

# NCCN 2026 Bladder Cancer Guidelines Adopt IBCG Risk Stratification Model for Intermediate-Risk NMIBC

*The 2026 NCCN Bladder Cancer Guidelines incorporate the IBCG five-factor model, introducing standardized risk stratification for intermediate-risk NMIBC.*

HOUSTON, TX, UNITED STATES, March 24, 2026 /EINPresswire.com/ -- The National Comprehensive Cancer Network (NCCN) has adopted the International Bladder Cancer Group

([IBCG](#)) five-factor clinical risk stratification model for Intermediate-Risk Non-Muscle-Invasive Bladder Cancer (IR NMIBC) in its newly released [2026 NCCN Clinical Practice Guidelines in Oncology](#) (NCCN Guidelines®) for Bladder Cancer. The updated guidelines now stratify patients

with IR NMIBC into three clinically actionable subgroups: lower risk (0 risk factors), intermediate risk (1–2 risk factors), and higher risk ( $\geq 3$  risk factors).

The NCCN Clinical Practice Guidelines are among the most widely used cancer treatment guidelines worldwide and play a central role in shaping standards of oncology care.

The NCCN adoption of the IBCG model marks a major step toward precision management of intermediate-risk bladder cancer.

This framework represents the first internationally developed and clinically validated system designed

specifically to guide risk-adapted management within the intermediate-risk NMIBC category — built on the principle that no patient should receive more treatment than they need, or less than they deserve.



INTERNATIONAL  
**BLADDER CANCER**  
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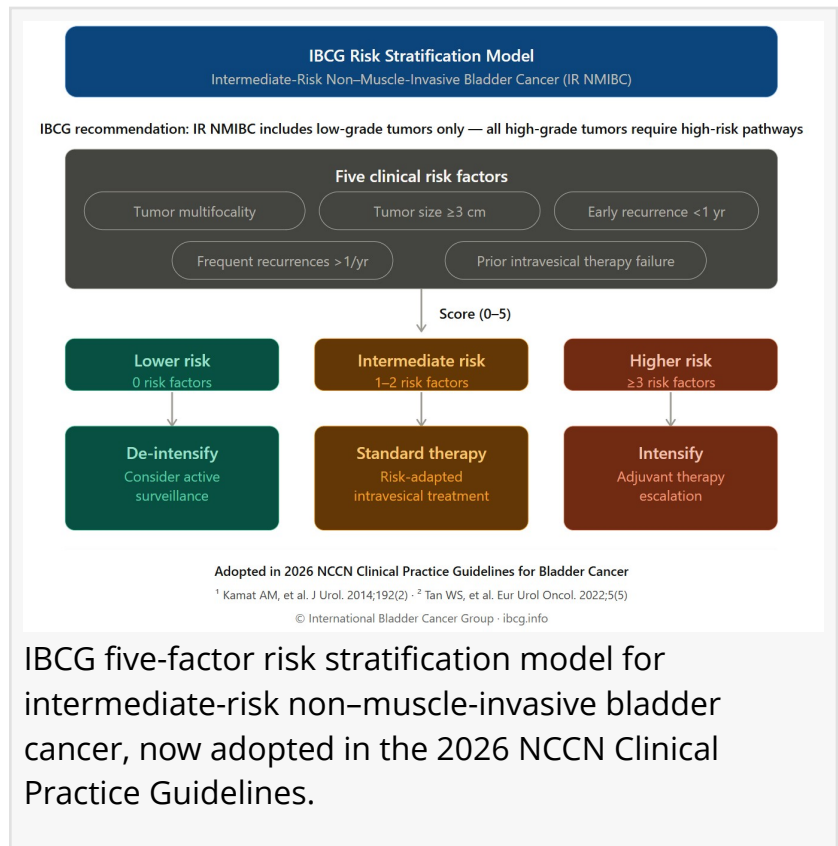
International Bladder Cancer Group (IBCG) - dedicated to advancing research, improving patient outcomes, and fostering international collaboration in bladder cancer care.



For decades, heterogeneity in intermediate-risk NMIBC led to over- and undertreatment. NCCN adoption of the IBCG Risk Stratification Model now enables risk-adapted precision care for our patients.”

*Ashish M. Kamat, MD, MBBS,  
President, IBCG*

Intermediate-risk bladder cancer has historically represented a heterogeneous "middle" category within non-muscle-invasive bladder cancer (NMIBC), often leaving clinicians without clear guidance on how aggressively to treat individual patients. The IBCG framework addresses this challenge by incorporating five clinically relevant risk factors: tumor multifocality, tumor size  $\geq 3$  cm, early recurrence within one year, frequent recurrences ( $>1$  per year), and prior failure of intravesical therapy. These factors were selected based on their established association with recurrence and disease progression, enabling clinicians to identify patients at greater risk of adverse outcomes within a category that has historically been managed with a one-size-fits-all approach.



"For decades, intermediate-risk bladder cancer has been a highly heterogeneous, catch-all category that left patients vulnerable to both over- and undertreatment," said [Ashish M. Kamat](#), MD, MBBS, President of the International Bladder Cancer Group and Professor of Urology at UT MD Anderson Cancer Center. "Through this framework, clinicians can safely de-intensify care for appropriate patients while ensuring that those with higher-risk features receive the adjuvant therapies they need. The NCCN's adoption of this model represents an important step toward more precise and standardized care for bladder cancer patients."

The initiative traces its origins to 2014, when the IBCG, led by Dr. Kamat, proposed a practical framework defining intermediate-risk disease as multiple and/or recurrent low-grade Ta tumors. Recognizing the need for a clinically useful system to guide treatment decisions, the group introduced a management algorithm based on five key clinical risk factors: tumor multifocality, tumor size  $\geq 3$  cm, early recurrence within one year, frequent recurrences ( $>1$  per year), and prior failure of intravesical therapy — a factor whose scoring would be further refined in subsequent updates. [1]

Over subsequent years, the framework was refined through international collaboration and growing clinical evidence. A 2022 update formally codified the scoring system, including prior intravesical therapy failure as a distinct, independently scored fifth risk factor, and clarified the boundaries of the intermediate-risk category by excluding all high-grade tumors. [2] This distinction reflected increasing recognition that high-grade disease behaves more aggressively

and requires high-risk treatment pathways.

"Intermediate-risk NMIBC has long needed a framework like this — one that gives clinicians the confidence to de-intensify care for patients who don't need aggressive treatment, and to intensify it for those who do. Seeing it incorporated into the NCCN guidelines is deeply gratifying," said Wei Shen Tan, MD, IBCG member and Assistant Professor of Urology at Yale School of Medicine, who contributed to the framework's development.

The IBCG scoring system has since been validated in multiple settings. A 2024 multicenter retrospective study conducted by the Young Academic Urologists Urothelial Working Group evaluated 677 patients and confirmed that the model effectively stratifies intermediate-risk NMIBC patients into subgroups with significantly different risks of disease recurrence and progression. [3]

Importantly, the framework has also demonstrated clinical utility in guiding active surveillance strategies. When applied to the prospective Bladder Cancer Italian Active Surveillance (BIAS) cohort, investigators found that patients with zero risk factors were more than twice as likely to remain successfully on active surveillance at 24 months compared with those with three or more risk factors (59% vs. 24%). [4] These findings highlight the model's practical value in identifying patients who may safely avoid repeated surgical interventions while maintaining oncologic safety.

"The IBCG risk stratification system for intermediate risk NMIBC will not only help urologists and patients successfully navigate the complex landscape of this disease in the clinic but will also enhance clinical trial design and the interpretation of their results," said Roger Li, MD, IBCG Board Member and Associate Member in the Genitourinary Oncology Department at Moffitt Cancer Center.

By incorporating the IBCG framework, the 2026 NCCN Guidelines provide clinicians with a standardized and evidence-based approach to managing intermediate-risk bladder cancer. The system enables clinicians to minimize overtreatment for lower-risk patients, facilitate appropriate use of active surveillance, and direct more intensive therapies to patients with higher-risk features. [5]

Clinicians, researchers, and members of the media seeking additional information about the IBCG risk stratification framework are encouraged to visit [ibcg.info](http://ibcg.info) or contact IBCG President Dr. Ashish M. Kamat. A copy of the 2026 NCCN bladder cancer guideline update is available at [nccn.org](http://nccn.org).

## ABOUT THE INTERNATIONAL BLADDER CANCER GROUP

The International Bladder Cancer Group (IBCG) is a global consortium of clinicians and scientists dedicated to advancing research, improving patient outcomes, and fostering international

collaboration in bladder cancer care. Through consensus development, collaborative research initiatives, and educational programs, the IBCG works to address key challenges in bladder cancer management worldwide.

More information about the International Bladder Cancer Group can be found at <https://ibcg.info>

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