SUPPLEMENTARY MATERIAL

Major domains	Questions
Cisplatin/platinum ineligibility criteria	1. As per the Galsky criteria, patients who meet at least one of the following criteria would be deemed cisplatin ineligible: (i) ECOG PS $\geq$2; (ii) Cr Cl $<$60 mL/min; (iii) grade $\geq$2 hearing loss; (iv) grade $\geq$2 peripheral neuropathy; and/or (v) NYHA class 3 heart failure. How do you rate the applicability of the following criteria in your daily clinical practice? 2. As per the platinum ineligibility criteria, unfit patients would meet at least one of the following criteria: (i) ECOG PS $>$3; (ii) Cr Cl $<$30 mL/min; (iii) peripheral neuropathy $>$3; (iv) NYHA heart failure class $>$3; (v) ECOG PS 2 and Cr Cl $<$30 mL/min; and/or (vi) grade $\geq$2 hearing loss. Which of the following parameters is clinically relevant in your daily practice for considering patients ineligible for any platinum-based chemotherapy (cisplatin and carboplatin ineligible)?
PD-L1 and FGFR testing in mUC patients	3. In which phase of the urothelial cancer treatment journey (first-line systemic therapy, maintenance, or second-line systemic therapy) do you perform/recommend PD-L1 testing? 4. In which phase of the UC treatment journey (first-line systemic therapy, maintenance, or second-line systemic therapy) do you perform/recommend FGFR testing?
Treatment patterns in first-line settings	5. Which of the treatments (gemcitabine–cisplatin combination chemotherapy, atezolizumab, pembrolizumab, gemcitabine–carboplatin-based chemotherapy or best supportive care) is most suitable for: (i) cisplatin-eligible patients; (ii) cisplatin-unfit patients; and (iii) platinum-unfit patients (cisplatin and carboplatin) in first-line settings? 6. Is there any role or clinical relevance for following ICI–chemotherapy combination in first-line treatment settings?
Role of switch maintenance in mUC patients	7. Which of the treatments (pembrolizumab, avelumab, or best supportive care) is suitable for switch maintenance after first-line platinum-containing chemotherapy based on the available efficacy and safety data? 8. How do you rate the clinical applicability of avelumab switch maintenance therapy in the following patient profiles? a) PD-L1 status (positive/negative) b) A prior chemotherapy regimen (gemcitabine–carboplatin-based chemotherapy and gemcitabine–cisplatin-based chemotherapy) c) Response to chemotherapy (complete response/partial response/stable disease) d) Type of metastases (visceral/nonvisceral) e) ECOG PS 0/1 f) Cr Cl ($<$60 mL/min and $\geq$60 mL/min) g) Age ($<$65 years and $\geq$65 years)
Treatment pattern in second-line and subsequent therapy	9. Which of the treatments (ICI [atezolizumab, pembrolizumab, nivolumab, or avelumab]; erdafitinib; or chemotherapy [paclitaxel, docetaxel, or vinflunine]) is most suitable in the second-line settings? 10. Which patient profiles are suitable for ICI (pembrolizumab, avelumab, or nivolumab) in second-line settings? 11. Which of the antibody–drug conjugate (enfortumab vedotin or sacituzumab govitecan) is suitable in mUC patients who have previously received platinum-containing chemotherapy and progressed during or after treatment with a PD-1 or PD-L1 inhibitor? 12. Which of the treatment regimens is most useful in terms of OS improvement from the start of first-line therapy?

ECOG PS: Eastern Cooperative Oncology Group performance status; Cr Cl: Creatinine clearance; NHYA: New York Heart Association; PD-L1: Programmed death ligand 1; FGFR: Fibroblast growth factor receptor; mUC: Metastatic urothelial carcinoma; ICI: Immune checkpoint inhibitor; PD-1: Programmed cell death protein 1; OS: Overall survival.

