

Examining cost-effectiveness of initial diagnostic exams for microscopic hematuria

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Detecting red blood cells in the urine of asymptomatic patients who don't see blood when they urinate (asymptomatic microscopic hematuria) is common but it can signal cancer in the genitourinary system.

Routine urinalysis for screening of genitourinary cancer isn't recommended by any major health group but patients who undergo urinalysis for a variety of other reasons are often found to have microscopic hematuria, which prompts further evaluation. A new article published by *JAMA Internal Medicine* explores the cost-effectiveness of four initial diagnostic protocols for these patients.

Joshua A. Halpern, M.D., M.S., of Weill Cornell Medicine, New York, and his coauthors analyzed the cost-effectiveness of: computed tomography (CT) alone, cystoscopy (using a scope to examine the [urinary tract](#)) alone, CT and cystoscopy combined, and renal (kidney) ultrasound and cystoscopy combined.

The combination of [cystoscopy](#) and renal ultrasound was the most cost-effective with an incremental cost of \$53,810 per cancer detected, according to the results.

"The use of ultrasound in lieu of CT as the first-line diagnostic strategy will reduce the cost, morbidity and national expenditures associated with evaluation of AMH [asymptomatic microscopic hematuria]. Clinicians and policy makers should consider changing future guidelines in

accordance with this finding," the article concludes.

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