NON-METASTATIC MUSCLE-INVASIVE BLADDER CANCER: Treatment Algorithm

**DIAGNOSIS: NON-METASTATIC MUSCLE INVASIVE BLADDER CANCER**

**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)

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

**Bladder Preserving Options**
- **Multi-Modal Bladder-Sparing Protocol**
  - Maximal TURBT
  - Chemotherapy (cisplatin or 5-FU Mitojac-C)
  - XRT

**Mid-Treatment Restaging**

**Complete Chemotherapy/XRT**

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

**Maximal TURBT**

**Cisplatin Eligible**

**Cisplatin-Based Neoadjuvant Chemotherapy**

**Survival after Radical Cystectomy**
- **pT2 or less or ypT2N0**
  - 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

**Survillance**
- Cystoscopy every 3 months for 1 year, then 6-12 months
- CT abdomen/pelvis and C19 every 3-6 months for 2 years, then annually

**p> T2 or N+**
- Clinical trial
- Labs per T2
- CT abdomen/pelvis every 3-6 months for 3 years
- Annual chest imaging

**Follow-up as per <T2**

**Persistant/Recurrent Invasive Disease**

**Persistant/Recurrent Invasive Disease**

**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**