**TABLE 2. RECOMMENDATIONS FOR BCG LIVE ALTERNATIVES**

First-line therapy for patients with intermediate-risk NMIBC should be intravesical chemotherapy. Intravesical chemotherapy with mitomycin, gemcitabine, epirubicin or docetaxel should be given to patients with recurrent or multifocal low-grade Ta lesions instead of BCG.

Patients with intermediate-risk NMIBC should receive an alternative second-line intravesical chemotherapy other than BCG.

The preferred alternative to BCG Live is induction therapy and monthly maintenance therapy for up to 1 year with mitomycin when BCG Live is unavailable. Other alternatives to BCG Live include gemcitabine, epirubicin, docetaxel, valrubicin or sequential gemcitabine/docetaxel or gemcitabine/mitomycin with an induction and possible maintenance regimen.

Patients with high-risk disease features who are surgical candidates and unwilling to receive any alternative intravesical agents should be offered initial radical cystectomy.