

In this article, we summarise a paper by **Yüksel Ürün et al.**, published in the [OncoDaily Medical Journal](#), on evolving therapies for MIBC and real-world access gaps in Turkey.

Title: Muscle-Invasive Bladder Cancer: Evolving Therapies and Real-World Access Gaps in Turkey

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Cystoscopy/TURBT with CT or MRI remains the diagnostic backbone; selected cases use PET-CT. For localised MIBC, standards are **radical cystectomy with lymph-node dissection** or **trimodality therapy** (maximal TURBT + chemoradiotherapy), with chemo-RT superior to RT alone.

Perioperative therapy. Neoadjuvant cisplatin-based chemotherapy improves survival versus surgery alone. Adjuvant **nivolumab** (CheckMate-274) and **pembrolizumab** (AMBASSADOR) prolong disease-free survival; perioperative **durvalumab + Gem/Cis** (NIAGARA) improves EFS/OS in cisplatin-eligible patients.

Metastatic disease. The new first-line benchmark is **enfortumab vedotin + pembrolizumab** (EV-302). **Avelumab** maintenance after platinum response improves OS (JAVELIN Bladder 100) and defines modern sequencing; **nivolumab + Gem/Cis** (CheckMate 901) is another effective first-line option. Targeted therapy includes **erdafitinib** for FGFR2/3-altered tumours; HER2-positive cases may benefit from **trastuzumab-deruxtecan**.

Access in Turkey. Avelumab maintenance is the only reimbursed immunotherapy for bladder cancer nationwide. Many perioperative and frontline metastatic regimens (e.g., adjuvant nivolumab, EV+pembrolizumab, perioperative durvalumab) are **non-reimbursed**, with annual costs far beyond average incomes; **erdafitinib** is approved but **not reimbursed**. Later-line care often defaults to conventional cytotoxics.

Bottom line: Science has advanced faster than access. Aligning reimbursement with international standards, funding biomarkers, and expanding chemoradiotherapy capacity would translate proven survival gains to everyday practice.