Non-Metastatic Muscle-Invasive Bladder Cancer: Treatment Algorithm

**Diagnosis:** Non-metastatic muscle-invasive bladder cancer

**Multidisciplinary Approach**
- Neoadjuvant chemotherapy
- Radical cystectomy
- Bladder preserving options

**Staging**
- CT abdomen/pelvis with IV contrast
- Chest imaging (X-ray or CT with IV contrast)
- Laboratory evaluation (CMP, CBC)
- Exam under anesthesia

**Alternatives**
- PET scan, if indicated (equivocal staging exams and/or biopsy not feasible)
- Bone scan, if indicated (elevated alkaline phosphatase and/or pain complaints)
- MRI imaging, if indicated (CT contrast imaging cannot be performed)

**Bladder Preserving Options**
- Multi-Modal Bladder-Sparing Protocol
  - Maximal TURBT
  - Radiation sensitizing chemotherapy
  - XRT

**Mid-Treatment Restaging**
- Complete Response
- Persistent/Recurrent Invasive Disease

**Complete Chemotherapy/XRT**
- Persistent/Recurrent Invasive Disease
  - Maximal TURBT
  - Radiation sensitizing chemotherapy
  - XRT

**Partial Cystectomy with Pelvic Lymphadenectomy**
- Neoadjuvant chemotherapy recommended

**Maximal TURBT**

**Radical Cystectomy, Bilateral Pelvic Lymph-Node Dissection, and Urinary Diversion or Clinical Trial**

**Cisplatin-Based Neoadjuvant Chemotherapy**

- p≤T2 or yp≤T2N0
  - CMP, CBC, B12
  - CT abdomen/pelvis every 6-12 months for 2-3 years
  - Option for annual upper tract imaging with CT or ultrasound to year 5
  - Annual chest imaging Labs per T2

- ypT2-T4 or N+
  - 1 year adjuvant immunotherapy
  - CT abdomen/pelvis every 3-6 months for 3 years
  - Annual chest imaging Labs per T2

- pT3-4 or N+
  - Consider adjuvant chemotherapy
  - 1 year adjuvant immunotherapy
  - CT abdomen/pelvis every 3-6 months for 3 years
  - Annual chest imaging Labs per T2

CBC = complete blood count; CMP = comprehensive metabolic panel; CXR = chest X-ray; p = pathologic stage; TURBT = trans-urethral resection of bladder tumor; XRT = external beam radiation therapy; yp = pathologic stage after neoadjuvant chemotherapy