

Table 2: NMIBC immunotherapy treatment algorithm

NMIBC risk category	Management		
Low-risk	BCG not recommended		
Intermediate-risk (BCG available)	BCG [†] induction and 1 year maintenance		
Intermediate-risk (BCG unavailable)	Intravesical chemotherapy induction and 1 year maintenance	If recurrence occurs	BCG [†]
High-risk*	BCG [†] induction and 3 years maintenance	If BCG-unresponsive high-risk CIS NMIBC with or without papillary tumors	Pembrolizumab or Nadofaragene firadenovec-vncg [‡]

Individual rows represent treatment decision options that can be followed from left to right horizontally cell-to-cell in adjacent columns.

* Including NMIBC high-risk cases with CIS or papillary tumors.

† BCG should not be administered to patients with active infection or gross hematuria, but BCG may be administered to patients experiencing asymptomatic bacteriuria. Best supportive measures should be employed to ensure that patients receive a full, adequate course of BCG.

‡ Table has been updated from the published version to include nadofaragene firadenovec for BCG-unresponsive patients

Abbreviations: BCG, Bacillus Calmette-Guérin; CIS, carcinoma in situ; NMIBC, non-muscle invasive bladder cancer