

Guideline Amendment Summary

DIAGNOSIS AND TREATMENT OF NON-MUSCLE INVASIVE BLADDER CANCER: AUA/SUO GUIDELINE

Published 2016; Amended 2020, 2024

The changes below constitute updates made in the 2024 Amendment:

Section	Document Update
Introduction	Update text with new search dates and results Update to peer review text
Statement #7 Variant Histologies	Update supporting text with new reference (Iida 2021)
Statement #8 Variant Histologies	Update supporting text with new reference (Iida 2021)
Statement #11 Urine Markers after Diagnosis of Bladder Cancer	Update supporting text with new reference (Shefer 2023)
Statement #15 Intravesical Therapy; BCG/Maintenance; Chemotherapy/BCG Combinations	Update supporting text with new references (Taylor 2021, Daryanto 2022)
Statement # 21 Intravesical Therapy; BCG/Maintenance; Chemotherapy/BCG Combinations	“based on availability” added to statement for BCG 21. In a high-risk patient who completely responds to induction BCG, a clinician should continue maintenance BCG, based on availability, for three years, as tolerated. (Moderate Recommendation; Evidence Strength: Grade B)

Section	Document Update
<p>Statement # 26</p> <p>Intravesical Therapy; BCG/Maintenance; Chemotherapy/BCG Combinations</p>	<p>Update statement 26 to include intravesical therapy (nadofaragene)</p> <p>New references added (Lee 2023, Steinberg 2020, Boorjian 2021)</p> <p>Statement upgraded from Expert Opinion to Conditional Recommendation; Evidence Strength: Grade C</p> <p>26. In a patient with persistent or recurrent high-grade NMIBC within 12 months of completion of adequate BCG therapy (two induction courses or one induction course plus one maintenance cycle) who is unwilling or unfit for cystectomy, a clinician may recommend clinical trial enrollment, an alternative intravesical therapy (i.e., nadofaragene [firadenovec-vncg]) or alternative intravesical chemotherapies (gemcitabine/docetaxel). A clinician may also offer systemic immunotherapy with pembrolizumab to a patient with CIS within 12 months of completion of adequate BCG therapy. (Conditional Recommendation; Evidence Strength: Grade C)</p>
<p>Statement # 29</p> <p>Intravesical Therapy; BCG/Maintenance; Chemotherapy/BCG Combinations</p>	<p>Update supporting text with new reference (Iida 2021)</p>
<p>Statement # 30</p> <p>Enhanced Cystoscopy</p>	<p>Update supporting text with new references (Heer 2022)</p>
<p>Statement # 31</p> <p>Enhanced Cystoscopy</p>	<p>Update supporting text with new references (Tschirdewahn 2020, Gravestock 2021, Lai 2022, Ontario 2021, Howard 2022, Murakami 2022, Sari 2021)</p>
<p>Future Directions</p>	<p>Text added on cell free DNA, VI-RADS</p> <p>Text on nadofaragene removed from Future Directions now that it is included in a statement</p> <p>References added (Rose 2023, Del Giudice 2020)</p>

Section	Document Update
References	The reference list was updated to reflect document additions and deletions

Note: Additional editorial changes were made throughout the guideline to align with current AUA guideline criteria and for consistency purposes. These additional changes were not substantial and were not content-related.