NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Scope for guideline update (starting 2026)

Bladder cancer: diagnosis and management

NICE is updating its guideline on bladder cancer (NG2). To ensure timely delivery of the most important parts of the areas identified for update, we plan to update the recommendations on treating non-muscle-invasive bladder cancer first. We will also be reviewing evidence on radical cystectomy for treating both non-muscle-invasive and muscle-invasive bladder cancer. So, there may be some updates to recommendations on muscle-invasive bladder cancer related to radical cystectomy. We will decide whether to update other sections of the guideline after this update on treating non-muscle-invasive bladder cancer is published. NICE's HealthTech team will also look at urinary biomarker tests to detect bladder cancer. We will update this guideline to reflect their guidance once it is published.

The update will be developed using the methods and processes in developing NICE guidelines: the manual.

Who the guideline update covers

The update will cover the same groups as the current guideline. These are adults (aged 18 and over):

- referred from primary care with suspected bladder cancer
- with newly diagnosed or recurrent bladder cancer (urothelial carcinoma, adenocarcinoma, squamous-cell carcinoma or small-cell carcinoma) or urethral cancer.

This guideline does not cover people with:

- upper tract urothelial carcinoma
- bladder sarcoma

- secondary cancers of the bladder or urethra (for example, colorectal cancer or cervical cancer invading the bladder)
- recognition of suspected bladder cancer in primary care and onward referral (this is covered by NICE's suspected cancer guideline [NG12]).

Equality considerations

A new equality and health inequalities assessment impact has been completed.

Settings

The update will cover the same settings as the current guideline. This includes all settings in which NHS care is provided.

Activities, services or aspects of care covered by the guideline update

We will consider making recommendations or updating existing recommendations on:

Diagnosing and staging bladder cancer

- transurethral resection of bladder tumour (TURBT) techniques for non-muscle-invasive bladder cancer

Treating non-muscle-invasive bladder cancer

- risk stratification
- adjuvant intravesical treatment regimens
- treatment after unsuccessful Bacille Calmette-Guérin (BCG) therapy
- radical cystectomy

Treating muscle-invasive bladder cancer

- radical cystectomy

Recommendations that are being retained from the current guideline may be revised to update language, reflect current policy or practice, and to ensure consistency with new content, including published technology appraisals.

See the section on recommendations we plan to retain.

Draft review questions

We have developed the following draft review questions. These may change during guideline development, but the areas covered will remain as listed in the final scope.

The areas covered and draft questions will be used to develop more detailed review protocols.

Diagnosing and staging bladder cancer

1. What is the effectiveness of en-bloc resection during transurethral resection compared with conventional TURBT for high-risk non-muscle-invasive bladder cancer?

Treating non-muscle-invasive bladder cancer

2. What validated prognostic tools perform best at predicting the risk of disease recurrence and progression in adults with non-muscle-invasive bladder cancer?

3. What is the effectiveness and safety of different adjuvant maintenance BCG regimens for treating non-muscle-invasive bladder cancer?

4. What is the effectiveness of adjuvant intravesical gemcitabine compared with other intravesical chemotherapy agents for treating non-muscle-invasive bladder cancer?

5. What treatments (including intravesical chemotherapy or radiotherapy) are effective alternatives to radical cystectomy for people with persistent or recurrent non-muscle-invasive bladder cancer after BCG treatment?

Radical cystectomy

6. What is the effectiveness of laparoscopic radical cystectomy or robot-assisted radical cystectomy compared with open radical cystectomy?

Economic aspects

We will take economic aspects into account when making recommendations. For each review question (or key areas in the scope), we review the economic evidence and, where appropriate, carry out economic modelling and analyses, to assess the value for money (cost effectiveness) of interventions. This is done using an NHS and personal social services perspective.

NICE guidance and quality standards that may be affected by this update

- Suspected cancer: recognition and referral (2015, last updated 2026). NICE guideline NG12
- Synergo for non-muscle-invasive bladder cancer (2021). HealthTech guidance HTG601
- Transurethral laser ablation for recurrent non-muscle-invasive bladder cancer (2019). NICE HealthTech guidance HTG522
- Laparoscopic cystectomy (2009). NICE HealthTech guidance HTG181
- Intraoperative red blood cell salvage during radical prostatectomy or radical cystectomy (2008). NICE HealthTech guidance HTG167
- Bladder cancer (2015). NICE quality standard QS106

Incorporating NICE technology appraisals

NICE technology appraisal guidance will be incorporated into the guideline where relevant. For further details, see our web page on bringing our guidance together by topic.

NICE's relevant in development technology appraisals are:

- Pembrolizumab with enfortumab vedotin for neoadjuvant and adjuvant treatment of muscle-invasive bladder cancer [ID6607] (expected publication date: February 2027)
- Trastuzumab deruxtecan for previously treated unresectable or advanced HER2-positive solid tumours [ID6511] (expected publication date: May 2027)
- Sasanlimab with BCG for treating high-risk non-muscle-invasive bladder cancer untreated with BCG [ID6454] (expected publication date: to be confirmed)

Technology appraisals that are awaiting development are not listed here but will be incorporated into the guideline as part of this update if they publish before the guideline.

Recommendations we plan to retain

We will not be reviewing the evidence on the following:

- information and support for adults with bladder cancer
- diagnosing and staging bladder cancer:
  - any aspect of diagnosis not relating to TURBT techniques
  - staging
- follow-up after treatment for non-muscle-invasive bladder cancer
- treating muscle-invasive bladder cancer:
  - any aspect of treating muscle-invasive bladder cancer not relating to radical cystectomy
- follow-up after treatment for muscle-invasive bladder cancer
- managing locally advanced or metastatic muscle-invasive bladder cancer:
- specialist palliative care for adults with incurable bladder cancer.

We plan to retain the recommendations in these areas, although they may be revised to update language, reflect current policy or practice, and to ensure consistency.

Further information

The guideline update is expected to be published in November 2027.

To follow the progress of the update, see the guideline in development page.

Our website has information about how NICE guidelines are developed.

NICE guidelines cover health and care in England. Decisions on how they apply in other UK countries are made by ministers in the Welsh Government, Scottish Government and Northern Ireland Executive.