Urological cancer - suspected - Management

Scenario: Urological cancer

General recommendations

- A patient who presents with symptoms or signs suggestive of urological cancer should be referred to a team specialising in the management of urological cancer, depending on local arrangements **(D)**.

Basis for recommendation

This is a direct implementation of the National Institute for Health and Clinical Excellence guideline *Referral guidelines for suspected cancer: urological cancer* [NICE, 2005].

For further information on the evidence grading used, see the *Supporting evidence* section on Evidence grading.

Prostate cancer

- Patients presenting with symptoms suggesting prostate cancer should have a digital rectal examination (DRE) and prostate-specific antigen (PSA) test after counselling. Symptoms will be related to the lower urinary tract and may be inflammatory or obstructive **(C)**.
- Prostate cancer is also a possibility in male patients with any of the following unexplained symptoms:
  - Erectile dysfunction
  - Haematuria
  - Lower back pain
  - Bone pain
  - Weight loss, especially in the elderly
- These patients should also be offered a DRE and a PSA test **(C)**.
- Urinary infection should be excluded before PSA testing, especially in men presenting with lower tract symptoms. The PSA test should be postponed for at least 1 month after treatment of a proven urinary infection **(C)**.
- If a hard, irregular prostate typical of a prostate carcinoma is felt on rectal examination, then the patient should be referred urgently. The PSA should be measured and the result should accompany the referral.

Patients do not need urgent referral if the prostate is simply enlarged and the PSA is in the age-specific reference range* **(C)**.

- In a male patient with or without lower urinary tract symptoms and in whom the prostate is normal on DRE but the age-specific PSA is raised or rising, an urgent referral should be made. In those patients whose clinical state is compromised by other comorbidities, a discussion with the patient or carers and/or a specialist in urological cancer may be more appropriate **(C)**.
- Symptomatic patients with high PSA levels should be referred urgently **(C)**.
- If there is doubt about whether to refer an asymptomatic male with a borderline level of PSA, the PSA test should be repeated after an interval of 1 to 3 months. If the second test indicates that the PSA level is rising, the patient should be referred urgently **(D)**.

* The age-specific cut-off PSA measurements recommended by the Prostate Cancer Risk Management Programme are as follows: 50–59 years of age >= 3.0 nanograms/mL; 60–69 years of age >= 4.0 nanograms/mL; 70 years of age and older >= 5.0 nanograms/mL. (Note that there are no age-specific reference ranges for men over 80 years of age. Nearly all men of this age have at least a focus of cancer in the prostate. Prostate cancer only needs to be diagnosed in this age group if it is likely to need palliative treatment.)

Basis for recommendation

This is a direct implementation of the National Institute for Health and Clinical Excellence guideline *Referral guidelines for suspected cancer: urological cancer* [NICE, 2005].

For further information on the evidence grading used, see the *Supporting evidence* section on Evidence grading.

Bladder and renal cancer

- Male or female adult patients of any age who present with painless macroscopic haematuria should be referred urgently **(C)**.
- In male or female patients with symptoms suggestive of a urinary infection who also present with macroscopic haematuria, investigations should be undertaken to diagnose and treat the infection before consideration of referral. If infection is not confirmed the patient should be referred urgently **(D)**.
- In all adult patients 40 years of age and older who present with recurrent or persistent urinary tract infection associated with haematuria, an urgent referral should be made **(C)**.

- In patients under 50 years of age with microscopic haematuria, the urine should be tested for proteinuria and serum creatinine levels measured. Those with proteinuria or raised serum creatinine should be referred to a renal physician. If there is no proteinuria and serum creatinine is normal, a non-urgent referral to a urologist should be made **(C)**.
- In patients 50 years of age and older who are found to have unexplained microscopic haematuria, an urgent referral should be made **(C)**.
- Any patient with an abdominal mass identified clinically or on imaging that is thought to be arising from the urinary tract should be referred urgently **(C)**.

Basis for recommendation

This is a direct implementation of the National Institute for Health and Clinical Excellence guideline *Referral guidelines for suspected cancer: urological cancer* [NICE, 2005].

For further information on the evidence grading used, see the *Supporting evidence* section on Evidence grading.

Testicular cancer

- Any patient with a swelling or mass in the body of the testis should be referred urgently **(C)**.
- An urgent ultrasound should be considered in men with a scrotal mass that does not transilluminate and/or when the body of the testis cannot be distinguished **(D)**.

Basis for recommendation

This is a direct implementation of the National Institute for Health and Clinical Excellence guideline *Referral guidelines for suspected cancer: urological cancer* [NICE, 2005].

For further information on the evidence grading used, see the *Supporting evidence* section on Evidence grading.

Penile cancer

- An urgent referral should be made for any patient presenting with symptoms or signs of penile cancer. These include progressive ulceration or a mass in the glans or prepuce particularly, but can involve the skin of the penile shaft. Lumps within the corpora cavernosa not involving penile skin are usually not cancer but indicate Peyronie's disease, which does not require urgent referral **(D)**.

Basis for recommendation

This is a direct implementation of the National Institute for Health and Clinical Excellence guideline *Referral guidelines for suspected cancer: urological cancer* [NICE, 2005].

For further information on the evidence grading used, see the *Supporting evidence* section on Evidence grading.

cancer - suspected - Management

Scenario: Urological cancer - suspected