

27 July 2023

Dear Practice Manager

New referral pathway for adult haematuria – major changes

Can you please ensure your Doctors and Nurse Practitioners are made aware of a new referral pathway for adult haematuria that will **go live on July 24th, 2023**. There will be information in the WellSouth director updates and an introductory educational video by Dr Mike Stotzer (Urology Consultant) and Pacific Edge (the company behind CX Bladder) can be found here:

[Educational Video | CX Bladder Triage - YouTube](#)

Haematuria in Adults Health Pathway

<https://southern.communityhealthpathways.org/17392.htm>

Why is it changing?

The pathway changes are to improve patient care, reduce unnecessary invasive procedures (the number of cystoscopies is expected to reduce by 50%) and reduce burden on secondary care services, therefore freeing up more time to see those patients who do require access to the Urology service.

What's changing?

Macroscopic Haematuria Pathway - we are introducing CX Bladder test to replace urine cytology. Primary Care now has approval to order a CTH (CT Haematuria Protocol) directly and concurrently with ordering a CX Bladder, for macroscopic haematuria age 40-85.

Microscopic haematuria will continue to require Ultrasound KUB plus the CX Bladder test. The same evaluation (US-KUB + CXB) applies to macroscopic haematuria outside of the 40-85 age group or eGFR<30.

CX Bladder Testing

This is to replace cytology testing. Any requests for cytology for haematuria after the July roll out will be declined by SCL/Awanui Labs.

Patient testing will need to take place on site at a SCL/Awanui Labs location upon presentation of a printed test request form found in the new pathway. For rural practices where patients cannot attend a collection site:

- A collection kit and instructions will be couriered to the practice through the normal SCL/Awanui Labs test ordering and return process for your practise.
- Once the collection kit is received, the patient needs to attend the practice to complete the collection process.

CX Bladder Triage is a molecular diagnostic test. Local audit shows it has high sensitivity (97.7%), and when combined with radiology has a negative predictive value (99.3%) to identify haematuria patients with a low probability of having bladder cancer. It has been clinically validated for preliminary evaluation of patients with haematuria to identify and 'rule out' patients who may not require a full urological evaluation for bladder cancer.

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Imaging

Macroscopic Haematuria age 40-85, eGFR >30 – CTH (CT Haematuria Protocol)

Alongside the CX bladder testing, the pathway is for Primary Care concurrently request a CTH (CT Haematuria Protocol). **This is now available on ERMS.** If you have issues accessing this, please send requests as for x-ray and ultrasound, currently to:

Oamaru, Dunstan, and Dunedin districts; dnhospital.radrequests@southerndhb.govt.nz

Queenstown/Lakes and Southland districts; radiology.southland@southerndhb.govt.nz

Microscopic Haematuria, Macroscopic Haematuria outside age 40-85, eGFR <30

Alongside the CX bladder testing, the pathway is for Primary Care to order an Ultrasound KUB via your usual ultrasound request pathway.

Results

If the CX bladder Triage test result is positive, or imaging is suggestive of malignancy or other upper or lower urinary tract abnormalities, then request non-acute urology assessment. The Urology Department will arrange cystoscopy.

If there are no abnormalities in the investigations, the patient does not need to be seen by Urology. See Health Pathways for management of ongoing /recurrent symptoms.

Referrals sent to Urology without the above investigations being arranged will be returned to the referrer.

Any questions please contact, Nicola Garthwaite GP Liaison for Radiology

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