

Recommendations from the EAU NMIBC Guidelines Panel applicable during the COVID-19 pandemic

Diagnosis				
Priority category	Low Priority	Intermediate Priority	High priority	Emergency
Definition	Clinical harm (progression, metastasis) very unlikely if postponed 6 months	Clinical harm (progression, metastasis) possible if postponed 3-4 months but unlikely	Clinical harm (progression, metastasis, anaemia related problems) and (cancer related) deaths very likely if postponed > 6 weeks	Life-threatening situation or opioid-dependent pain
Level of evidence	1	3	3	3
COVID-recommendation	Defer by 6 months	Diagnose before end of 3 months	Diagnose within < 6 weeks	Diagnose within < 24 h
			<ul style="list-style-type: none"> • US and CT-IVU in patients with visible (macroscopic) haematuria • Cystoscopy in patients with visible (macroscopic) haematuria without clots (It should be abandoned in cases with unequivocal lesion on US or CT-IVU. In such a situation we should proceed immediately to TURB) 	TURB in patients with visible (macroscopic) haematuria and clot retention requiring bladder catheterisation
Treatment				
Priority category	Low Priority	Intermediate Priority	High priority	Emergency
Definition	Clinical harm (progression, metastasis) very unlikely if postponed 6 months	Clinical harm (progression, metastasis) possible if postponed 3-4 months but unlikely	Clinical harm (progression, metastasis, anaemia related complications) and (cancer related) deaths very likely if postponed > 6 weeks	Life-threatening situation or opioid-dependent pain
Level of evidence	3	3	3	3

COVID-recommendation	Defer by 6 months	Treat before end of 3 months	Treat within < 6 weeks	Treat within < 24 h
Transurethral resection of the bladder and 2nd TURB	<ul style="list-style-type: none"> • TURB in patients with small papillary recurrence/s (< 1 cm) and history of Ta/1 low grade tumour* • 2nd TURB in patients with visibly complete initial TURB of T1 lesion with muscle in the specimen** 	TURB in patients with any primary tumour or recurrent papillary tumour > 1cm and without haematuria or without history of high-risk (HG) NMIBC	<ul style="list-style-type: none"> • TURB in patients with bladder lesion and intermittent macroscopic haematuria or history of high-risk NMIBC • 2nd TURB in patients with visibly residual tumour after initial resection and large or multiple T1HG at initial resection without muscle in the specimen 	TURB in patients with macroscopic haematuria with clot retention requiring bladder catheterisation
Intravesical instillations	<ul style="list-style-type: none"> • Early post-operative instillation of chemotherapy in presumably low or intermediate-risk tumours*** • Intravesical BCG or chemotherapy instillations in patients with intermediate-risk NMIBC*** 		Intravesical BCG immunotherapy with one year maintenance in patients with high-risk NMIBC	
Radical cystectomy		<ul style="list-style-type: none"> • Immediate radical cystectomy in patients with highest-risk NMIBC • Early radical cystectomy in patients with BCG unresponsive tumour or BCG failure 		
<p>* May be just followed or fulgurated during office cystoscopy. ** May be postponed after BCG intravesical instillations. *** May be abandoned.</p>				

Follow-up				
Priority category	Low Priority	Intermediate Priority	High priority	Emergency
Definition	Clinical harm (progression, metastasis, loss of renal function) very unlikely if postponed 6 months	Clinical harm (progression, metastasis, loss of renal function) possible if postponed 3-4 months but unlikely	Clinical harm (progression, metastasis, anaemia related complications) and (cancer related) deaths very likely if postponed > 6 weeks	Life-threatening situation or opioid-dependent pain
Level of evidence	3	3	3	3
COVID-recommendation	Defer by 6 months	Follow-up before end of 3 months	Follow-up within < 6 weeks	Follow-up within < 24 h
	<ul style="list-style-type: none"> Follow-up cystoscopy in patients with the history of low- or intermediate-risk NMIBC without haematuria Upper tract imaging in patients with the history of high-risk NMIBC 	Follow-up cystoscopy in patients with the history of high-risk NMIBC without haematuria	Follow-up cystoscopy in patients with NMIBC and intermittent haematuria	Cystoscopy or TURB in patients with visible (macroscopic) haematuria with clots
Abbreviations				
<i>BCG = bacillus Calmette-Guérin; CT = computed tomography; HG = high grade; IVU = intravenous urography; LUTS = lower urinary tract symptoms; NMIBC = non-muscle-invasive bladder cancer; TURB = transurethral resection of the bladder; US = ultrasound.</i>				