscopy is performed)

No Risk Factors:

- RBC 3-10/HPF
- Women age < 50
- Men age < 40
- Never smoker or < 10 pack year smoking history

Risk Factors Present:

- RBC >10/HPF, no visible blood in urine
- Women age >50
- Men age >40
- Smoking history pack years >10
- Workplace exposure
- Cyclophosphamide
- Prior radiation to pelvis
- Lynch Syndrome
- Schistosomiasis

REPEAT U/A after approximately ONE month-

Does Hematuria Persist?

NO

No Risk Factors: No follow up required

Risk Factors Present:

- Counsel patient on lifestyle factors to reduce risk of urothelial cancer
- May repeat U/A in 1 year
- Consider eAdvice

See Risk Factors link above for details

YES

Investigations:

- **Creatinine, GFR**
- **Renal Bladder Ultrasound**
- **Urine Cytology is not indicated** and will be performed by Urology as required.

Gross Hematuria

- Blood is visible in urine
- Gross Hematuria alone is a high-risk factor of urothelial cancer

Investigations:

- Creatinine, GFR
- CT UROGRAM- with indication of "gross hematuria", "urology consult pending."
- Do not delay Urology referral for CT results. The referral to urology and for the CT should be made concurrently.
- **Ultrasound and Urine Cytology are not indicated and will be performed by Urology as required.**

Urology referral. See referral guideline tab for details.