

# PerioperativeBCAN

1.

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0046). Do not return the completed form to this address.

## 1. Where does the majority of your clinical practice occur?

Non-Academic Setting

Academic Setting

## 2. What is your professional degree?

MD

Nurse practitioner or RN

Physician Assistant

Other (please specify)

## 3. What proportion of your practice is dedicated to the management of genitourinary cancers?

<10% of all referrals

10% to 25% of all referrals

25% to 50% of all referrals

>50% of all referrals

## 2. Bladder Cancer Referral Information

## PerioperativeBCAN

**4. How many patients with muscle invasive bladder were referred to your practice in 2010?**

0

1-5

6-12

12 - 20

>20

Other (please specify)

**5. Of all patients referred to your practice with muscle invasive bladder cancer, what do you estimate to be the relative contribution of each listed medical subspecialty as the source of referral? Please make the sum total 100%.**

Urologist

Radiation Oncologist

Family Physician or Internist

Other Medical Oncologist

Other

**6. Of all patients referred to your practice with muscle invasive bladder cancer for consideration of neoadjuvant or adjuvant chemotherapy, what do you estimate to be the relative contribution of each listed age group? Please make the sum total 100%.**

<50 Years

50-64 Years

65- 84 Years

>85 Years

## 3. Perioperative Chemotherapy- General Staging/ Goals of Care

**7. Do you offer neoadjuvant chemotherapy?**

Yes, to everyone who is eligible

Sometimes, to high risk patients

No

## PerioperativeBCAN

**8. Do you offer neoadjuvant chemotherapy to patients with upper tract (renal pelvis or ureter) urothelial cancer?**

Yes, to everyone who is eligible

Sometimes, to high risk patients

No

**9. Do you offer adjuvant chemotherapy?**

Yes, to everyone who is eligible

Sometimes, to high risk patients

No

**10. Do you offer adjuvant chemotherapy to patients with upper tract (renal pelvis or ureter) urothelial cancer?**

Yes, to everyone who is eligible

Sometimes, to high risk patients

No

**11. Of all of the patients you offer peri-operative chemotherapy to, what do you estimate to be the relative contribution of each category? Please make the sum total 100%.**

Neoadjuvant

Adjuvant

If you do not offer neoadjuvant therapy, please return the survey at this point. If you do, please continue to the next section focused on neoadjuvant chemotherapy

## 4. Neoadjuvant Chemotherapy- Patient Characteristics

## PerioperativeBCAN

**12. Of all patients with bladder cancer referred for consideration of neoadjuvant chemotherapy, what do you estimate to be the relative contribution of each listed T - stage of bladder cancer? Please make the sum total 100%.**

T2: Invades muscle	<input type="text"/>
T3: Invasion of perivesical tissue	<input type="text"/>
T4a: Invasion of adjacent organ- prostate, uterus.	<input type="text"/>
T4b: Invasion pelvic/abdominal wall	<input type="text"/>
T(any)N(any):Lymph node involvement	<input type="text"/>
T(any)M1: Metastatic disease	<input type="text"/>

## 5. Neoadjuvant Chemotherapy- Staging

**13. Which of the following staging modalities do you require in order to make a decision regarding neoadjuvant chemotherapy.**

**Check all that apply.**

- CT Chest
- CT Abdomen & Pelvis
- Bone Scan
- CXR
- US Abdomen & Pelvis
- MRI Abdomen & Pelvis
- Urine Cytology
- PET scan

Other (please specify)

## 6.

At what functional status, stage, age and renal function would you not recommend neoadjuvant chemotherapy?  
Please feel free to also include written comments.

## 14. At what functional status level would you NOT recommend neoadjuvant chemotherapy.

Functional Status is NOT a factor

ECOG 1 or greater

ECOG 2 or greater

ECOG 3 or greater

ECOG 4

Other (please specify)

## 15. At what T stage would you NOT recommend neoadjuvant chemotherapy? Check ALL that apply.

T Stage is NOT a factor

T2: without lymphovascular invasion

T2: with lymphovascular invasion

T3: invasion of perivesical tissue

T4a: invasion of adjacent organs prostate, uterus, vagina

T4b: invasion of pelvic/abdominal wall

Other (please specify)

## 16. At what nodal status would you NOT recommend neoadjuvant chemotherapy, if any?

Nodal Status is NOT a factor

N1: One positive LN <2cm in diameter

N2: One positive LN 2-5cm in diameter, or multiple positive LN

N3: One or more positive LN >5cm in diameter

Other (please specify)

# PerioperativeBCAN

## 17. At what age would you NOT recommend neoadjuvant chemotherapy?

Age is NOT a factor

> 65 yrs old

> 70 years old

> 75 years old

> 80 years old

> 85 years old

Other (please specify)

## 18. At what GFR value would you NOT recommend neoadjuvant chemotherapy?

Renal function is NOT a factor

<60 ml/min

<50 ml/min

<40 ml/min

<30 ml/min

Other (please specify)

## 7. Neoadjuvant Chemotherapy- Regimen

### 19. If you use any of the following neoadjuvant chemotherapy regimens, please specify the number of cycles used. Indicate all that apply.

	Number of Cycles
Gemcitabine/ Cisplatin Day 1, 8 of 21 day cycle	<input type="text" value="6"/>
Gemcitabine/ Cisplatin Day 1, 8, 15 of 28 day cycle	<input type="text" value="6"/>
Gemcitabine/ Carboplatin	<input type="text" value="6"/>
Gemcitabine single agent	<input type="text" value="6"/>
MVAC Schedule	<input type="text" value="6"/>
High Dose MVAC	<input type="text" value="6"/>
Other (please specify)	<input type="text" value="5"/> <input type="text" value="6"/>

# PerioperativeBCAN

**20. Please specify dosages for the corresponding neoadjuvant chemotherapy regimens you use in your practice. Indicate all that apply.**

	Cisplatin	Gemcitabine	Carboplatin	Methotrexate	Vinblastine	doxorubicin	Paclitaxel
Cisplatin and Gemcitabine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carboplatin and Gemcitabine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cisplatin, Gemcitabine and Paclitaxel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carboplatin, Gemcitabine and Paclitaxel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Single agent Gemcitabine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MVAC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HD MVAC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

**21. What adjustments would you make if the patient had renal insufficiency? (Check all that apply)**

- Renal function is NOT a factor
- Split the dose of cisplatin (35mg/m2 d1 and d8)
- Substitute cisplatin with carboplatin
- Proceed directly to cystectomy without neoadjuvant chemotherapy

Other (please specify)

## 8. Neoadjuvant Chemotherapy- Staging and Follow-up

## 22. At what point during the neoadjuvant regimen do you restage patients?

After 50% of cycles

After completion of regimen

Other (please specify)

## 23. Which of the following staging modalities do you offer a patient undergoing neoadjuvant chemotherapy, in order to assess response to treatment? Check all that apply.

CT Chest

CT Abdomen & Pelvis

Bone Scan

Cystoscopy

CXR

US Abdomen & Pelvis

MRI Abdomen & Pelvis

CT/ MRI Head

Urine Cytology

PET scan

none

Other (please specify)

## 24. In your practice, what do you estimate to be the average time frame between the final dose of neoadjuvant chemotherapy and cystectomy?

2 weeks

4 weeks

6 weeks

8 weeks

> 8 weeks

Other (please specify)

## 9. Post Cystectomy Treatment

**25. How do you manage patients that have pathologic residual disease (>pT2 or positive LN) after neoadjuvant chemotherapy?**

- Observation until relapse
- Adjuvant chemotherapy with a cisplatin-based combination
- Adjuvant chemotherapy with a non-cisplatin-based combination

Other (please specify)

**26. How often during the first year after neoadjuvant chemotherapy and cystectomy do you use the following modalities? Check all that apply.**

	How often?
CT Chest, Abdomen & Pelvis	<input type="text" value="6"/>
CT Abdomen & Pelvis	<input type="text" value="6"/>
Bone Scan	<input type="text" value="6"/>
US Abdomen & Pelvis	<input type="text" value="6"/>
MRI Abdomen & Pelvis	<input type="text" value="6"/>
CXR	<input type="text" value="6"/>
Urine Cytology	<input type="text" value="6"/>
PET or PET/CT scan	<input type="text" value="6"/>