NHS
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Cancer Alliance

Standard Operational Policy for Stepping Patients Off a Cancer Pathway and Recording Faster Diagnosis Standards Following Investigations for Visible Haematuria

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Title of paper	Standard Operational Policy for Stepping Patients Off a Cancer Pathway and Recording Faster Diagnosis Standards Following Investigations for Visible Haematuria
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Purpose of the paper	
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Consulted	GM Urology Pathway Board, GM Bladder Pathway Improvement T&F Group.
Approved by	GM Cancer Urology Pathway Board November 2023
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Removing Patients from the Suspected Cancer Pathway

Post-Flexible Cystoscopy

Removing Patients from a Suspected Cancer Pathway (cancer excluded)

1. Purpose

The purpose of this policy is to provide a standardized approach to stepping patients off a cancer pathway and recording faster diagnosis standards date following investigations on the suspected urological cancer pathway. This policy aims to ensure patients receive appropriate care and communication after investigations confirm that cancer is not present and also those waiting for further investigation when cancer is found.

2. Criteria for Stepping Off the Cancer Pathway

Patients can be stepped off the cancer pathway if all the following criteria are met:

1. **Negative Investigations for Malignancy:**
    - Diagnostic investigations, including cystoscopy, imaging (e.g., ultrasound, CT urogram), (and cytology if obtained), have not identified any evidence of malignancy.
2. **No Suspicious Symptoms or Findings:**
    - There are no other ongoing symptoms or clinical findings that suggest an alternative site for malignancy or require further cancer-specific investigation.
3. **Appropriate Follow-Up Plan:**
    - An appropriate follow-up plan has been formulated for the underlying cause of haematuria if it is non-malignant (e.g., urinary tract infection, renal stones, benign prostatic hyperplasia).

Communication with the Patient:

1. A member of the clinical team should communicate the outcome of the investigations (and any MDT review) to the patient.
2. The correspondents or discussion should include:
    - Explanation that no cancer was found.
    - Information about any non-malignant findings and the management plan.
    - Reassurance and advice on what to do if symptoms recur or new symptoms develop. If visible haematuria is recurrent then consideration to repeat referral should be given. If non visible haematuria is present then no further investigation is required unless there is an associated change in the patients urinary symptoms.
    - The point of communication with the patient in this situation can be recorded as the FDS

Notification to General Practitioner (GP):

1. A summary letter detailing the investigation results, MDT discussion, and the management plan should be sent to the patient's GP as soon as possible.

2. The GP should be informed that the patient has been stepped off the cancer pathway.

3. Recording of FDS when a bladder tumour is identified

When the flexible cystoscopy identifies a bladder tumour, the patient should be informed of a diagnosis of bladder cancer such that the FDS date can be recorded. At this point, the patients should be introduced to the CNS team or given appropriate contact details and signposted to the local smoking cessation services.

Guidance reviewed November 2023-September 2024
Endorsed at GM Cancer Urology Pathway Board November 2023.

Date for review: September 2025