

 <p>MaineHealth CANCER CARE NETWORK SUPPORTED BY THE HAROLD ALFOND* FOUNDATION</p>	Muscle-Invasive Bladder Cancer Treatment Guideline	
	Original Date: 9/9/20	Review Date:
	MaineHealth Genitourinary Work Group	

Maine and New Hampshire have the highest age-adjusted incidence of bladder cancer in the nation.

The MaineHealth Genitourinary Work Group has previously recommended that the Maine Medical Center or Maine General Medical Center Multi-disciplinary Tumor Board review all new muscle-invasive bladder cancer (MIBC) cases and associated imaging and pathology prior to intervention. Clinical trial participation is to be encouraged ([click here](#) to view current MMCRI clinical trials).

Curative MIBC patients who are surgical candidates should be counseled that their treatment options include cystectomy preceded by neoadjuvant, platinum-based chemotherapy (if eligible for chemotherapy) vs. an attempt at bladder preservation combining maximal TURBT, chemotherapy and radiation therapy (Trimodality therapy; TMT). Patients who meet criteria should be offered a radiation oncology consultation and be educated about the unique risks associated with TMT. TMT can result in equivalent overall survival and excellent bladder-intact survival rates for appropriately selected patients. Use of the table below for TMT patient selection is encouraged.

Given the complexity of decision-making and treatment, referral to a nurse navigator is strongly recommended.

Most Appropriate	Less Appropriate	Relative Contraindications	Absolute Contraindications
<ul style="list-style-type: none"> • T2 • No tumor-related hydronephrosis • No CIS • Visibly-complete TURBT • Unifocal tumor <6cm • Good bladder function and capacity 	<ul style="list-style-type: none"> • T3a • Tumor ≥ 6cm • Multi-focal tumor • Incomplete TURBT • Poor bladder function or capacity 	<ul style="list-style-type: none"> • T3b-T4a • Diffuse CIS • Lymph-node involvement • Tumor-related hydronephrosis 	<ul style="list-style-type: none"> • T4b • Prostatic stromal invasion • Prior pelvic RT • Not a chemotherapy candidate

Table 1: Patient characteristics to be incorporated in decision-making when considering TMT. CIS: carcinoma in situ, TURBT: trans-urethral resection of bladder tumor, RT: radiation therapy. Modified from Premo et al. *Urol Clin North Am.* 2015 May; 42(2): 169.