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Subsequent Treatment Patterns and Outcomes Among Patients With Muscle Invasive Bladder Cancer (MIBC) Receiving Neoadjuvant Treatments: A Real-World Data Analysis

Andrea Necchi[1], Sam S. Chang[2], Lydia Almeida[3], Eleanor Caplan[4], Steven Pisano[5], Ariel B. Bourla[3], Ran Sun[3], Joel Greshock[3], Ruth Pe Benito[5], Wendy Crist[3], Won Kim[3], Sumeet Bhanvadia[3]

[1] IRCCS San Raffaele Hospital, Milan, Italy
[2] Vanderbilt University Medical Center, Nashville, TN, USA
[3]Johnson & Johnson, Raritan, NJ, USA
[4]Johnson & Johnson, Titusville, NJ, USA
[5] ConcertAI LLC, Cambridge, MA, USA

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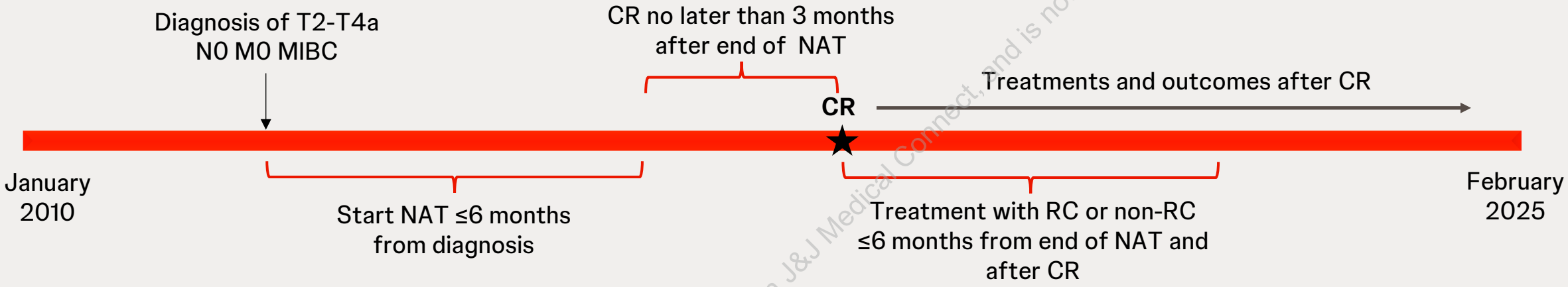
Background and Objectives

The objective of this study was to describe real-world treatment patterns and outcomes after neoadjuvant systemic therapy (NAT) among patients with MIBC

- In 2025, there were approximately 84,870 new cases of bladder cancer in the US, of which around 25% are MIBC
- In patients with non-metastatic MIBC, standard of care treatment includes NAT followed by radical cystectomy (RC) or chemoradiation
- In surgery-eligible patients, RC performed within 12 weeks of completion of NAT is recommended
- While bladder sparing therapies are increasingly investigated amongst a subset of these patients post NAT, limited RWD exists to inform the frequency and associated outcomes of bladder sparing treatments relative to guideline recommended treatments

Methods



Data Source

- ConcertAI Patient360™ US Electronic Health Record (EHR) data linked to claims with **curated information** from notes

Baseline Characteristics

- Demographics and clinical characteristics were reported and stratified by subsequent treatment (RC or non-RC)

Treatments and Outcomes

- RC and non-RC treatments: Proportion of patients receiving either RC as subsequent treatment or non-RC including surveillance/no treatment, TURBT/biopsy, radiation, chemoradiation, IVES (BCG or chemotherapy), systemic chemotherapy, immunotherapy after CR
- Overall survival (OS): time from CR to death, stratified by subsequent treatments (RC vs. non-RC), patients were censored at the last follow-up date using either unstructured or structured EHR data. Patients were required to have at least one day of follow-up for the outcomes analyses

Complete Response (CR) was defined by documentation that clearly indicated no evidence of disease related to the index cancer

Subsequent Treatment post CR

1718 patients met the inclusion/exclusion criteria

- 785 of 1718 (45.7%) patients had a response assessment ≤3 months after last dose of NAT
- 222 of 785 (28.3%) assessed had a CR and most were assessed using one tumor assessment modality only (radiography)

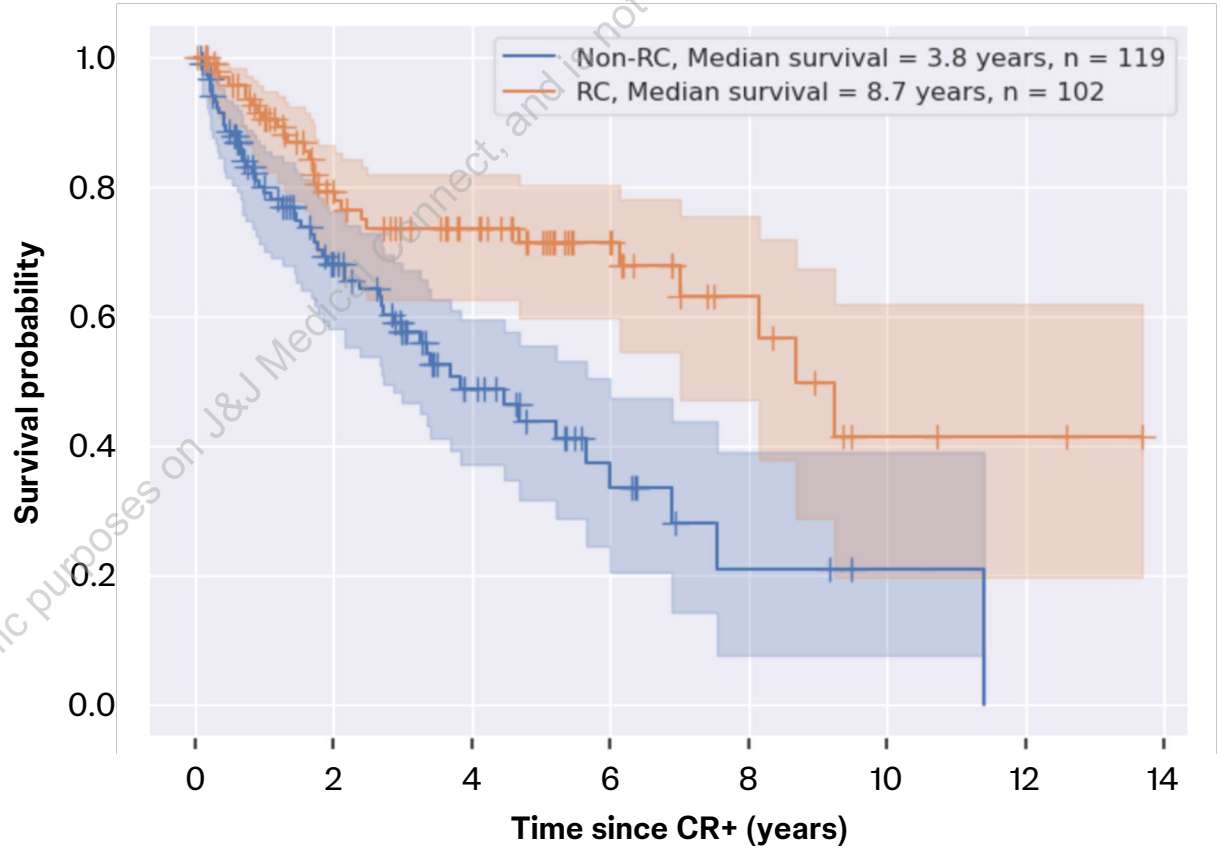
Baseline characteristics were similar between all patients and the 222 that achieved CR post NAT

- In patients with CR:
  - Nearly a third were aged 60-69 years
  - 73% were male; 88.7% were Caucasian
  - At initial diagnosis, 86.5% had T2N0, 11.3% T3N0, and 2.3% T4aN0 stage
  - The median NAT duration was 70 days, and 67.6% received cisplatin-based treatment
- The non-RC group had a **higher proportion of patients ≥80 years** and **lower proportion that received cisplatin-based NAT**

Subsequent Treatment after NAT	CR after starting NAT, n (%) (N=222)
RC	**102 (45.9)**
Non-RC	**120 (54.1)**
Subsequent non-RC treatments	*(n=120)*
Surveillance / no further treatment	74 (61.7)
TURBT/biopsy only	20 (16.7)
Radiation alone	11 (9.2)
Chemoradiation	10 (8.3)
Intravesical chemotherapy	3 (2.5)
Intravesical BCG	1 (0.8)
Systemic chemotherapy	1 (0.8)
Immunotherapy	0 (0)

Clinical Outcomes

Median OS was 8.7 years in the RC group and 3.8 years in the non-RC group (unadjusted analysis)



Non-RC								
At risk	119	56	24	9	3	1	0	0
Censored	0	30	49	59	63	65	65	65
RC								
At risk	102	57	41	21	10	3	2	0
Censored	0	27	39	58	67	71	72	74

Conclusions

- **MIBC patients who have CR after NAT commonly do not undergo RC**
- **These patients may have worse oncologic outcomes, underscoring the unmet need for efficacious bladder-sparing options**
- Future analyses will consider, but may not be limited to, balancing baseline characteristics, adjustment for potential confounding and additional sensitivity analyses

https://www.congresshub.com/Oncology/EAU2026/Gem-iDRS/Bhanvadia

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