

Version: 1

Title: Guideline Amendment Summary (Template 1)

Effective Date: 10/11/2023 Preparer: Sennett Kim

## **Guideline Amendment Summary**

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

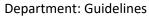
Published 2016; Amended 2020, 2024

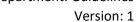
American

Urological Association

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 (lida 2021)
Statement #8  Variant Histologies	Update supporting text with new reference (lida 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)





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Section	Document Update
Statement # 26 Intravesical Therapy; BCG/Maintenance; Chemotherapy/BCG Combinations	Update statement 26 to include intravesical therapy (nadofaragene)  New references added (Lee 2023, Steinberg 2020, Boorjian 2021)  Statement upgraded from Expert Opinion to Conditional Recommendation; Evidence Strength: Grade C  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)
Statement # 29 Intravesical Therapy; BCG/Maintenance; Chemotherapy/BCG Combinations	Update supporting text with new reference (lida 2021)
Statement # 30 Enhanced Cystoscopy	Update supporting text with new references (Heer 2022)
Statement # 31 Enhanced Cystoscopy	Update supporting text with new references (Tschirdewahn 2020, Gravestock 2021, Lai 2022, Ontario 2021, Howard 2022, Murakami 2022, Sari 2021)
Future Directions	Text added on cell free DNA, VI-RADS  Text on nadofaragene removed from Future Directions now that it is included in a statement  References added (Rose 2023, Del Giudice 2020)



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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.