PANEL ON NMIBC / MIBC

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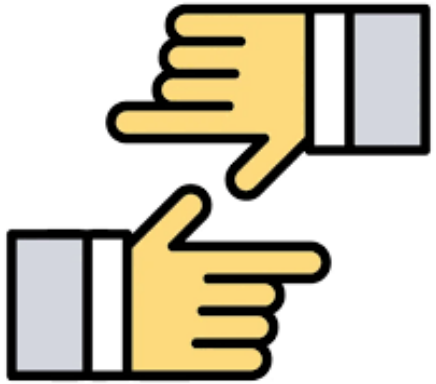
GLADIATOR OUTCOMES



Institutional / Private

INVESTIGATION

INDIAN SCENARIO

- 65 yr old, Haematuria with USS showing a bladder mass, 3 cm in size.
- Urine cytology+ve

Randomized Comparison of Magnetic Resonance Imaging Versus Transurethral Resection for Staging New Bladder Cancers: Results From the Prospective BladderPath Trial

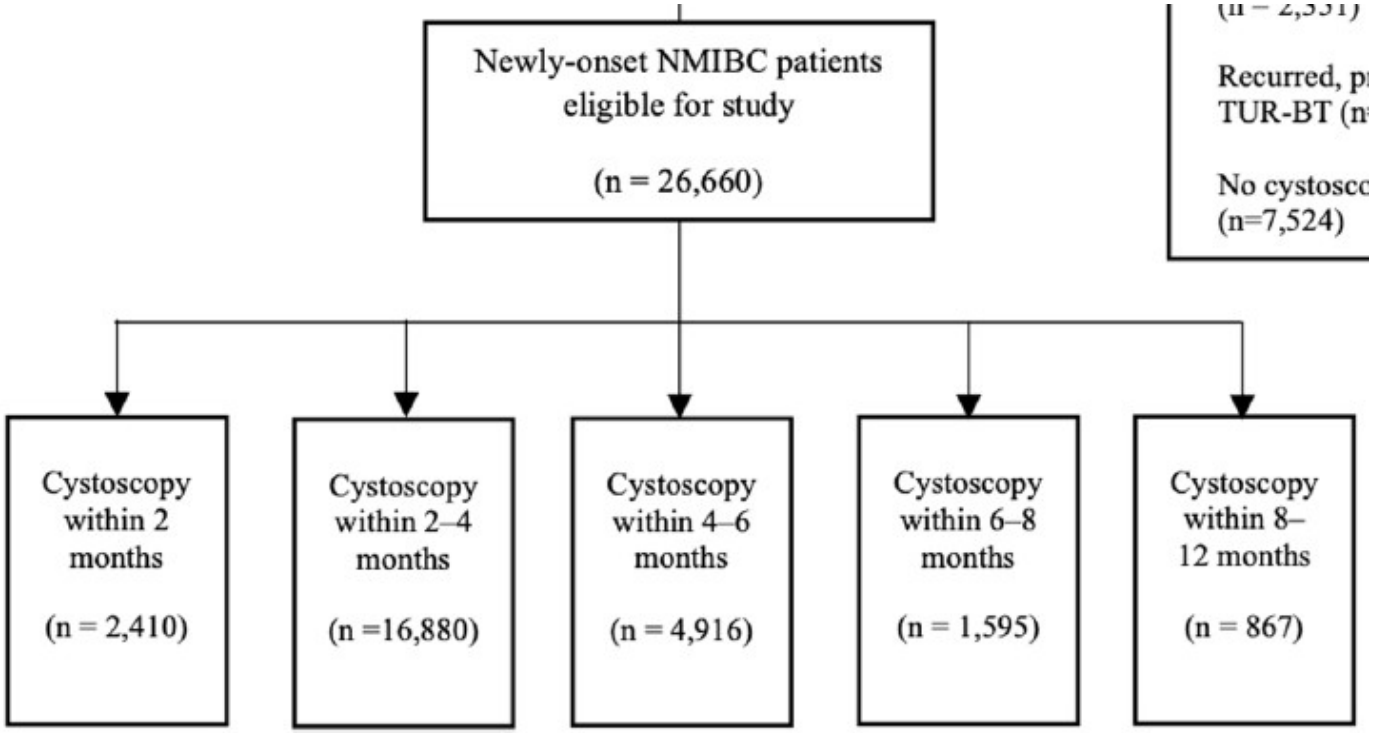
The mpMRI-directed pathway led to a 45-day reduction in TTCT for MIBC. Incorporating mpMRI ahead of TURBT into the standard pathway was beneficial for all patients with suspected MIBC.

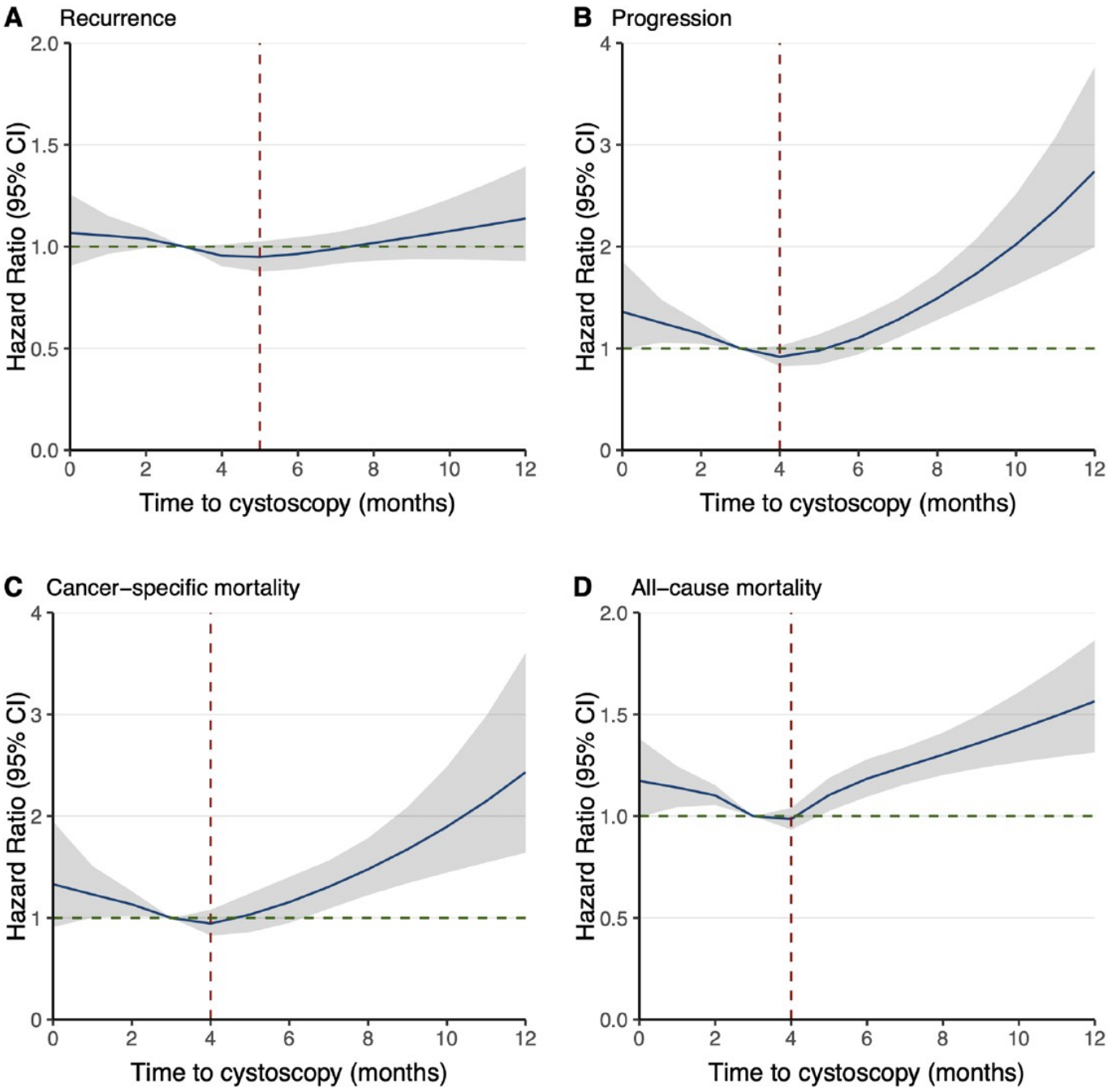
Triage in Institutions

OPEN

Optimal timing for the first cystoscopic follow-up using time-to-treatment initiation analysis of oncologic outcomes in primary non-muscle invasive bladder cancer

Jeong-Soo Kim[1,4], Jooyoung Lee[1,4], Tuan Thanh Nguyen[2] & Se Young Choi[3]✉




A Recurrence
B Progression
C Cancer–specific mortality
D All–cause mortality
Hazard Ratio (95% CI)
Time to cystoscopy (months)

DOES VH MAKE A DIFFERENCE ?

Clinical-Bladder cancer

Impact of variant histology on upstaging and survival in patients with nonmuscle invasive bladder cancer undergoing radical cystectomy

	VH	Pure UC	*P*-value
pT0	4	5	0.72
pTis	3	4	0.69
pTa	0	0	
pT1	5	12	0.057
pT0–pT1	*12*	*21*	**0.044**
pT2	2	1	0.287
– pT2a	1	5	
– pT2b	4	5	
pT3			**0.0078**
– pT3a	3	2	
– pT3b	11	2	
pT4	1	1	0.39
– pT4a	7	5	
– pT4b	1	0	
pT3–pT4	*23*	*10*	**0.0037**

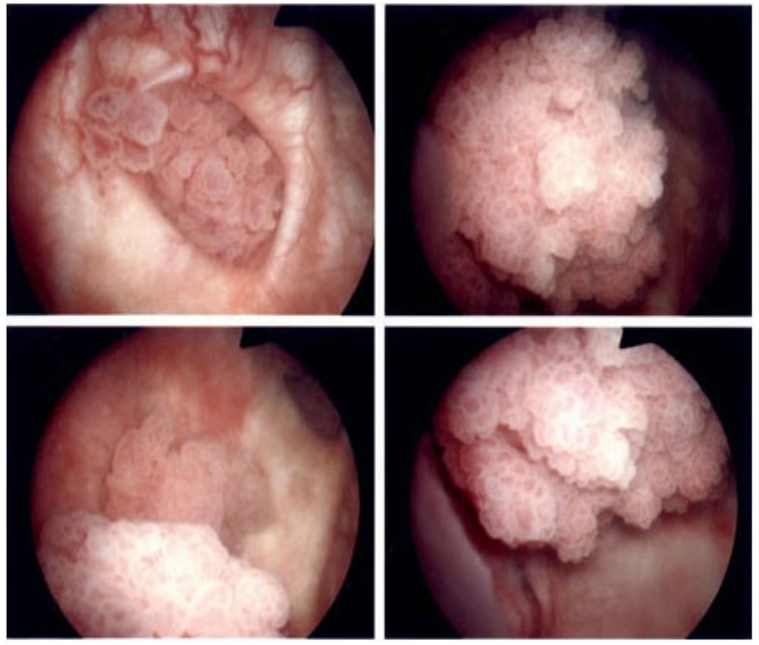
	Total	pN+	Upstaged	Percent upstaged
Squamous differentiation	12	2	9	75%
Plasmacytoid	8	7	7	87.5%
Micropapillary	8	3	5	62.5%
Nested	5	2	4	80%
Glandular differentiation	5	0	2	40%
Sarcomatoid	4	3	4	100%

BCG UNRESPONSIVE

Comparative Effectiveness of Bacillus Calmette-Guérin and Sequential Intravesical Gemcitabine and Docetaxel for Treatment-naïve Intermediate-risk Non–muscle-invasive Bladder Cancer

Kaushik P. Kolanukuduru †, *Reuben Ben-David* †, *Sarah Lidagoster*, *Mohammed Almoflihi*.

2 Lesions, <2 cms

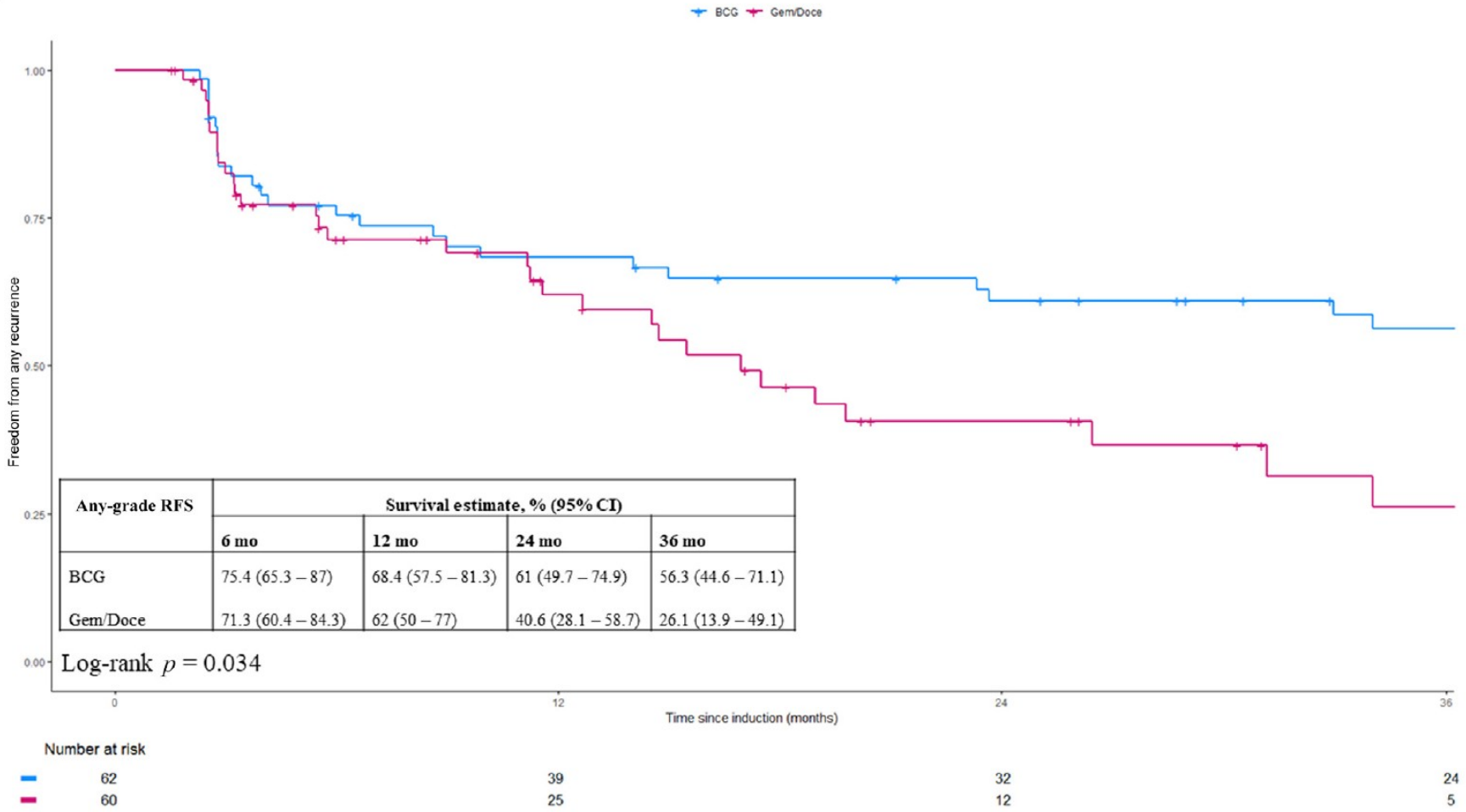


Risk group	
Low Risk	• A primary, single, TaT1 LG/G1 tumour < 3 cm in diameter without CIS in a patient ≤ 70 years • A primary Ta LG/G1 tumour without CIS with at most ONE of the additional clinical risk factors
Intermediate Risk	• Patients without CIS who are not included in either the low-, high-, or very high-risk groups
High Risk	• All T1 HG/G3 without CIS, EXCEPT those included in the very high-risk group • All CIS patients, EXCEPT those included in the very high-risk group
	Stage, grade with additional clinical risk factors: • Ta LG/G2 or T1G1, no CIS with all 3 risk factors • Ta HG/G3 or T1 LG, no CIS with at least 2 risk factors • T1G2 no CIS with at least 1 risk factor
Very High Risk	**Stage, grade with additional clinical risk factors:** • Ta HG/G3 and CIS with all 3 risk factors • T1G2 and CIS with at least 2 risk factors • T1 HG/G3 and CIS with at least 1 risk factor • T1 HG/G3 no CIS with all 3 risk factors

Parameter	All patients (n = 127)	BCG (n = 66)	Gem/Doce (n = 61)	p value
Median age, yr (IQR)	70 (62 - 76)	69 (61.2–76)	72 (62–76)	0.83
Median body mass index, kg/m^2 (IQR)	27 (24.25 - 30)	27 (24–30.8)	27 (25.4–29.3)	0.91
Sex, n (%)				0.82
Male	102 (80.3)	52 (79)	50 (82)	
Female	25 (18.7)	14 (21)	11 (18)	
Race, n (%)				0.94
White	75 (59.1)	38 (57.6)	37 (60.7)	
African American	17 (13.4)	9 (13.6)	8 (13.1)	
Other	35 (27.6)	19 (28.8)	16 (26.2)	
Smoking status, n (%)				0.86
Never	51 (40.1)	28 (42.4)	23 (37.7)	
Current	14 (11)	7 (10.6)	7 (11.5)	
Former	62 (48.9)	31 (47)	31 (50.8)	
ASA score, n (%) [a]				0.12
1	2 (1.6)	0 (0)	2 (3.3)	
2	62 (48.8)	26 (39.4)	36 (59)	
3	53 (41.7)	32 (48.5)	21 (34.4)	
4	2 (1.6)	1 (1.5)	1 (1.6)	
Median lesion size, cm (IQR) [b]	1.35 (0.8–2.35)	1.3 (0.7–2.2)	1.5 (1–2.5)	0.24
Tumor size, n (%) **				0.12
≤3 cm	102 (80.3)	58 (87.9)	44 (72.1)	
>3 cm	20 (15.7)	7 (10.6)	13 (21.3)	
Pretreatment T stage, n (%)				0.41
Ta	122 (96.1)	62 (94)	60 (98.4)	
T1	5 (3.9)	4 (6)	1 (1.6)	
Pretreatment tumor grade, n (%)				0.89
Low grade	44 (34.6)	22 (33.3)	22 (36.1)	
High grade	83 (65.4)	44 (66.7)	39 (63.9)	
Pretreatment tumor pathology, n (%)				0.34
Low-grade Ta	39 (30.7)	18 (27.3)	21 (34.5)	
High-grade Ta	83 (65.4)	44 (66.7)	39 (63.9)	
Low-grade T1	5 (3.9)	4 (6)	1 (1.6)	
Multifocal disease, n (%)	23 (18.1)	9 (13.6)	14 (30)	0.26
Year of treatment, n (%)				<0.001
2013–2020	69 (54.3)	59 (89.4)	10 (16.4)	
2021–2023	58 (45.7)	7 (10.6)	51 (83.6)	
Eligible patients who received mTx, n/N (%)	40/90 (44.4)	21/47 (44.7)	19/43 (44.2)	>0.99
Median follow-up, mo (IQR)	31.7 (14.3–53.9)	53.1 (25.3–71.2)	20.2 (8.28–33.1)	<0.001

ANY GRADE RECURRENCE

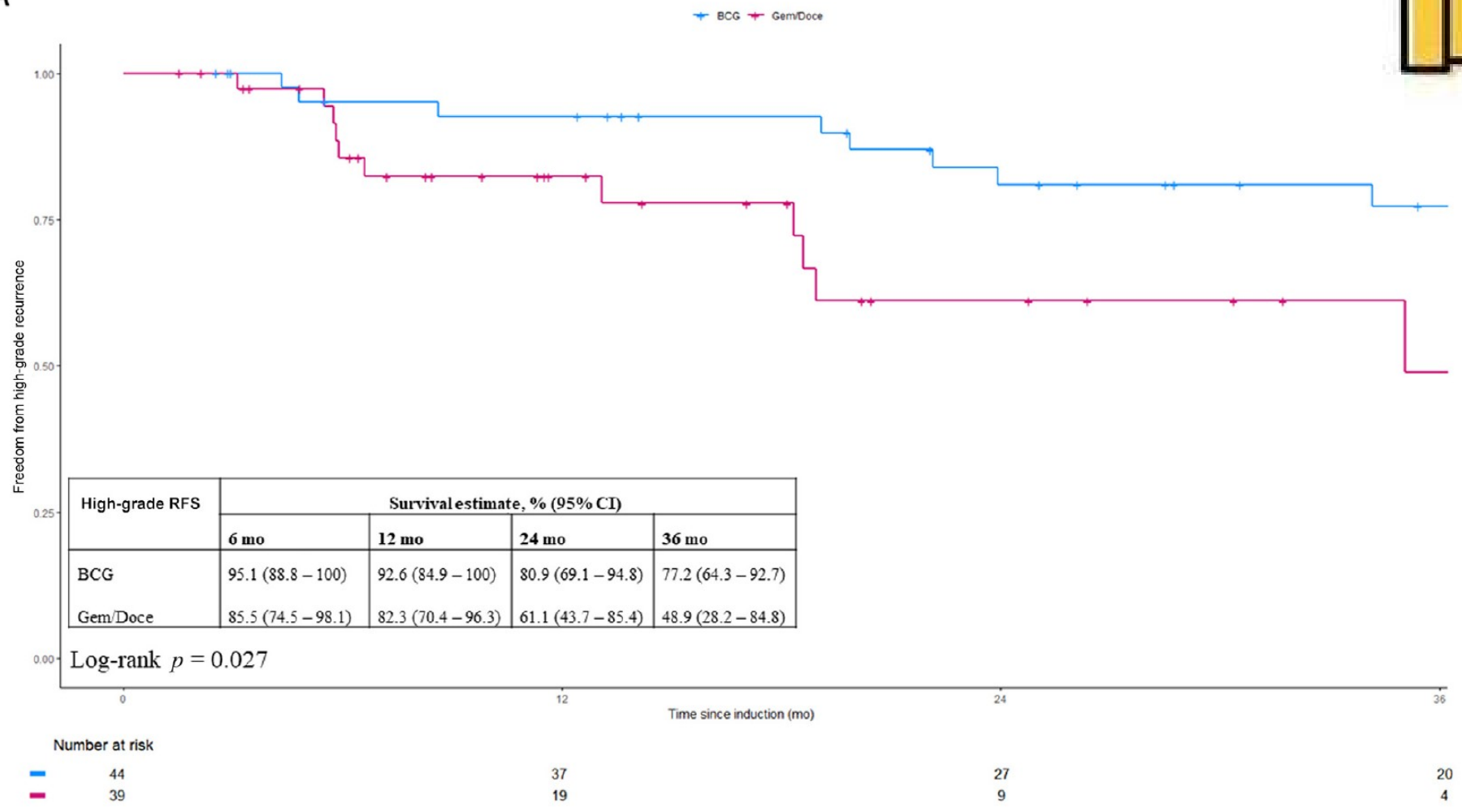
B



Any-grade RFS	Survival estimate, % (95% CI)			
	6 mo	12 mo	24 mo	36 mo
BCG	75.4 (65.3 – 87)	68.4 (57.5 – 81.3)	61 (49.7 – 74.9)	56.3 (44.6 – 71.1)
Gem/Doce	71.3 (60.4 – 84.3)	62 (50 – 77)	40.6 (28.1 – 58.7)	26.1 (13.9 – 49.1)

HIGH GRADE RECURRENCE

A



High-grade RFS	Survival estimate, % (95% CI)			
	6 mo	12 mo	24 mo	36 mo
BCG	95.1 (88.8 – 100)	92.6 (84.9 – 100)	80.9 (69.1 – 94.8)	77.2 (64.3 – 92.7)
Gem/Doce	85.5 (74.5 – 98.1)	82.3 (70.4 – 96.3)	61.1 (43.7 – 85.4)	48.9 (28.2 – 84.8)

Log-rank $p = 0.027$

BJU Int 2025; **135:** 260–268 doi:10.1111/bju.16509

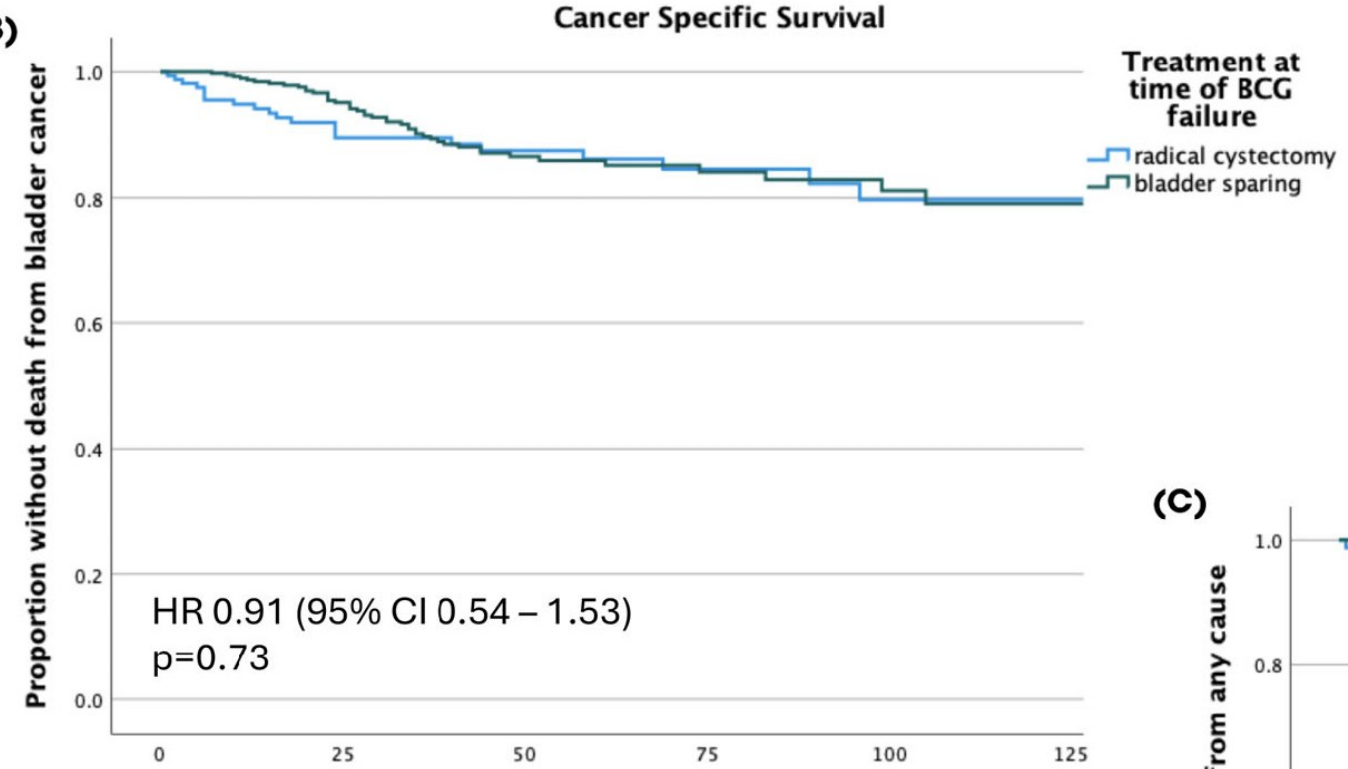
BJUI
BJU International

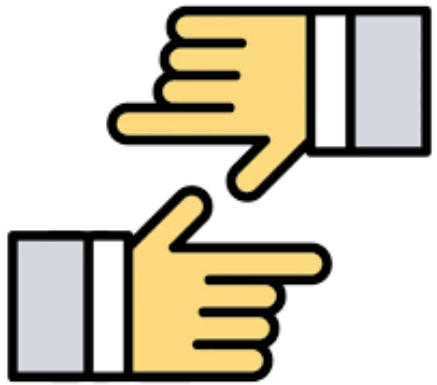
Original Article

Long-term outcomes of bladder-sparing therapy vs radical cystectomy in BCG-unresponsive non-muscle-invasive bladder cancer

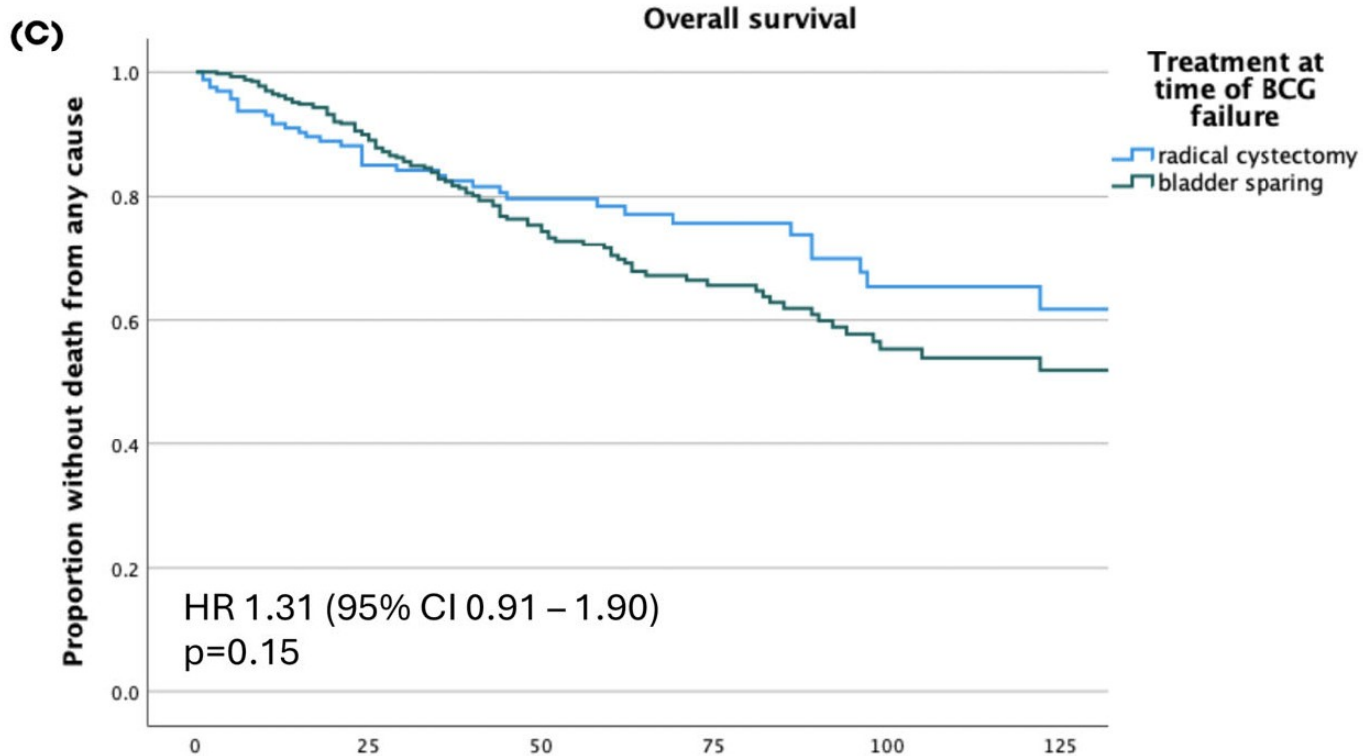
Treatment	*N* (%)
Total patients	416
TMT (chemotherapy/XRT)	2 (0.5)
Continued pure BCG (re-induction or additional maintenance)	160 (38.5)
Alternate BCG (re-induction or additional maintenance)*	44 (10.6)
Alternate intravesical agents	151 (36.2)
Gemcitabine/docetaxel	95 (22.8)
Valrubicin	12 (2.9)
Gemcitabine single agent	13 (3.1)
Mitomycin C	14 (3.4)
Other†	17 (4.1)
Re-TURBT or observation only	29 (7.0)
Systemic immunotherapy‡	29 (7.0)
Partial cystectomy	1 (0.2)

(B)





(C)



Number at risk						
RC	162	110	77	48	27	17
BST	416	296	147	79	45	25

Bladder-sparing Therapy for Bacillus Calmette-Guérin–unresponsive Non–muscle-invasive Bladder Cancer: International Bladder Cancer Group Recommendations for Optimal Sequencing and Patient Selection

Chemotherapy-based treatments

- For BCG-U CIS (with or without papillary disease):
  - Single-agent chemotherapy is not recommended.
  - Induction doublet intravesical GEM/DOCE with extended monthly maintenance for at least 12 mo is recommended.
- For BCG-U high-grade papillary disease, the following may be considered:
  - Induction + maintenance doublet intravesical GEM/DOCE.
  - Induction + maintenance single-agent chemotherapy (eg, GEM, mitomycin C [preferably optimized mitomycin C] [22]).
  - Hyperthermic mitomycin C.

ADD ON TREATMENT

ORIGINAL ARTICLE

Perioperative Durvalumab with Neoadjuvant Chemotherapy in Operable Bladder Cancer

- Open label
- 1:1 ratio (533 Vs 530)
- Operable MIBC

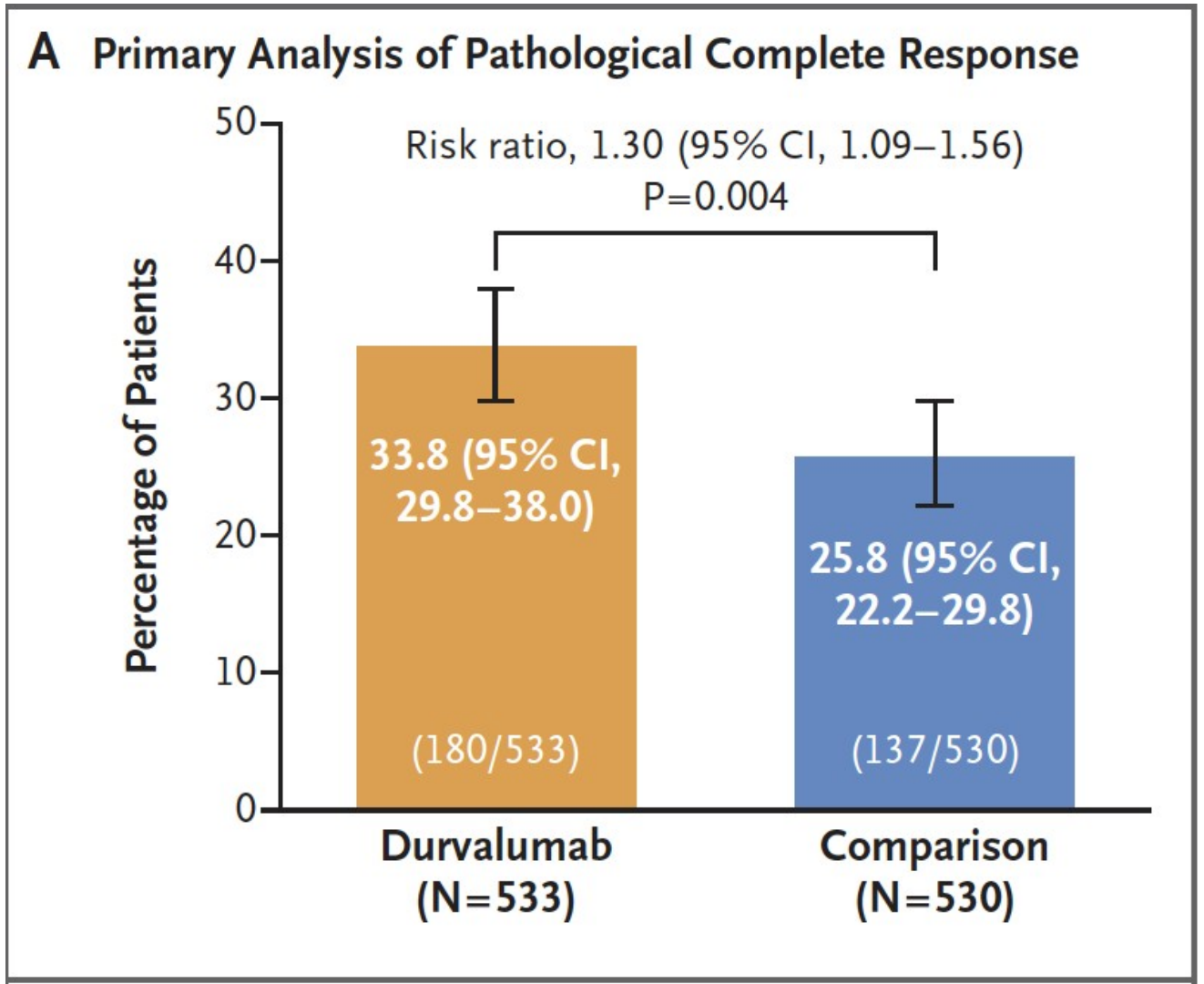
Durvalumab+ Gem Cis 4 cycles + RC+ Adj 8 cycles of Durvalumab

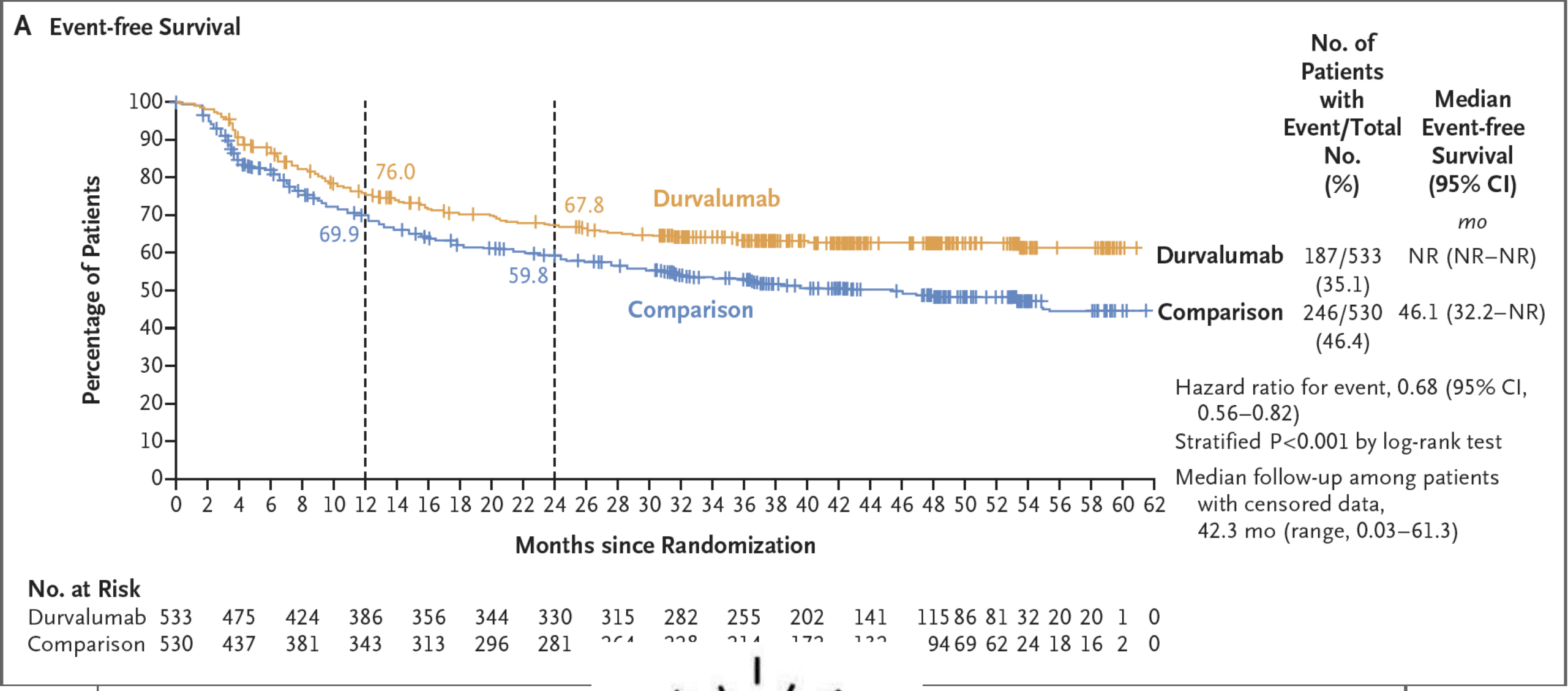
Vs

Gem+ Cisplatin 4 cycles +RC

Histologic type — no. (%)§		
Invasive urothelial carcinoma, not otherwise specified	457 (85.7)	441 (83.2)
Urothelial carcinoma with squamous differentiation	38 (7.1)	49 (9.2)
Urothelial carcinoma with glandular differentiation	10 (1.9)	15 (2.8)
Urothelial carcinoma with other histologic subtype	28 (5.3)	25 (4.7)
Tumor stage — no. (%)§¶		
T2N0	215 (40.3)	213 (40.2)
Higher than T2N0	318 (59.7)	317 (59.8)
Regional lymph-node stage — no. (%)§		
N0	505 (94.7)	500 (94.3)
N1	28 (5.3)	30 (5.7)
Creatinine clearance — no. (%)		
≥60 ml/min/1.73 m^2	432 (81.1)	430 (81.1)
40 to <60 ml/min/1.73 m^2	101 (18.9)	100 (18.9)
Tumor PD-L1 expression level — no. (%)‖		
High	389 (73.0)	388 (73.2)

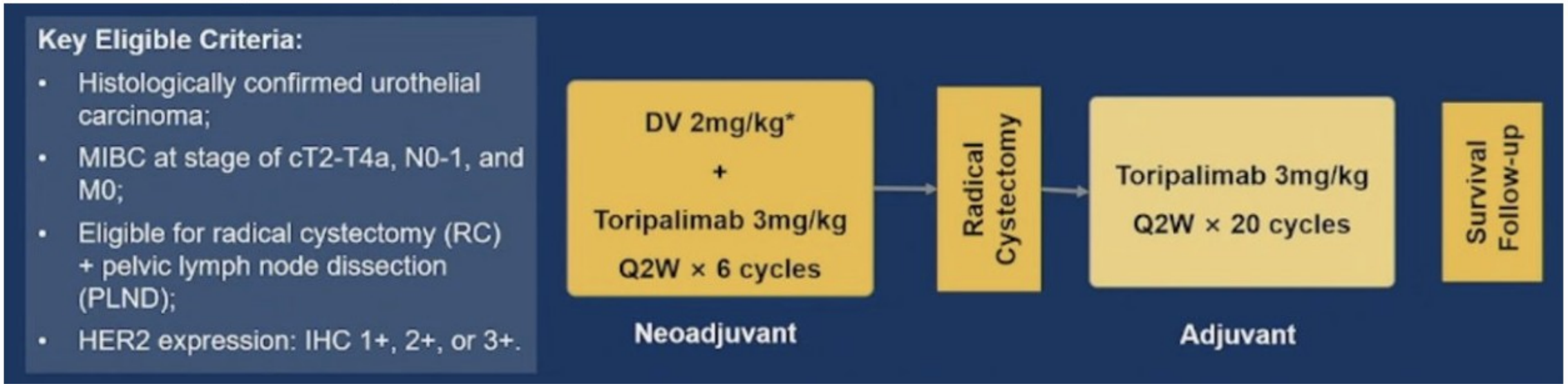
Events
Progression precluding surgery
First recurrence
Death from any cause

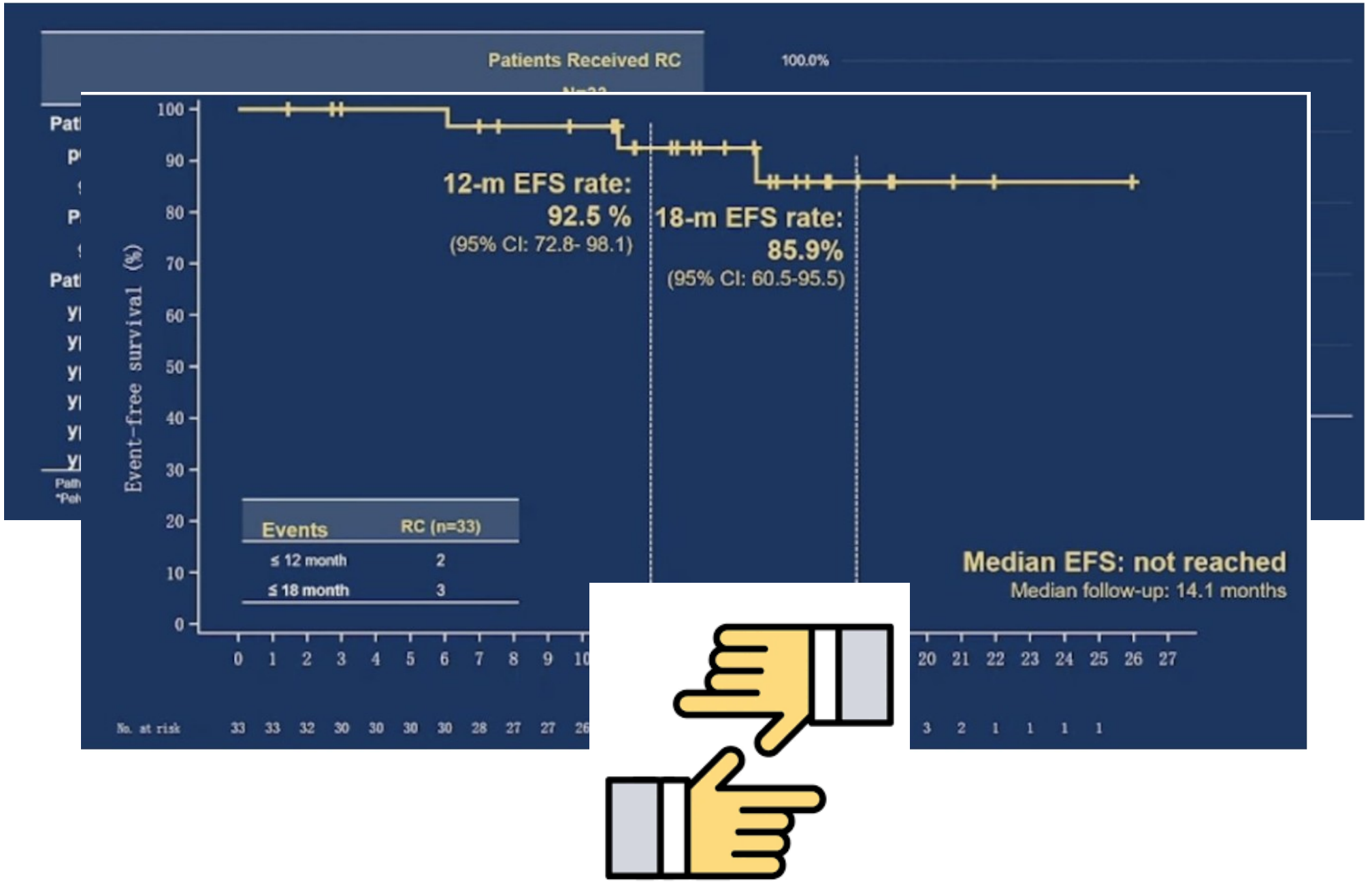




Durvalumab	533	517	492	468	446	434	423							125	96	68	34	21	7	1	0
Comparison	530	507	467	438	413	392	378							113	90	60	38	21	10	2	0

ASCO GU 2025: Neoadjuvant Treatment with Disitamab Vedotin plus Perioperative Toripalimab in Patients with MIBC with HER2 Expression: Updated Efficacy and Safety Results from the Phase II RC48-C017 Trial




Patients Received RC
100.0%
Event-free survival (%)
100
90
80
70
60
50
40
30
20
10
0
12-m EFS rate:
92.5 %
(95% CI: 72.8- 98.1)
18-m EFS rate:
85.9%
(95% CI: 60.5-95.5)
Events
RC (n=33)
≤ 12 month
2
≤ 18 month
3
Median EFS: not reached
Median follow-up: 14.1 months
0 1 2 3 4 5 6 7 8 9 10
20 21 22 23 24 25 26 27
No. at risk
33 33 32 30 30 30 30 28 27 27 26
3 2 1 1 1 1

RADIATION

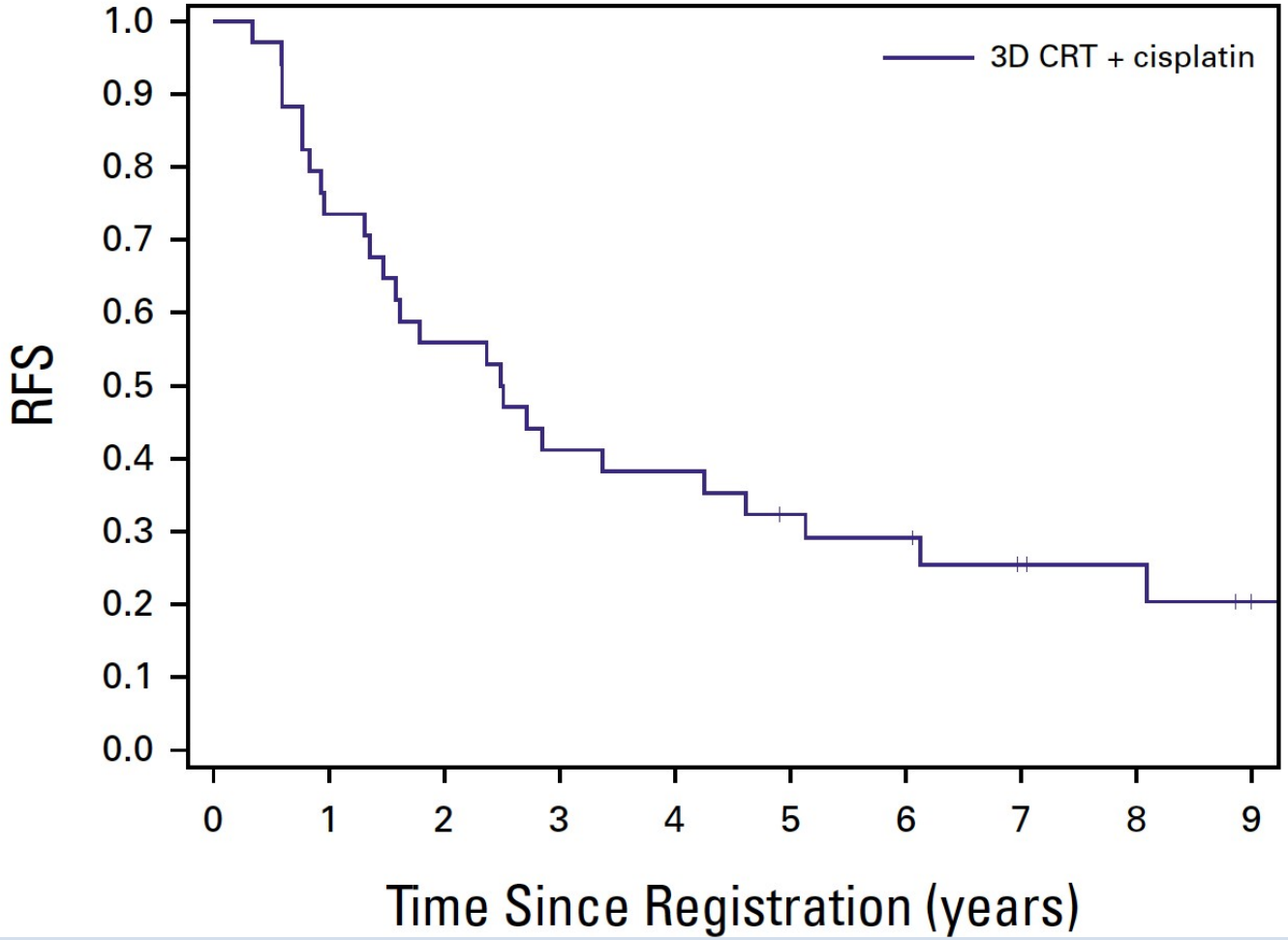
Bladder-Preserving Trimodality Treatment for High-Grade T Bladder Cancer: Results From Phase II Protocol NRG Oncology/RTOG 0926

Douglas M. Dahl, MD[1]; Joseph P. Rodgers, MS[2]; William U. Shipley, MD[2]; M. Dror Michaelson, MD, PhD[2]; Chin-Lee Wu, MD, PhD[2]; William Parker, MSc[3]; Ashesh B. Jani, MD[4]; Fabio L. Cury, MD[3]; Richard S. Hudes, MD[5]; Jeff M. Michalski, MD[6]; Alan C. Hartford, MD, PhD[7]; Daniel Song, MD[8]; Deborah E. Citrin, MD[9]; Theodore G. Karrison, PhD[2]; Howard M. Sandler, MD[10]; Felix Y. Feng, MD[11]; and Jason A. Efstathiou, MD[1]

TABLE 2. Three and 5-Year Overall Survival

Year	Estimate, %	95% CI	Cumulative Failures
0	100.0	—	0
3	69.5	53.7 to 85.3	10
5	56.4	39.1 to 73.7	14
Dead/total: 18/34			

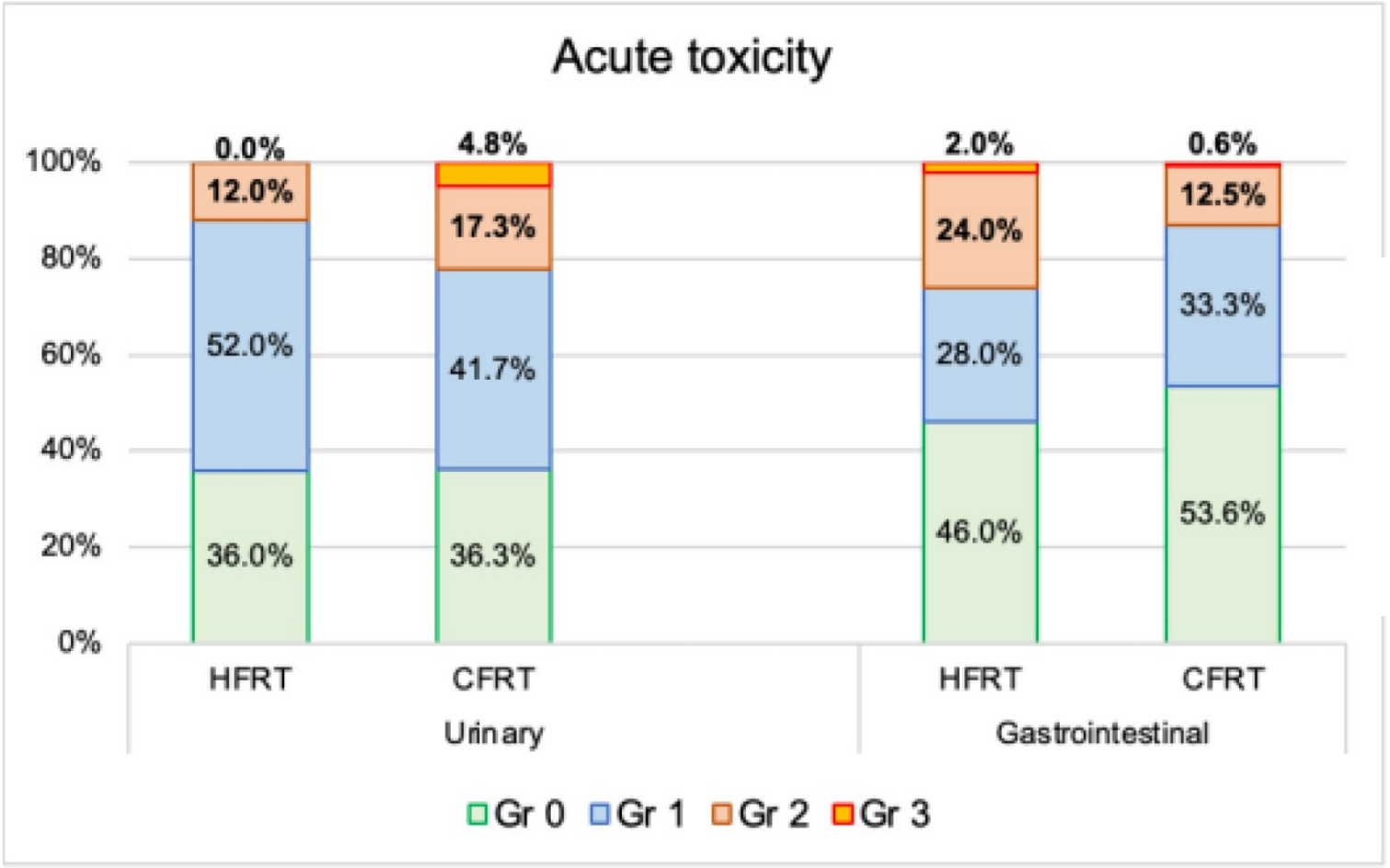
CONCLUSION Trimodality therapy is an effective potential alternative to radical cystectomy for recurrent high-grade T1 urothelial cancer of the bladder. At 3 years, 88% of the patients remained free of cystectomy.



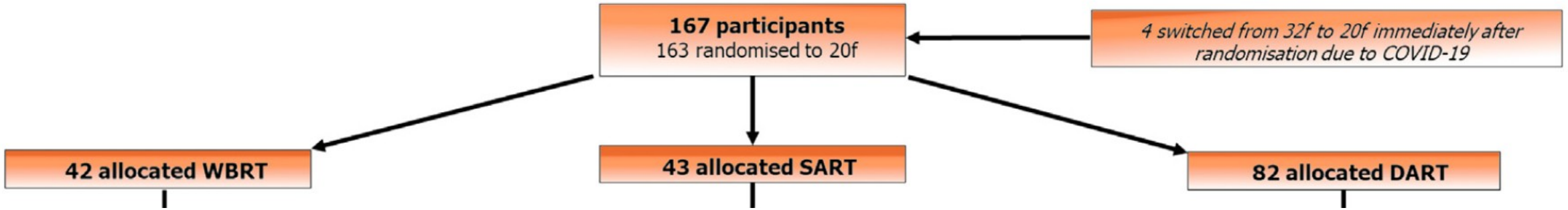
Knowledge Generated

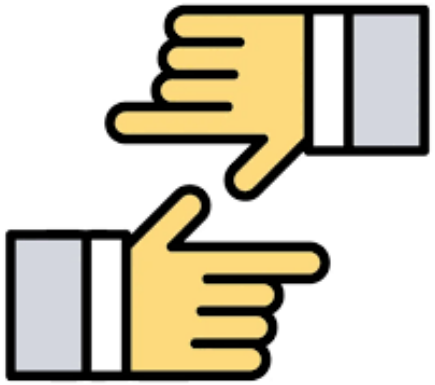
Trimodality therapy resulted in bladder preservation in 89% of patients otherwise facing cystectomy. In those who underwent cystectomy, none was found to have muscle-invasive disease. Cancer-specific survival was comparable with that seen in patients with T1 disease who are treated by cystectomy.

CFRT 60-64 gy in 30-32 fractions Vs 55 Gy in 20 fractions in HFRT



Dose-escalated Adaptive Radiotherapy for Bladder Cancer: Results of the Phase 2 RAIDER Randomised Controlled Trial





Bladder Adjuvant Radiation Therapy (BART): Acute and Late Toxicity From a Phase III Multicenter Randomized Controlled Trial

Post RC

pT3-4

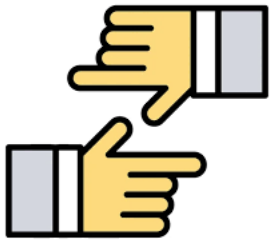
pN1-3

Nodal yield <10,

Positive margin

cT3 Down staged NACT

A



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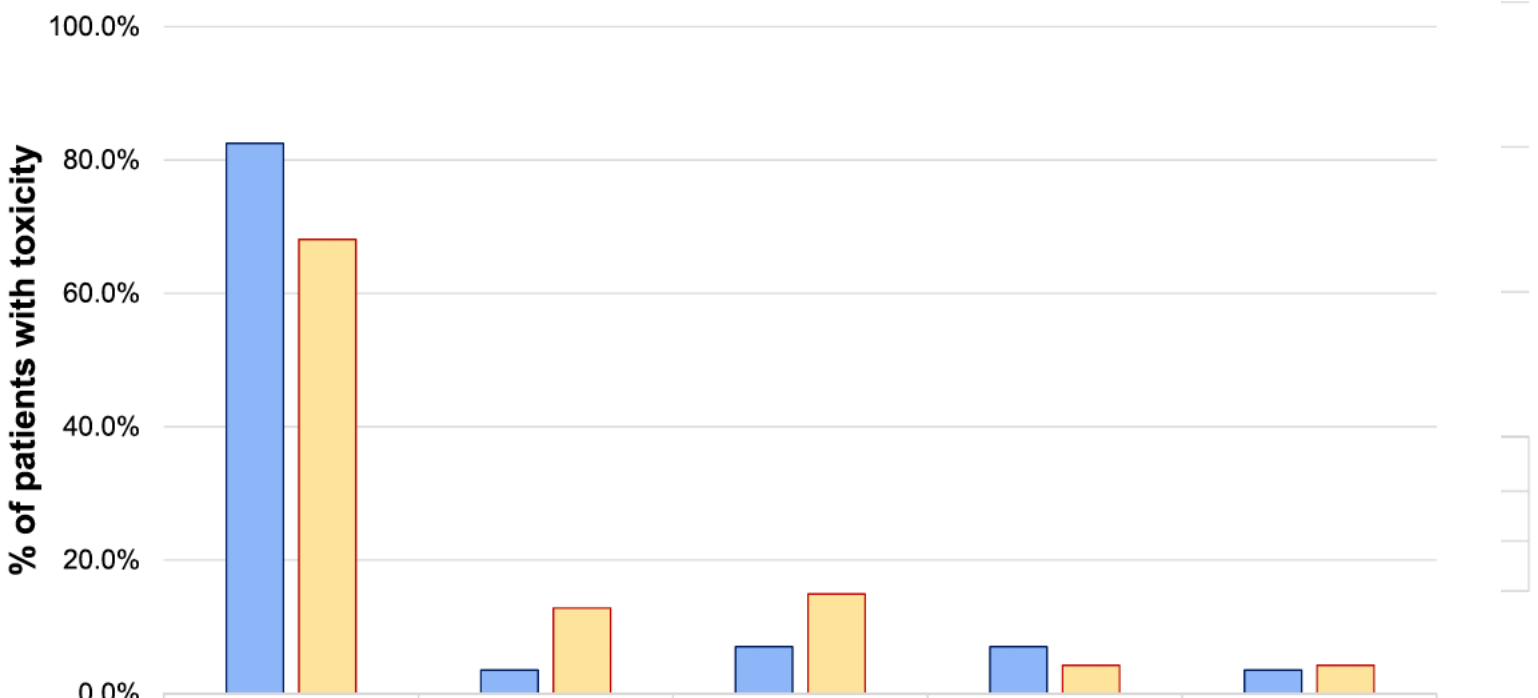

	Gr 0	Gr 1	Gr 2	Gr 3	Gr 4
Obs	82.5%	3.5%	7.0%	7.0%	3.5%
RT	68.1%	12.8%	14.9%	4.2%	4.2%

KEY MESSAGES

- BCG is still the King
- Perioperative Treatment might be the new SOC