

 <p>MaineHealth CANCER CARE NETWORK SUPPORTED BY THE HAROLD ALFOND FOUNDATION</p>	MaineHealth BCG Prioritization Guideline	
	Original Date: 9/9/20	Review Date:
	MaineHealth Genitourinary Work Group	

Bacillus Calmette-Guerin (BCG) is a common intravesical immunotherapy.

Priorities for BCG

1. HG T1 with CIS
2. HG Ta with CIS
3. CIS
4. HG T1
5. HG Ta

Note: Induction therapy always takes priority over maintenance therapy

2016 AUA guidelines

Induction

Low-risk disease: Do not use induction

Intermediate-risk: Consider six-week course of chemotherapy or immunotherapy

High-risk: CIS, HG T1, HG Ta; should give induction BCG

Maintenance

Intermediate-risk disease: If patient responds to induction; maintenance for one year

High-risk: If responds to BCG; maintenance for 3 years

AUA Strategies for BCG shortage

1. Low-risk disease: No BCG
2. Intermediate-risk: First-line option is intravesical chemotherapy; use alternate chemotherapy
3. High-risk patients who are BCG-naïve should be prioritized over maintenance
4. If no BCG; mitomycin is the preferable alternative (induction and monthly maintenance up to one year). Other alternatives include the following:
 - Gemcitabine
 - Epirubicin
 - Docetaxel
 - Valrubicin
 - Sequential gemcitabine/docetaxel or gemcitabine/mitomycin
5. Patients with high-risk features (HG T1 + CIS, variant histologies, lymphovascular invasion, prostatic urethral involvement) who are not willing to accept potential oncologic risks with alternative intravesical agents should be offered initial radical cystectomy

Alternatives to BCG

Mitomycin (40 mg)

Gemcitabine/Docetaxel (1000 mg/37.5 mg; 1 hour each)

Early cystectomy

TABLE 4: AUA Risk Stratification for Non-Muscle Invasive Bladder Cancer		
Low Risk	Intermediate Risk	High Risk
LG ^a solitary Ta ≤ 3cm	Recurrence within 1 year, LG Ta	HG T1
PUNLMP ^b	Solitary LG Ta > 3cm	Any recurrent, HG Ta
	LG Ta, multifocal	HG Ta, >3cm (or multifocal)
	HG ^c Ta, ≤ 3cm	Any CIS ^d
	LG T1	Any BCG failure in HG patient
		Any variant histology
		Any LVI ^e
		Any HG prostatic urethral involvement

^aLG = low grade; ^bPUNLMP = papillary urothelial neoplasm of low malignant potential; ^cHG = high grade; ^dCIS=carcinoma *in situ*; ^eLVI = lymphovascular invasion