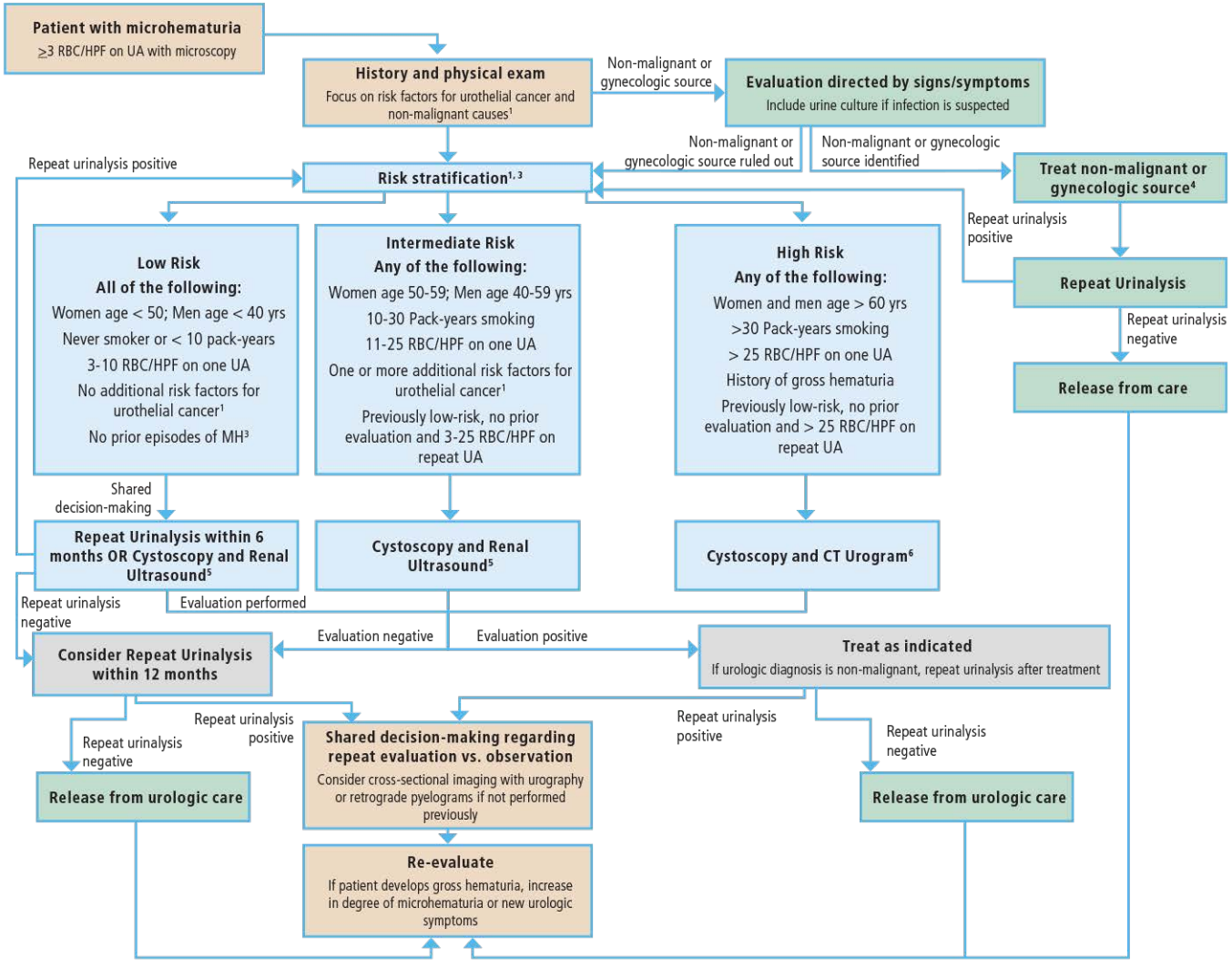

1. Main risk factors for urothelial cancer are those in the AUA risk stratification system (age, male sex, smoking, degree of microhematuria and history of gross hematuria). Additional risk factors for urothelial carcinoma include but are not limited to irritative lower urinary tract voiding symptoms, history of cyclophosphamide or ifosfamide chemotherapy, family history of urothelial carcinoma or Lynch Syndrome, occupational exposures to benzene chemicals or aromatic amines, history of chronic indwelling foreign body in the urinary tract
2. If medical renal disease is suspected, consider nephrologic evaluation, but pursue concurrent risk-based urological evaluation
3. Patients may be low-risk at first presentation with microhematuria, but may only be considered intermediate- or high-risk if found to have persistent microhematuria
4. There are non-malignant and gynecologic sources of hematuria that do not require treatment and/or may confound the diagnosis of MH. Clinicians can consider catheterized urine specimen in women with vaginal atrophy or pelvic organ prolapse. Clinicians must use careful judgment and patient engagement to decide whether to pursue MH evaluation in the setting of chronic conditions that do not require treatment, such as the aforementioned gynecologic conditions, non-obstructing stones or BPH.
5. Clinician may perform cross-sectional imaging with urography or retrograde pyelograms if hematuria persists after negative renal ultrasound
6. MR Urogram or Non-contrast imaging plus retrograde pyelograms if contraindications to CT Urogram