

## BLADDER CANCER

## Revise guidelines for follow-up of asymptomatic hematuria?

Men who have had a negative workup for screening-detected microhematuria are no more likely to develop bladder cancer than those who did not have blood in their urine. This is the key finding of an analysis of 14 years of data collected following a population-based trial.

Between 1987 and 1992, 1,575 men aged 50 years or more who were at moderate or high risk of developing an urothelial malignancy tested their urine at home using chemical reagent strips. At least one positive strip-test for microhematuria was reported by 258 participants. Subsequent workup by a urologist—including urine culture and microscopy, urography or upper tract imaging, cystoscopy, and wash cytology—resulted in diagnosis of bladder cancer in 21 men.

Two microhematuria-positive men for whom workup had been negative went on to develop bladder cancer, after intervals of approximately 7 and 11 years. Bladder malignancy was diagnosed in the same

proportion of trial participants who had had no hematuria, between 1 and 14 years after screening. There was no significant difference between the two groups in disease-related mortality.

“Once a full microhematuria [workup] is negative, patients probably need not be followed unless they have severe voiding [problems] or other symptoms”, states senior author Edward Messing from the University of Rochester School of Medicine, New York. “This contradicts American Urological Association guidelines, which require three follow-up workups in 3 years.”

As pointed out by Theo de Reijke in an Editorial Comment that accompanies Messing *et al.*'s *Urology* paper, modifying the 2001 guidelines in accordance with these new findings would result in “enormous cost reductions and a positive effect on the quality of life of the patients”.

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**Original article** Madeb, R. *et al.* Long-term outcome of patients with a negative work-up for asymptomatic microhematuria. *Urology* 75, 20–26 (2010)