Aims and objectives of this session
MIBC is a multifaceted entity where one size no longer fits all, supporting the development of personalized and, in selected cases, organ-preserving strategies.
Are the advances in imaging, molecular biology, conservative surgery; medical oncology and radiotherapy strong enough to shift the current pre-eminence of the ablative approach toward a more integrated and conservative perspective? If yes, what are the ideal candidates?
• One size does not fit all and urologists are central to the development of personalized treatment in MIBC
• Patients selection is critical and based on advances in imaging, resection techniques and pathology
• Organ preservation is feasible in a significant proportion of patients
• Radical cystectomy and pre-emptive chemotherapy are essential to optimize results in aggressive conditions.

Introduction
B. Malavaud, Toulouse (FR)

Cystectomy in the management of bladder invasive and locally-advanced bladder cancer
M. Burger, Regensburg (DE)

Case discussion on cystectomy in the management of bladder-invasive and locally-advanced bladder cancer
B. Malavaud, Toulouse (FR)

Bladder-sparing approaches to muscle invasive bladder cancer
M. Burger, Regensburg (DE)

Case discussion on bladder sparing approaches to muscle invasive bladder cancer
B. Malavaud, Toulouse (FR)

Cytotoxic chemotherapy in bladder cancer: Neoadjuvant and adjuvant setting and treatment of metastatic disease
B. Malavaud, Toulouse (FR)