Appendix 2: Reported percentages of diagnostic tests and urological referrals for patients with hematuria

Study	Type of hematuria*	No evaluation (%)	Frequency of different evaluations and referrals performed (%)							
			History/ Exam	Urine Culture	Urine Cytology	Imaging	Cystoscopy	Both Imaging and cystoscopy	Referral	Guideline concordant evaluation
Performed within 30 days										
Matulewicz	NVH					7.7	3.6	1.4		
Performed within 60 days										
Richards 2018	NVH	66								
Richards 2018	VH	67			-					
Murphy	VH+	47								
Neider	NVH			57-60	6-11	20-25			36	
Performed within 90 days										
Richards 2018	NVH	66								
Richards 2018	VH	47								
Neider	VH			40-56	5-13	38-41			69-77	
Performed within 180 days										
Bassett	NVH	65						14	23	
Matulewicz	NVH					14.3	8.9	5.1		
Ark	Either	54				44	20	18	35	
Shinagare	Either	36			43	76	35	64		36‡
Friedlander	Either					13.9	13.7	5.7		
Performed within 365 days										
Matulewicz	NVH					16.5	9.8	5.9		
Performed within unspecified timescale (1-3 years)										
Elias	NVH	42		15	10	23			21	
Buteau	Either	16		63	7.3					
Bradley	NVH		63	25						89§

(secondary care)										
Buteau	NVH			59	5	34	6	5		
Buteau	VH			84	20	42	26	25		
Matulewicz	NVH					6.2	3.0	2.5		

[*] NVH: non-visible hematuria; VH: visible hematuria

[+] Murphy included patients with 50 red blood cell per high power field (RBC/HPF), equivalent to very high risk and VH group

Definition of guideline concordant evaluation:

[‡] Shinagare: upper renal tract imaging, urine cytology and cystoscopy for high risk patients and 1 urinalysis with >3 RBC/HPF; or upper renal tract imaging followed by either urine cytology or cystoscopy for patients with no risk factors and 2 of 3 urinalysis with >3RBC/HPF.

[§] Bradley: cystoscopy and upper tract imaging using CT urography