

Risk group	
Low risk	<ul style="list-style-type: none"> • A primary, single, Ta LG/G1 tumor ≤ 3 cm in diameter without CIS in a patient ≤ 70 yr • A primary LG/G1 tumor with at most ONE of the following additional clinical risk factors: <ul style="list-style-type: none"> ◦ Age > 70 yr ◦ Multiple tumors ◦ Tumor diameter ≥ 3 cm ◦ Stage T1
Intermediate risk	• Patients without CIS who are not included in either the low-, high-, or very high-risk groups
High risk	<ul style="list-style-type: none"> • All T1 HG/G3 without CIS, EXCEPT those included in the very high-risk group • All CIS patients, EXCEPT those included in the very high-risk group.
	Stage, grade with additional clinical risk factors: ^a
	<ul style="list-style-type: none"> • Ta LG/G2 or T1 G1, no CIS with all 3 risk factors • Ta HG/G3 or T1 LG, no CIS with at least 2 risk factors • T1 G2 no CIS with at least 1 risk factor
Very high risk	Stage, grade with additional clinical risk factors: ^a
	<ul style="list-style-type: none"> • Ta HG/G3 and CIS with all 3 risk factors • T1 G2 and CIS with at least 2 risk factors • T1 HG/G3 and CIS with at least 1 risk factor • T1 HG/G3 no CIS with all 3 risk factors
	^a The additional clinical risk factors are age > 70 yr, multiple tumors, and tumor diameter ≥ 3 cm.

CIS = carcinoma in situ; HG = high grade; LG = low grade; TURBT = transurethral resection of bladder tumor.

Note that papillary urothelial neoplasia of low malignant potential and LG carcinoma were combined into one LG category because we have previously shown in the same data set that the prognosis of these two categories is similar [13]. Only one of the two grading systems is required to use this table:

- LG/G1 is LG in WHO 2004/2016 and G1 in WHO 1973.
- LG/G2 is LG in WHO 2004/2016 and G2 in WHO 1973.
- HG/G3 is HG in WHO 2004/2016 and G3 in WHO 1973.

Patients with recurrent disease should be included in the intermediate-, high-, or very high-risk group according to their other prognostic factors. On the basis of the published literature, patients with CIS in the prostatic urethra, lymphovascular invasion, and micropapillary, plasmacytoid, sarcomatoid, or neuroendocrine variant histology should all be included in the very high-risk group. More data are required to accurately classify other variant histologies as being high risk or very high risk.

Tableau 1: Critères cliniques de la nouvelle classification de l'EAU prédictive du risque de progression des patients présentant une TVNIM en utilisant soit le grade tumoral WHO 1973 ou 2004/2016