National Institute for Health and Care Excellence

Health Technology Evaluation

Nogapendekin alfa inbakicept with intravesical BCG for non-muscle-invasive bladder cancer with carcinoma in situ that is unresponsive to BCG [ID6582]

Response to stakeholder organisation comments on the draft remit and draft scope

Please note: Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees.

Comment 1: the draft remit and proposed process

Section	Stakeholder	Comments [sic]	Action
Appropriateness of an evaluation and proposed evaluation route	ImmunityBio, Inc.	This topic is appropriate for a NICE appraisal. The company considers the evaluation route appropriate.	Thank you for your comment. No action needed.
	Action Bladder Cancer UK	This topic is highly appropriate for evaluation for a technology appraisal. Treatment options for non muscle invasive bladder cancer are limited – there are significant unmet needs within this patient group. Levels of possible disease recurrence or spread of the disease is high. It is of particular appropriateness given the trial evidence shows that the combination of NAI + BCG induces long-term memory and cystectomy avoidance, independent of tumour type in BCG unresponsive NMIBC.	Thank you for your comment. No action needed.

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		In BCG-unresponsive, high-grade papillary disease, NAI + BCG results in a 12-months cystectomy-free survival rate of 92% at 12 months and 82% at 36 months. The 36 months disease-specific survival was 96%.	
	Fight Bladder Cancer	Fight Bladder Cancer feels that a Single Technology Appraisal for nogapendeken alfa inbakicept (ANKTIVA) combined with BCG, for those with unresponsive high-risk non-muscle-invasive bladder cancer is appropriate. An STA would assess clinical and cost effectiveness compared with the established treatments, including intravesical chemotherapy, and radical cystectomy.	Thank you for your comment. No action needed.
Wording	ImmunityBio, Inc.	The company considers the wording appropriate, apart from the issues raised in Comment 2: the draft scope.	Thank you for your comment. No action needed.
	Action Bladder Cancer UK	NOTE: See comment below regarding wording relating to NICE guideline NG2	Thank you for your comment. No action needed.
	Fight Bladder Cancer	It would be for those who are BCG unresponsive but not wanting or unable to have a bladder removal, so far clarity on this we would like to suggest the addition of something like "…..for previously treated high-risk NMIBC unresponsive to BCG, including patients who are unfit for or decline radical cystectomy."	Thank you for your comment. The remit and population in the scope have been left broad to align with the population in the marketing authorisation. No action needed.
Timing issues	ImmunityBio, Inc. ImmunityBio, Inc.	As described in the draft scope, bladder cancer has a high recurrence rate, with around 70% of cases returning within 5 years of initial treatment. With treatment options limited for those who cannot or do not want to have a	Thank you for your comment. No action needed.

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		radical cystectomy (removal of the bladder), there is an urgent need for new treatment options post-first-line treatment with BCG.	
	Action Bladder Cancer UK	The availability of effective treatment options for this patient group facing an aggressive disease, with potential poor outcomes is of pressing need, thus has an urgency for the NHS. There is also a need for rapid action to consider and assimilate new advances in treatment of bladder cancer into the health system. Due to the high recurrence rate, and likelihood of progression, together with continuing invasive monitoring, the lifetime treatment costs per patient of bladder cancer is the highest of all cancers.	Thank you for your comment. No action needed.
	Fight Bladder Cancer	There is an urgency for this evaluation so that eligible patients can access treatment	Thank you for your comment. No action needed.
Additional comments on the draft remit	ImmunityBio, Inc.	N/A	Thank you for your comment. No action needed.
	Action Bladder Cancer UK	NOTE: Bladder cancer: diagnosis and management (2015) NICE guideline NG2 is currently under review by Centre for Guidelines and is over 10 years out of date. The draft scope states NG2 has been 'Reviewed July 2024' which is incorrect. This wording should be amended. A review has been confirmed by NICE, however CfG have yet to provide a timeline for such a review.	The review date in the draft scope aligns with that published on the NICE website for NG2 (September 2025).

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	Fight Bladder Cancer	This is important so that bladder preservation can be considered by the committee. Avoiding a cystectomy is about not only survival but improved quality of life years	Thank you for your comment. The committee will consider the benefits of the technology during the appraisal.

Comment 2: the draft scope

Section	Consultee/ Commentator	Comments [sic]	Action
Background information	ImmunityBio, Inc.	The following inaccurate statement is made regarding the technology on pages 1-2 of the draft scope. “Nogapendekin alfa inbakicept (Anktiva®, ImmunityBio) with intravesical BCG does not currently have a marketing authorisation in the UK for treating non-muscle invasive bladder cancer.” The background information should be changed to reflect this. It should read “On 4th July 2025, the MHRA granted marketing authorisation in the UK for NMIBC patients with BCG-unresponsive carcinoma *in situ* (CIS), with or without papillary tumours.” To our knowledge, the incidence rates provided are an accurate reflection of current figures; refined estimates will be provided by the company as part of its submission. Please note that the source of reference 6 in the draft scope, referring to the proportion of patients with CIS experiencing recurrence, is not available in the reference list.	Thank you for your comment. The technology section has been updated to include the details of the marketing authorisation. The source for reference #6 has also been added to the scope.
	Action Bladder Cancer UK	NOTE: the following information is missing from the Background.	Thank you for your comment. The scope is

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		Whilst more men than women are diagnosed with bladder cancer, women are more likely to be diagnosed at a later stage. NB also see inequalities. NOTE: 4 July 2025 - The Medicines and Healthcare products Regulatory Agency (MHRA) approved nogapendekin alfa inbakicept (Anktiva) for adults with BCG-unresponsive non-muscle invasive bladder cancer, where the disease remains confined to the inner lining of the bladder and may include tumours. The draft scope refers to no marketing authorisation yet being approved.	intended to be a brief document, further information can be provided at submission stage. This has been noted in the accompanying equality impact assessment (EIA) form. The committee will consider equalities issues where evidence is presented. No change to scope required. The technology section has also been updated to include the details of the marketing authorisation.
	Fight Bladder Cancer	We ask that the patient experience and consequences of BCG-unresponsive NMIBC is emphasised, the repeated procedures, surveillance cystoscopies, anxiety about recurrence and life changing impact of a bladder removal including continence issues, sexual issues and body image.	Thank you for your comment. The committee will consider the quality-of-life impact of current treatments as part of the evaluation.

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			No change to scope required.
Population	ImmunityBio, Inc.	The population defined in the scope reflects the whole population the phase 2/3 clinical trial of NAI (QUILT-3.032; NCT03022825), namely “People with previously treated high-risk non-muscle-invasive bladder cancer unresponsive to BCG” On 4th July 2025, the MHRA granted marketing authorisation in the UK for NMIBC patients with BCG-unresponsive CIS, with or without papillary tumours. This population is represented by Cohort A of the QUILT-3.032 study. The population in the scope should be changed to reflect the current UK marketing authorisation. The company suggest “People with BCG-unresponsive NMIBC, with carcinoma *in situ* (CIS), with or without papillary tumours”.	Thank you for your comment. The population in the scope has been updated to align with the marketing authorisation.
	Action Bladder Cancer UK	Yes (appropriately defined)	Thank you for your comment. No action needed.
	Fight Bladder Cancer	It is defined appropriately. We ask that the scope is interpreted to include patients who are clinically unfit for RC and those who refuse to have one.	Thank you for your comment. People for whom radical cystectomy is unsuitable has been added to the list of subgroups which may

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			be considered, if the evidence allows.
Subgroups	ImmunityBio, Inc.	No further comments.	Thank you for your comment. No action needed.
	Action Bladder Cancer UK	No comment	Thank you for your comment. No action needed.
	Fight Bladder Cancer	With CIS alone outcomes and response rates may differ from those with papillary disease. Age groups, many are elderly patients. Thise who are frail with comorbidities/unfit for surgery.	The following subgroups have been added to the scope: • People with or without papillary non-muscle-invasive bladder cancer • People for whom radical cystectomy is unsuitable
Comparators	ImmunityBio, Inc.	Currently, in patients unresponsive to BCG with CIS, with or without papillary tumours, radical cystectomy is the mainstay treatment. BCG re-challenge and other bladder-sparing treatments are used for patients who cannot or do not want to have radical cystectomy.	Thank you for your comment. The scope should be inclusive as committee will consider the most appropriate

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		There are two types of delivery methods for mitomycin C: (i) Cold delivery; a method involving administering mitomycin C directly into the bladder using a flexible catheter; and (ii) Hyperthermic delivery; a method using a warm solution of mitomycin C, often in conjunction with hyperthermic intravesical chemotherapy (HIVEC), which involves heating the bladder wall to enhance the drug's effectiveness. Both cold and hyperthermic mitomycin C are used in clinical practice to treat patients with NMIBC that are unresponsive to BCG. Studies suggest combining mitomycin C with BCG may enhance treatment efficacy, particularly in high-risk cases. However, the combination may also lead to increased side effects, and the potential benefits of this are still being evaluated in clinical trials. There are several treatments not currently included in the scope, but these only make up a small percentage of what is currently used in clinical practice in patients with NMIBC unresponsive to BCG; namely, additional BCG, and Best Supportive Care (BSC) in the form of cystoscopic surveillance therapy for tumour recurrence. After BCG-unresponsive disease, some patients will be rechallenged with BCG alone, not in combination with cold or hyperthermic mitomycin C. Cystoscopic surveillance therapy includes either transurethral resection of bladder tumour (TURBT), transurethral laser ablation (TULAR), or fulguration of the bladder.	comparators for this technology. Therefore, the comparator section has been updated to include all treatments used in this population (including those considered to have lower use in clinical practice).
	Action Bladder Cancer UK	Yes (appropriately defined)	Thank you for your comment. No action needed.

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	Fight Bladder Cancer	Yes (appropriately defined)	Thank you for your comment. No action needed.
Outcomes	ImmunityBio, Inc.	The company considers the outcomes listed in the draft scope appropriate to capture the benefits of the technology.	Thank you for your comment. No action needed.
	Action Bladder Cancer UK	Yes (appropriately defined)	Thank you for your comment. No action needed.
	Fight Bladder Cancer	Yes but to emphasise the bladder specific health related issues as mentioned above and also psychological outcomes, and anxiety associated with constant surveillance and high recurrence risk of bladder cancer	Thank you for your comment. The suggested outcomes are captured under the outcomes of adverse events of treatment and health related quality of life which are currently listed on the scope. No change to scope required.
Equality	ImmunityBio, Inc.	NMIBC is more common in: • People over the age of 75 • Men than in women (3:1 ratio)	Thank you for your comment. This information is included in the background

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			section of the scope. No action needed.
	Action Bladder Cancer UK	It should be noted that whilst more men than women are diagnosed with bladder cancer, women are more likely to be diagnosed at a later stage. Equality of access – would all patients be able to access new treatments – in particular rural areas, smaller hospitals etc.	Thank you for your comment. Please see the accompanying EIA from for further details. The committee will consider equalities issues where evidence is presented. No change to scope required.
	Fight Bladder Cancer	The majority of bladder cancer patients are older, which may affect their suitability for an RC Bladder cancer is more common in men than women, but woman often get diagnosed later and with a more advanced situation Frailty and disability could mean that these people would prefer bladder sparing options There could be barriers to access due to geographic and socioeconomic reasons.	Thank you for your comment. Please see the accompanying EIA from for further details. The committee will consider equalities issues where evidence is presented. No change to scope required.
Other considerations	ImmunityBio, Inc.	None	Thank you for your comment. No action needed.

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	Action Bladder Cancer UK	There has been a lack of new treatments available for bladder cancer – a common cancer with poor outcomes and high recurrence rates. It is important that this new treatment is viewed within that context of need. NMIBC is a high-risk disease. NMIBC which has proved unresponsive to BCG requires urgent treatment. Many patients will experience a relapse of their cancer after treatment with BCG, often meaning they may need to have surgery to remove the bladder (radical cystectomy). If cystectomy was delayed for the usually significant period of time which courses of BCG treatment take, and BCG is then proved to be unsuccessful or not able to be tolerated by the patient, time to surgery will be greatly extended and a cystectomy may have reduced impact in slowing progression from within the bladder walls and the spread of the cancer. The health of the patient may also have deteriorated. There is concern amongst patients, patient groups and clinicians about the slowness to approve new immunotherapies for use in treating bladder cancer in the UK, particularly in the context of paucity of other effective treatments available. There is an acute need for effective new treatments. This is also resulting in the UK now being out of step with, for example, the EU in treatment options for this poorly served patient group, and missing out on the new treatments now becoming available. Bladder cancer is one of the most expensive cancers to treat. Within the economic analysis section, patient feel it is imperative that due consideration and weight is given not just to the cost of this new treatment, but to the high on-going cost of continued and unsuccessful treatment for those with bladder	Thank you for your comment. The committee will consider the costs and effects of current standard of care in the appraisal.

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		cancer, and also the high risk of recurrence where treatment has not been successful.	
	Fight Bladder Cancer	Long-term patient reported outcomes could be collected if there are any uncertainties about long-term survival or QALY gains, whilst allowing patients to access this potentially bladder-sparing treatment	Thank you for your comment. The committee will consider the long-term impact of the technology as part of the evaluation. No change to scope required.
Questions for consultation	ImmunityBio, Inc.	**Would people with intermediate risk non-muscle invasive bladder cancer have BCG in the NHS? If yes, is it expected that nogapendekin alfa inbakicept with intravesical BCG would be used in these people?** People with intermediate risk NMIBC may receive BCG as first-line treatment in the NHS. NAI is not licensed for NMIBC patients with intermediate risk, as first-line treatment or subsequently. The company therefore expects no use of NAI in these patients. **Would people who are unresponsive to BCG be re-challenged with intravesical BCG alone?** Currently, in patients unresponsive to BCG with CIS +/- papillary tumour, bladder-sparing re-challenge and other bladder-sparing treatment options are used in patients who are unable to, or do not want to have, a radical	Thank you for your comments. No action required.

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		cystectomy. NAI is the first treatment option approved specifically for this patient group. Approximately one-third of people with NMIBC will be unresponsive to BCG. Of those, approximately 20-30% will receive another bladder sparing treatment (BST), which could be either hyperthermic mitomycin C, cold mitomycin C, rechallenge with BCG, or gemcitabine. **Is gemcitabine with or without docetaxel used to treat people with high-risk non-muscle invasive bladder cancer that is unresponsive to BCG in the NHS? Are any other intravesical chemotherapies used?** There may be some very small use of gemcitabine, with or without docetaxel, to treat people in the NHS with NMIBC unresponsive to BCG. However, it is thought that other BSTs such as hyperthermic and cold mitomycin C and rechallenge with BCG, would be used ahead of gemcitabine in clinical practice. **Please select from the following, will nogapendekin alfa inbakicept with intravesical BCG be:** C. Prescribed in secondary care with routine follow-up in secondary care **For comparators and subsequent treatments, please detail if the setting for prescribing and routine follow-up differs from the intervention.** Comparators would also be prescribed and followed-up in secondary care. **Would nogapendekin alfa inbakicept with intravesical BCG be a candidate for managed access?** Yes, NAI would be a candidate for managed access.	

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		Do you consider that the use of nogapendekin alfa inbakicept with intravesical BCG can result in any potential substantial health-related benefits that are unlikely to be included in the QALY calculation? Please identify the nature of the data which you understand to be available to enable the committee to take account of these benefits. NAI is a first-in-class treatment, specifically approved for BCG-unresponsive NMIBC with CIS, with or without papillary tumours. Since NAI can be delivered in combination with BCG via instillation directly into the bladder, patients' treatment can continue to be carried out under the care of urology, reducing patient treatment burden. There is also current unmet need in patients unsuitable for or unwilling to undergo radical cystectomy, with some current bladder-sparing therapy options available in a minority of treatment centres.	
	Action Bladder Cancer UK	No comment	No action needed.
	Fight Bladder Cancer	No comment	No action needed.
Additional comments on the draft scope	ImmunityBio, Inc.	None	Thank you for your comment. No action needed.
	Action Bladder Cancer UK	The draft Scope refers to Related NICE guidelines: Bladder cancer: diagnosis and management (2015) NICE guideline NG2.	Thank you for your comment. No action needed.

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		It is of some importance to note that this Guideline is now 10 years since publication in February 2015 (and reviewed evidence available to 2014). The Guideline does not adequately cover the introduction, evidence of efficacy and availability of new treatments for bladder cancer. See also comment above regarding incorrect wording stating that the Guideline has been reviewed in July 2025, which is inaccurate.	
	Fight Bladder Cancer	No comment	No action needed.

The following stakeholders indicated that they had no comments on the draft remit and/or the draft scope

None