

# Upper Tract Urothelial Carcinoma

Intended for use by Clinicians and Health Care Providers involved in the Management or Referral of adult patients with Upper Tract Urothelial Carcinoma (UTUC)

| Section | Activity                      | Activity Description   | Details   | Reference(s) |
|---------|-------------------------------|------------------------|---|--------------|
| AA      | Cancer Centre Referrals       |                        | <ul style="list-style-type: none"> <li>All patients with locally advanced or metastatic disease warrant referral and discussion at MDGU rounds</li> </ul>   |              |
| A       | Diagnosis                     |                        | <ul style="list-style-type: none"> <li>Often challenging to confirm tissue diagnosis                             <ul style="list-style-type: none"> <li>Positive cytology with filling defect on imaging</li> <li>Direct visualization +/- biopsy via uteropyeloscopy</li> <li>Biopsy of metastatic site in select cases</li> </ul> </li> </ul>                                       |              |
| B       | History and Physical Exam     |                        | <ul style="list-style-type: none"> <li>As per routine</li> </ul>  |              |
| C       | Investigations                |                        | <ul style="list-style-type: none"> <li>Staging imaging:                             <ul style="list-style-type: none"> <li>CT Abdomen/Pelvis (CT urogram of chest as indicated)</li> <li>Chest x-ray</li> </ul> </li> <li>Urinary cytology</li> <li>Serum (CBC, renal function, hepatic function, coags)</li> <li>Other imaging as indicated (renal scan, bone scan, etc.)</li> </ul> |              |
| D       | Post-investigation management | Curative Intent        | <ul style="list-style-type: none"> <li>Nephroureterectomy (NU) or distal ureterectomy (DU) with bladder cuff excision</li> <li>Endoscopic ablation (laser, resection) in select cases</li> <li>Role of regional lymphadenectomy less clear</li> </ul>   |              |
|         |                               | Neo-Adjuvant Treatment | <ul style="list-style-type: none"> <li>Select patients with locally advanced disease (T or N) on imaging (without distant mets) may be considered</li> </ul>  |              |

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|         |          | Adjuvant Treatment   | <ul style="list-style-type: none"> <li>• Consider for high local stage, including T3/4, N+</li> <li>• Aware of impact of renal loss at NU on candidacy for ACT</li> <li>• <b>Systemic:</b> <ul style="list-style-type: none"> <li>○ Gemcitabine/Cisplatin has been favoured ideal regimen (<a href="#">CISPGEMC</a>)</li> <li>○ Other agents as indicated by toxicity risk</li> </ul> </li> <li>• <b>Radiation:</b> <ul style="list-style-type: none"> <li>○ Adjuvant radiation to be offered for patients that have positive pathological margins</li> </ul> </li> </ul>   | <a href="#">Cancer Care Ontario Curative/Adjuvant/Neo-Adjuvant Systemic Therapy (1)</a> |
|         |          | Advanced Disease     | <ul style="list-style-type: none"> <li>• Role/need for confirmatory biopsy if no prior histopathology – should be discussed at Cancer Centre or MDGU</li> <li>• <b>Systemic:</b> <ul style="list-style-type: none"> <li>○ Chemotherapy for eligible patients with metastatic disease</li> <li>○ Gemcitabine/Cisplatin (<a href="#">CISPGEMC</a>) has been favoured ideal regimen</li> <li>○ Other agents as indicated by toxicity risk</li> </ul> </li> <li>• <b>Radiation:</b> <ul style="list-style-type: none"> <li>○ Role of XRT in locally symptomatic patients – Cancer Centre of MDGU</li> </ul> </li> </ul> | <a href="#">Cancer Care Ontario Palliative Systemic Therapy (2)</a>                     |

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| E       | Follow up with no evidence of disease |                      | <ul style="list-style-type: none"> <li>• Surveillance of bladder is indicated via cystoscopy</li> <li>• Contralateral upper tract surveillance</li> <li>• Chest x-ray</li> <li>• Timing tailored to individual risk</li> <li>• CT Urogram (based on risk category)</li> </ul>  | <a href="#">Canadian Urological Association (CUA) Guidelines (3)</a> |
| F       | Recurrent disease                     |                      | <ul style="list-style-type: none"> <li>• No established role for oligometastatectomy or resection of recurrent disease</li> <li>• PET has been used to confirm active disease</li> <li>• Chemotherapy in eligible patients as for advanced disease</li> <li>• Local management of bladder recurrence including Radiation Therapy if needed</li> <li>• Endoscopic or nephron-sparing treatment in contralateral upper tract recurrence</li> </ul> |  |
| G       | Controversies                         |                      | <ul style="list-style-type: none"> <li>• Lymphadenectomy at the time of primary NU/distal urectomy - should it be standard in anticipated high-risk cases?</li> <li>• Role of Neo-Adjuvant chemotherapy</li> <li>• Role of surgery (+/- NACT) in regional node disease on imaging</li> <li>• Optimal surveillance of contralateral upper tract (imaging vs. retrograde/ureteroscopy)</li> </ul>  |  |
| H       | Clinical Trials                       |                      | <ul style="list-style-type: none"> <li>• All patients should be considered for clinical trials if available</li> </ul>   | <a href="#">CCSEO Clinical Trials (4)</a>                            |

## References

1. **Cancer Care Ontario (CCO) Systemic Treatment Program.** Adjuvant/ Curative/ Neo-Adjuvant Bladder/ Urothelial Cancer Regimens. *Systemic Treatment Funding Model*. [Online] February 2015. <https://www.cancercare.on.ca/common/pages/UserFile.aspx?fileId=300104>.
2. **Cancer Care Ontario (CCO) Systemic Treatment Program - Palliative.** Palliative Bladder/ Urothelial Cancer Regimens. *Systemic Treatment Funding Model*. [Online] February 2015. <https://www.cancercare.on.ca/common/pages/UserFile.aspx?fileId=300106>.
3. **Canadian Urological Association (CUA).** Canadian Guidelines for Postoperative Surveillance of Upper Urinary Tract Urothelial Carcinoma. [Online] July 2013. [http://www.cua.org/themes/web/assets/files/guidelines/en/uttcc\\_guideline\\_-\\_july\\_2\\_2013\\_1.pdf](http://www.cua.org/themes/web/assets/files/guidelines/en/uttcc_guideline_-_july_2_2013_1.pdf).
4. **Cancer Centre of Southeastern Ontario.** Oncology Clinical Trials. *Cancer Centre of Southeastern Ontario at Kingston General Hospital*. [Online] <http://www.kgh.on.ca/en/research/groupsanddepartments/researchgroups/Pages/clinicaltrials.aspx>.

## Revisions

- 2015/01/11: Draft created
- 2015/01/21: Discussed at Disease Site Chairs Council Meeting (2015/01/21)
- 2015/01/22: Revisions as per feedback from Disease Site Chairs Council Meeting