



## Use of Intravesical Gemcitabine/Docetaxel for NMIBC

Dear **SUO** Member,

As our community has sought alternatives to intravesical BCG during the most recent BCG shortage, the use of intravesical gemcitabine and docetaxel (GemDoce) therapy has increased. Yet both operational and logistical barriers may remain precluding its broader utilization. We want to better understand the current utilization patterns of GemDoce among **SUO** members and clarify barriers to implementation.

**This anonymous survey will take approximately 2 minutes to complete. It is 4 questions.**

[TAKE THE SURVEY](#)

In support of your effort, we will donate \$3 to the American Cancer Society for each completed survey. Please participate!

Thank you!

Max Kates, MD  
Assistant Professor of Urology



Society of Urologic Oncology, Inc. | (847) 264-5901 | [info@suonet.org](mailto:info@suonet.org)

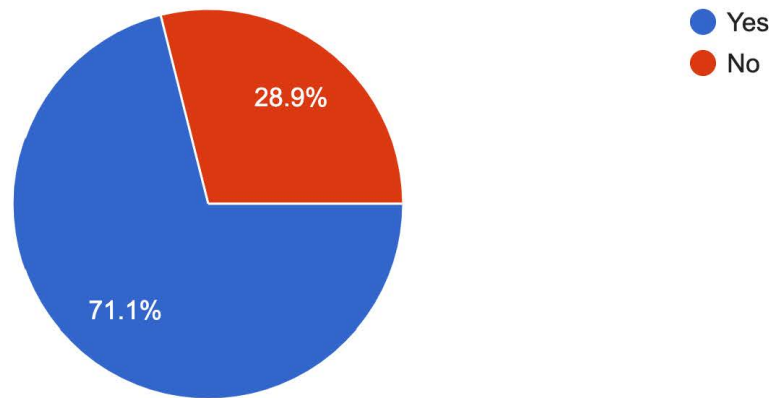
Survey distributed to 982 email addresses

661 report bladder cancer in their practice

197 participants completed the survey  
(30% response rate for target audience)

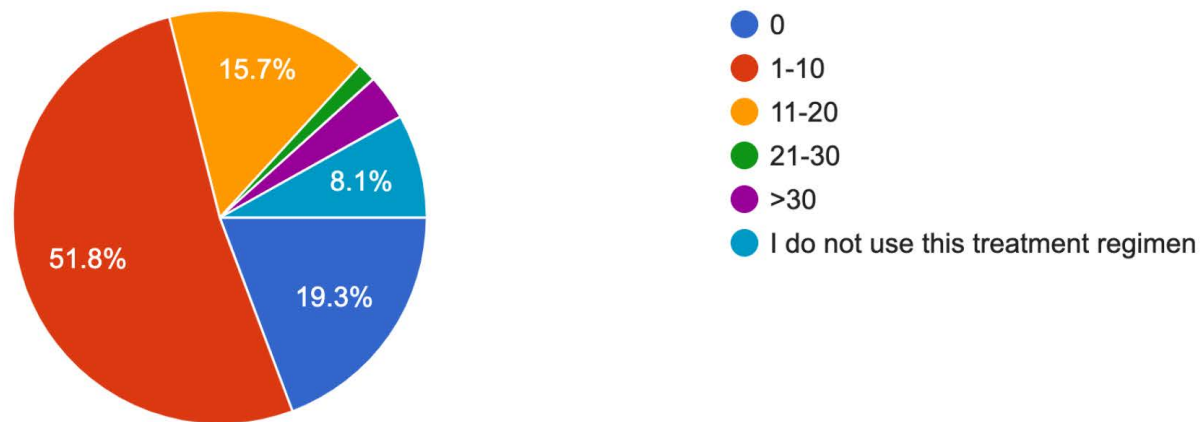
Have you prescribed Intravesical Gemcitabine/Docetaxel for the treatment of bladder cancer?

197 responses



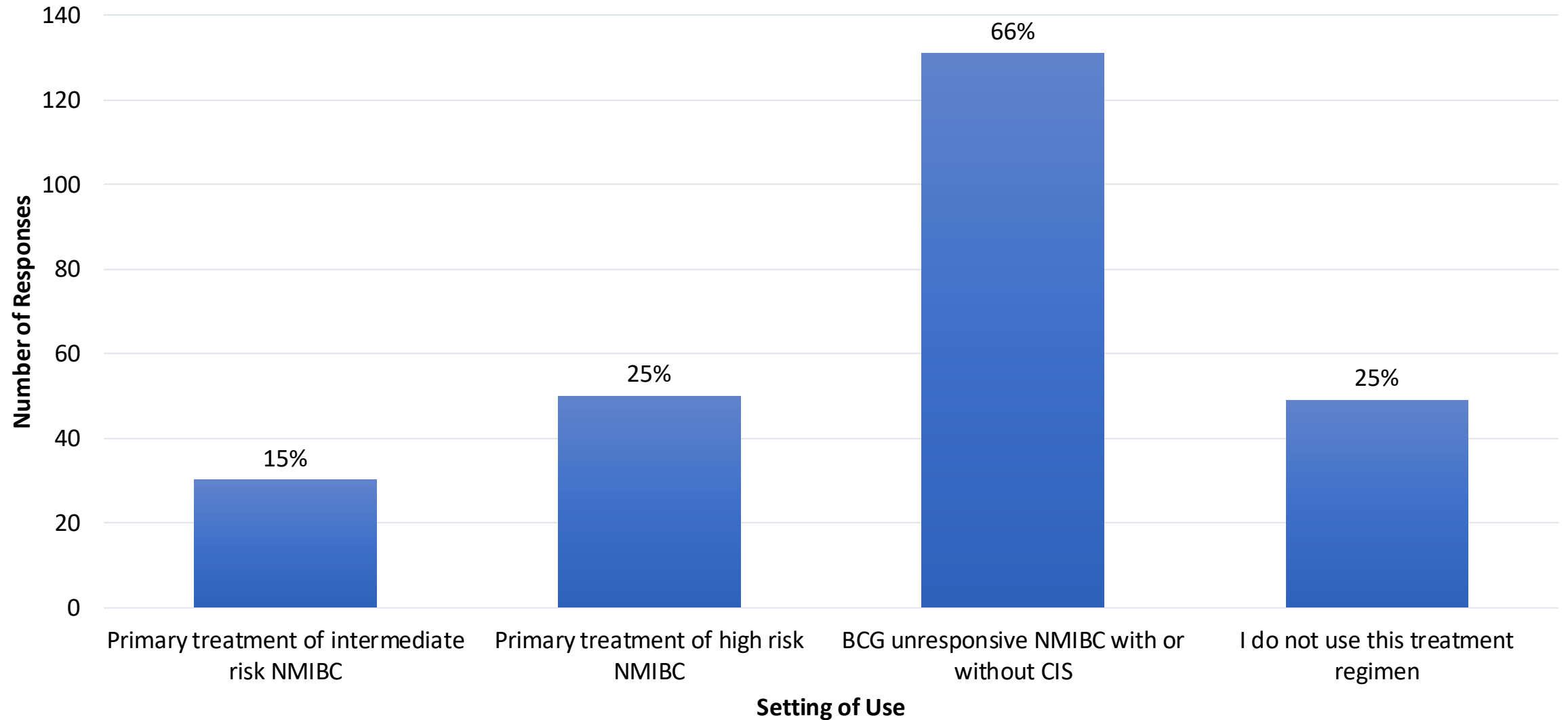
How many patients have you prescribed or referred for treatment with intravesical Gemcitabine/Docetaxel in the last 12 months?

197 responses



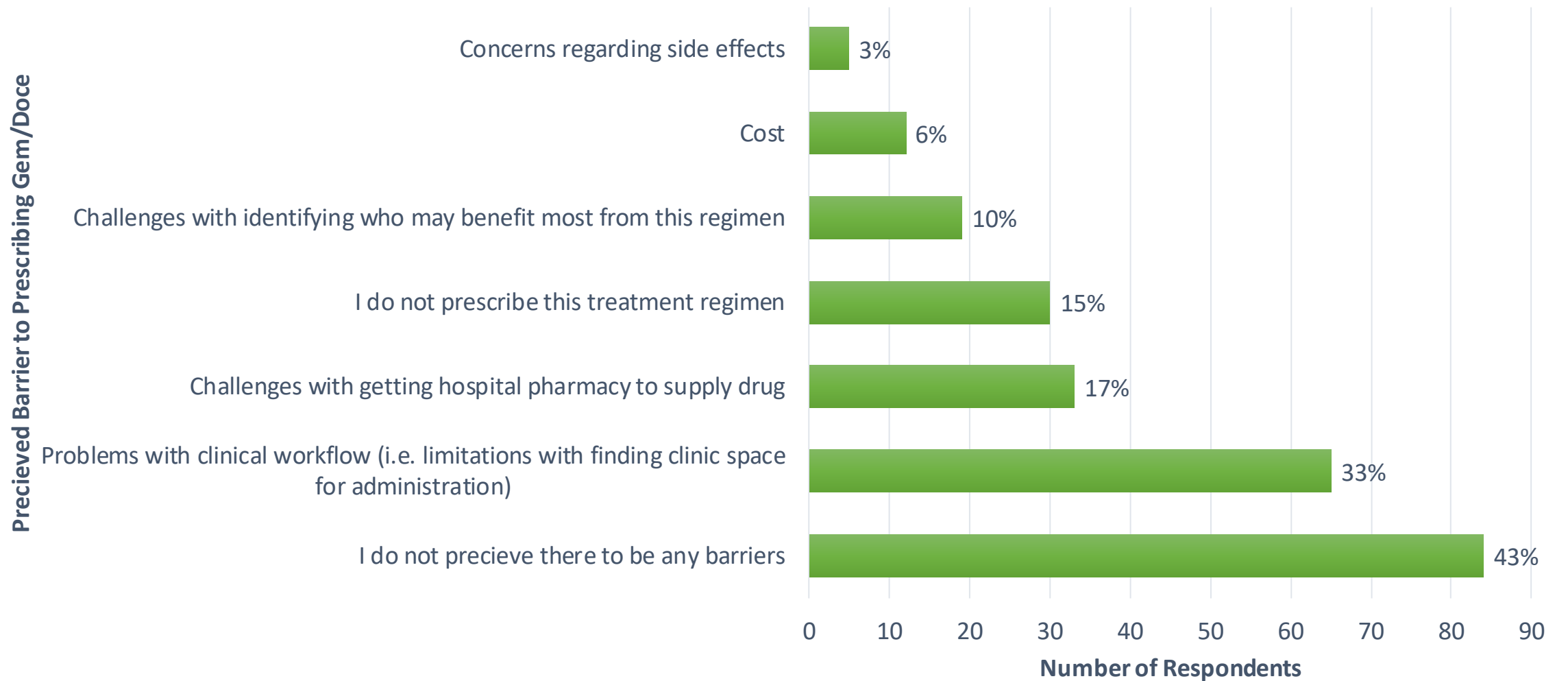
# What setting(s) have you used intravesical Gemcitabine/Docetaxel?

197 responses

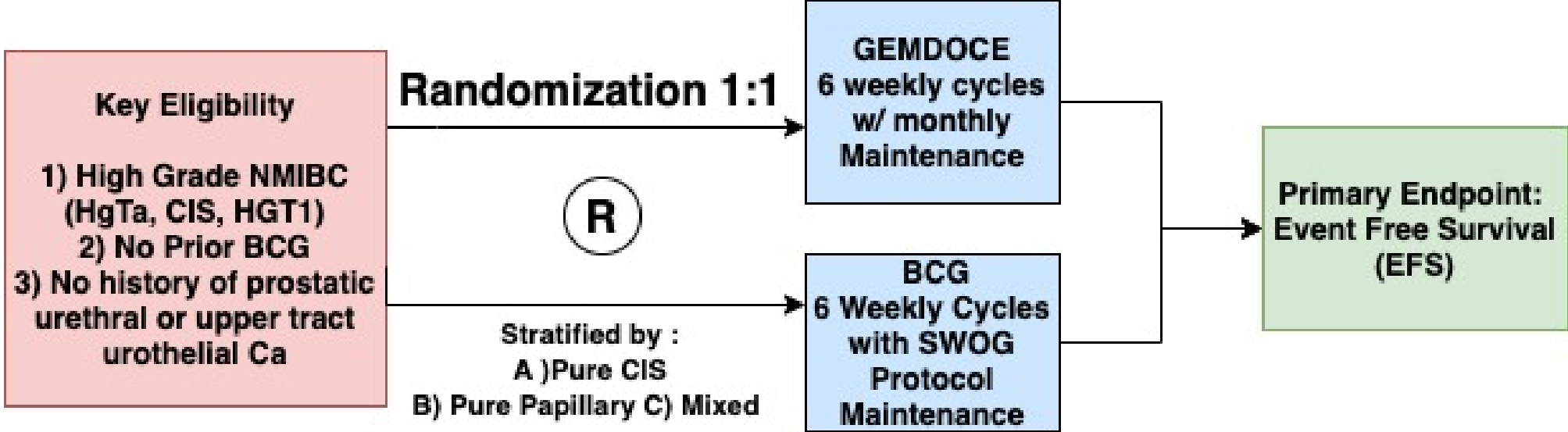


# Describe any barriers to prescribing/administering intravesical Gemcitabine/Docetaxel

197 responses



# EA8212 / **BRIDGE**: A Randomized Phase III Trial of Intravesical **BCG** versus Intravesical **Docetaxel** and **GEM**citabine Treatment in BCG Naïve Non-Muscle Invasive Bladder Cancer Patients



Gemcitabine 1g in sodium chloride 0.9 % 76.3 mL  
Docetaxel 40g in sodium chloride 0.9 % 54 mL  
BCG 50 mg in sodium chloride 0.9 % 50 ml

SWOG Protocol BCG Maintenance: 3 weekly instillations 3,6,12,18,24,30,36 months after initial induction course

EFS: Defined as the time from randomization to high grade recurrence in the bladder (CIS, HgTa, HGT1 or HGT2), progression of disease, or death, whichever occurs first.