



Towards Personalized Medicine in Bladder Cancer

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Message from the Guest Editor

Dear Colleagues,

Urothelial carcinoma (UC) accounts for approximately 95% of all bladder cancers. Low-grade non-muscle-invasive bladder cancer (NMIBC) is usually successfully managed with transurethral resection (TUR), and overall survival for NMIBC reaches 90%, according to some reports. However, long-term survival for muscle-invasive bladder cancer (MIBC) and metastatic bladder cancer remains low. The standard-of-care treatment for MIBC and metastatic bladder cancer includes cystectomy with neoadjuvant/adjuvant chemotherapy, with or without radiation therapy. Platinum-based chemotherapy has been the first-line treatment for metastatic bladder cancer for more than two decades, but it is curative for only a small minority of patients.

Treatment options for bladder cancer have undergone a rapid change in recent years. Immune checkpoint inhibitors (ICIs), targeted therapies, and antibody–drug conjugates are now available. As bladder cancer is genetically heterogeneous, the optimization of patient selection to identify those most likely to benefit from a specific therapy is an urgent issue in the treatment of patients with bladder cancer.

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Message from the Editor-in-Chief

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