Non-Muscle Invasive Bladder Cancer: AUA/SUO Treatment Algorithm

Low Risk
- Postoperative Chemo
- Complete response → Surveillance
- Partial or no response

Int. Risk
- Others
- T1 and/or incomplete TUR
- Re-TURBT† +/- Chemo
- Induction Chemo
- Complete response

High Risk
- Re-TURBT† +/- Chemo
- BCG
- Reinduce
- Partial or no response

T1, LVI, +/- variant
- Cystectomy
- Others
- T1
- Partial or no response

Clinical Trial
- If trial is unavailable
  - Intravesical Chemo
  - Systemic Immunotherapy

Surveillance
- Complete response

Recurrence within 1 year
- Reassess as Int. Risk*

If unfit or unwilling to undergo surgery
- Postoperative Chemo
- Others
- T1, LVI, +/- variant
- If unfit or unwilling to undergo surgery
  - Cystectomy
  - Others
  - BCG
  - Reinduce
  - Complete response

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*Consider fulguration in low-volume disease recurrence; otherwise reassess as intermediate risk.
†Timely re-TURBT (within six weeks) should be performed if there are concerns regarding an incomplete resection and/or if bladder sparing treatment (e.g., intravesical therapy or surveillance), is being planned.