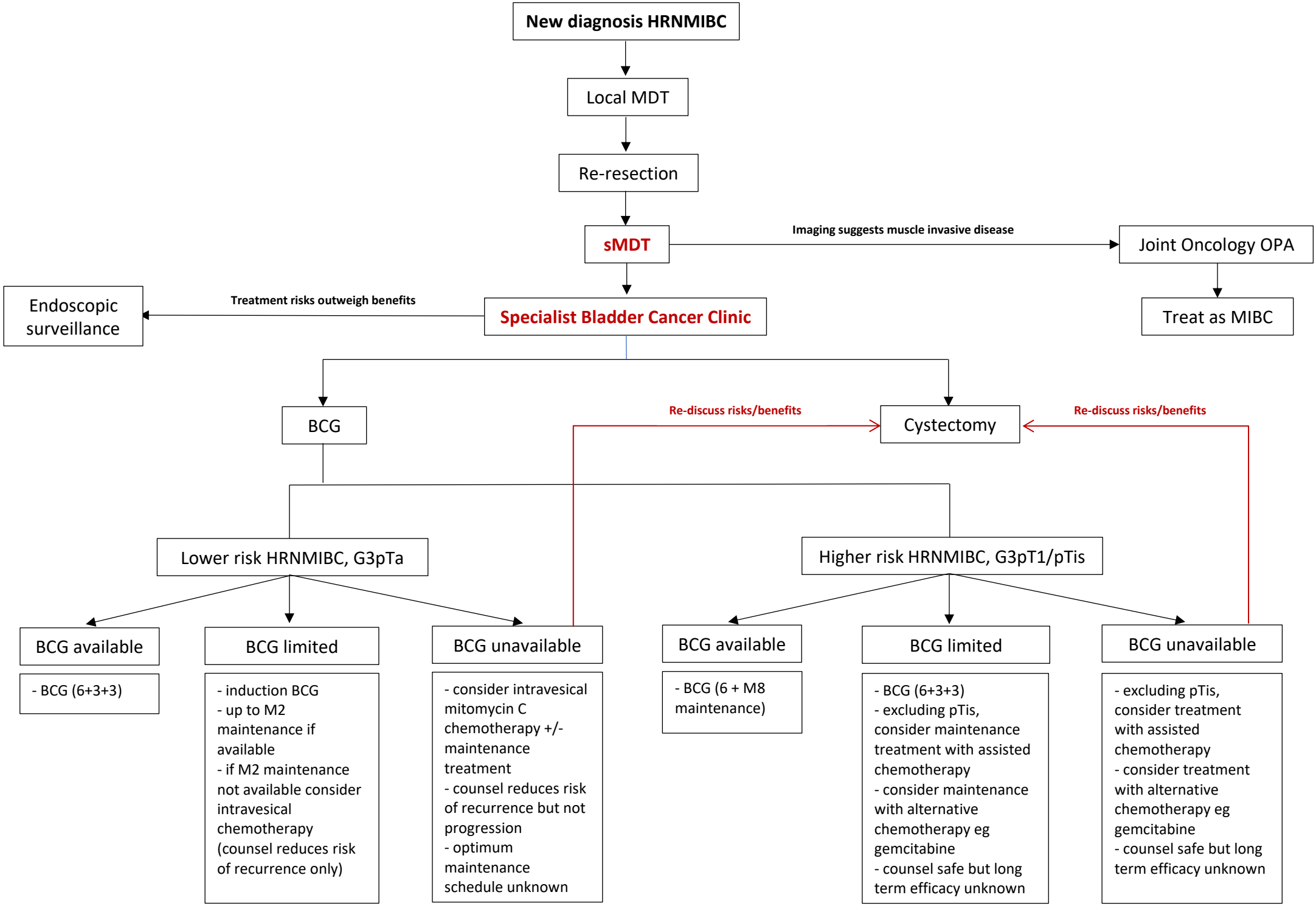
New diagnosis HRNMIBC
Local MDT
Re-resection
sMDT
Imaging suggests muscle invasive disease
Joint Oncology OPA
Treat as MIBC
Endoscopic surveillance
Treatment risks outweigh benefits
Specialist Bladder Cancer Clinic
BCG
Re-discuss risks/benefits
Cystectomy
Re-discuss risks/benefits
Lower risk HRNMIBC, G3pTa
Higher risk HRNMIBC, G3pT1/pTis
BCG available
- BCG (6+3+3)
BCG limited
- induction BCG
- up to M2 maintenance if available
- if M2 maintenance not available consider intravesical chemotherapy (counsel reduces risk of recurrence only)
BCG unavailable
- consider intravesical mitomycin C chemotherapy +/- maintenance treatment
- counsel reduces risk of recurrence but not progression
- optimum maintenance schedule unknown
BCG available
- BCG (6 + M8 maintenance)
BCG limited
- BCG (6+3+3)
- excluding pTis, consider maintenance treatment with assisted chemotherapy
- consider maintenance with alternative chemotherapy eg gemcitabine
- counsel safe but long term efficacy unknown
BCG unavailable
- excluding pTis, consider treatment with assisted chemotherapy
- consider treatment with alternative chemotherapy eg gemcitabine
- counsel safe but long term efficacy unknown