

# RENAL, BLADDER & TESTICULAR CANCERS

## THINK A-G

Supporting earlier & faster cancer diagnosis

### ASYMPTOMATIC

Most urological cancers are asymptomatic in early stages & over 90% of patients presenting with renal cancer have no symptoms. This also includes all patients presenting with non-visible haematuria of whom 5-10% may have a urological cancer.



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### BLOOD IN URINE

Visible haematuria should be investigated, 20 -25% of patients with visible haematuria and no evidence of UTI will have a malignancy somewhere in the urinary tract. If the patient has had a recent UTI, repeat the urinalysis and MSU.



### CONCERNING UTI'S

Consider non-urgent referral for bladder cancer in people aged 60 and over with recurrent or persistent unexplained urinary tract infection. Recurrent UTIs are defined as more than 2 infections in 6 months or 3 in a year. It may be useful to investigate with a kidney ultrasound and post-void bladder scan first



### EXAMINATIONS IN PRIMARY CARE

Prior to a secondary care referral, all patients should have a urinalysis, MSU (not necessary to wait for results), full routine bloods and an assessment for any other signs of infection.



### DETERMINE RISK

Consider the following risk factors for cancer: family history, smoking, occupational risks, age and weight.

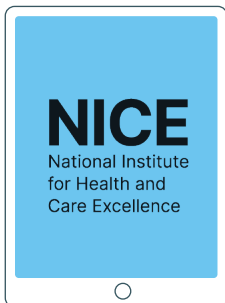
### FOLLOW NICE GUIDELINES

#### Haematuria:

>45 with visible and no UTI evidence or >60 non-visible & dysuria OR raised white blood cell count refer on suspected cancer pathway.

#### Hard lump in testicles:

If aged 20 – 40, refer immediately on suspected cancer pathway if older complete ultrasound before referral.



### GREATER MANCHESTER REFERRAL PROFORMA

- Please refer all patients using the Greater Manchester form
- Ensure the patient understands the reason for referral
- Include frailty information as this helps direct patients to the most appropriate investigation or assessment

### REFERRAL PROCESS FOR GREATER MCR

GM referral form

Physical examination