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AUTHOR REPLY

As has been discussed in our work and the related Editorial Comment, there is now a mounting evidence supporting combined modality treatments in the management of muscle invasive bladder cancer as an acceptable alternative to radical cystectomy.¹⁻³ In this context, patient selection acquires particular significance.

The results of our study with a median FU of 115 months showed a 10-year bladder preservation rate of 79% and 10-year OS, CSS, and MFS rates were 43.2%, 76.3%, and 79.2%, respectively. These data are particularly relevant in a clinical scenario where randomized information is nonexistent and there is little hope of having it in the medium or long term. In this setting, we should make a special effort in producing high-quality observational studies intending to identify predictive and prognostic factors associated with each treatment. This will allow professionals to assign each patient to the most appropriate treatment and provide accurate information, so a fully informed decision can be made.

Although our data is subjected to some limitations given the small sample size, we could not observe significant

differences in survival between treatment protocols. However, from our point of view, the data seem to support the use of a more convenient scheme (transurethral resection and chemoradiation: 64.8 Gy with 6 cycles of concomitant weekly cisplatin) for both patients and physicians. This protocol entails a shorter period of treatment, less complications (ie, toxicity) and slightly better bladder preservation rate (90% vs 81% and 74% in the other 2 protocols). In this setting we should underline the relevant role of urologists' expertise in performing successful salvage radical cystectomies after full-course of radiochemotherapy.

We can only agree with the editorial comment on the utter importance of the multidisciplinary approach in the management of muscle invasive bladder cancer. Considering the impact on quality of life of each treatment^{4,5} and the high likelihood of retaining a functional bladder after combined modality treatments in well selected and informed patients, it is our opinion that organ sparing approaches should be always discussed in a multidisciplinary team, where the need for an intensive cystoscopic FU and the possibility of a salvage cystectomy should be considered as well.

Finally, we cannot obviate the high expectations derived from emerging role of immunotherapy in bladder preserving approaches.

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