Non-Muscle Invasive Bladder Cancer: AUA/SUO Treatment Algorithm

TURBT

Low Risk
- Postoperative Chemo
  - Complete response
  - Surveillance
  - Recurrence: Partial or no response
  - Reassess as Int. Risk*

Int. Risk
- Induction Chemo
  - Complete response
  - Surveillance

Partial or no response
- BCG
  - Complete response
  - Reinduce
  - T1, LVI, +/− variant
  - Cystectomy
    - If unfit or unwilling to undergo surgery
    - Clinical Trial
    - If trial is unavailable
    - Intravesical Chemo

Others
- Re-TURBT† +/- Chemo
  - Partial or no response
  - T1, LVI, +/− variant
  - High Risk
    - Re-TURBT† +/- Chemo
      - Partial or no response

Recurrence
- Surveillance

*Consider fulguration in low-volume disease recurrence; otherwise reassess as intermediate risk.

†Timely re-TURBT (within six weeks) should be performed if there are concerns regarding an incomplete resection and/or if bladder sparing treatment (e.g., intravesical therapy or surveillance), is being planned.