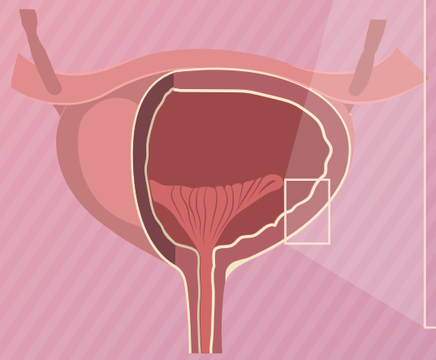
MIUC Treatment Landscape 2022

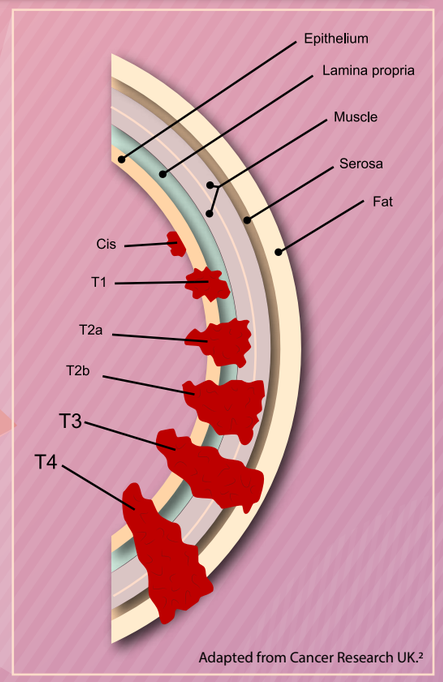
Treatment Modalities for High-Risk Resectable MIUC

Goals of treatment[1]

Improve survival and prevent death from MIUC

Prevent tumour metastasis





Adapted from Cancer Research UK.[2]

Treatment modalities[1,3-7]

	Surgery	Neoadjuvant chemotherapy	Adjuvant chemotherapy	Radiotherapy
Tumour location: **Bladder**	RC, partial cystectomy, and TURBT RC is primary treatment for MIUC (cT2, cT3, cT4a)	Improved OS compared with surgery alone	May delay recurrence and improve survival for patients with no NAC Benefits not established	Curative intent in bladder-sparing treatments May be used as AC after RC for T2b patients Used as a palliative treatment
Tumour location: **Upper tract (renal pelvis and ureter)**	Nephroureterectomy or ureterectomy ± regional lymphadenectomy ± perioperative intravesical chemotherapy Endoscopic resection	Promising retrospective studies	Recommended for pT2 Decline in renal function post-surgery may preclude AC with full-dose cisplatin	Data remain controversial and insufficient for conclusions

Unmet Needs in High-Risk MIUC

40–67% of patients with pT3-T4a or lymph node-positive disease relapse after RC alone, with a poor 5-year OS (25-30%)[8,9]

Only **10–21%** of patients with MIUC undergoing RC receive NAC, despite current guidelines[10]

66% of patients with T2 disease receiving NAC prior to RC may not respond and are at risk of progression to ≥ pT2 disease; 5-year DFS may be as low as 40%[11]

Up to **83%** and **52%** of patients may be ineligible for neoadjuvant and adjuvant cisplatin-based therapy, respectively; there is no SOC for these patients[12]

Disease States in High-Risk MIUC[13]

	T2	T3	T4
ypT2+	✓	✓	✓
OR			
pT3-4a	–	✓	✓
OR			
N+*	✓	✓	✓

View the full symposium ***Navigating the Integration of Immuno-oncology Into the Perioperative Muscle-Invasive Urothelial Carcinoma Treatment Landscape*** now for further insights!

Symposium Agenda

Faculty	Title	Time
Andrea Necchi	Welcome and Introduction	18:30-18:35
Morgan Rouprêt	The MIUC Treatment Landscape in 2022	18:35-18:50
Margitta Retz	Opportunities for I-O Use in the Perioperative Setting	18:50-19:05
Andrea Necchi	Optimizing Patient Treatment: Perspectives on the Future Treatment Landscape	19:05-19:20
All Faculty	Interactive Multidisciplinary Team Meeting	19:20-19:40
All Faculty	Q&A	19:40-19:55
Andrea Necchi	Summary and Close	19:55-20:00

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Abbreviations: AC: adjuvant chemotherapy; cT: clinical stageDFS: disease-free survival; I-O: immune-oncology; MIBC: muscle invasive bladder cancer; MIUC: muscle-invasive urothelial carcinoma; N+: cancer has spread to one or more lymph nodes in the pelvis, near the bladder;NAC: neo-adjuvant chemotherapy; OS: overall survival; RC: radial cystectomy; SOC: standard of care; TURBT: transurethral resection of bladder tumour; ypT2: residual muscle-invasive disease.

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