Bladder preservation trials are heterogeneous in the radiation dose, target and concurrent chemotherapy used in muscle-invasive bladder cancer (MIBC).

Limited data exist regarding the actual practices of radiation oncologists (ROs).

We performed a survey to evaluate the real-world practice patterns in bladder-preservation radiotherapy (>2 to 2.75 Gy per fraction to 60 Gy).

On MVA, MDC setting was associated with increased odds of pre-cystectomy RO consultation (odds ratio [OR] 2.67; p=.01).

Two options for pre-cystectomy are surgical candidates with BPT (OR 2.67; p=.01) and greater likelihood of treating patients who are surgical candidates with BPT as unfit for cystectomy (OR 2.41; p=.03) and greater likelihood of treating patients who are surgical candidates with BPT as unfit for cystectomy (OR 2.41; p=.03).

Regarding radiotherapy techniques, 60% treat the bladder with conventional fractionation and 7.6% hypofractionation. 61% primarily use cisplatin as concurrent chemotherapy. In non-cisplatin candidates, 32% prefer carboplatin.

In non-cisplatin candidates, one-third recommend carboplatin, not supported by current evidence or NCCN guidelines.

Further research and education are needed to determine the optimal radiotherapy targets, dose/fractionation and concurrent chemotherapy.