



Mapping Oncologist Perceptions in NMIBC

Regional Insights from the US and EU4

A comprehensive analysis of treatment patterns, adoption readiness, and barriers across 50 oncologists in key global markets.





Study Overview

United States

N = 25 oncologists

48% academic, 44% community, 8% private

Majority: 5–20 years in practice (72%)

EU4 Markets

N = 25 oncologist's total

Germany (7), France (6), Italy (6), Spain (6)

Mix of academic and hospital-based practices



BCG Dominance Across All Markets

92%

84%

72%

United States

EU4 Aggregate

Intravesical Chemo

Prefer BCG as first-line for high-risk NMIBC

Strong adherence to EAU guidelines

Used often/always across both regions

BCG immunotherapy remains the standard of care globally, with mitomycin and gemcitabine serving as key chemotherapy alternatives.

PD-1 Therapy Adoption Gap

64%

United States

Use pembrolizumab (Keytruda®) for BCG-unresponsive CIS

- Broader FDA approval access
- Active clinical trial participation
- Standard systemic option

48%

EU4 Markets

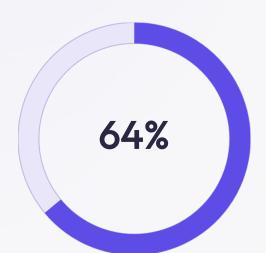
Limited adoption due to regulatory barriers

- Restricted hospital access
- Reimbursement delays
- Variable national approvals



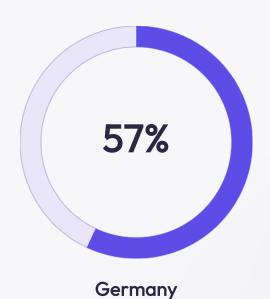
BCG Shortage Impact



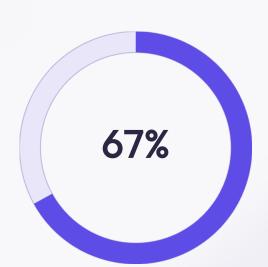


United States

Report BCG shortages change prescribing patterns

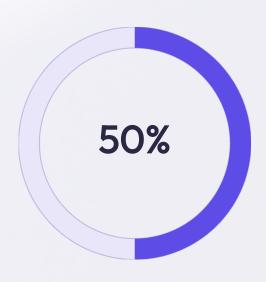


Report mild disruption to clinical practice



Italy & Spain

Highest EU4 impact from intermittent supply



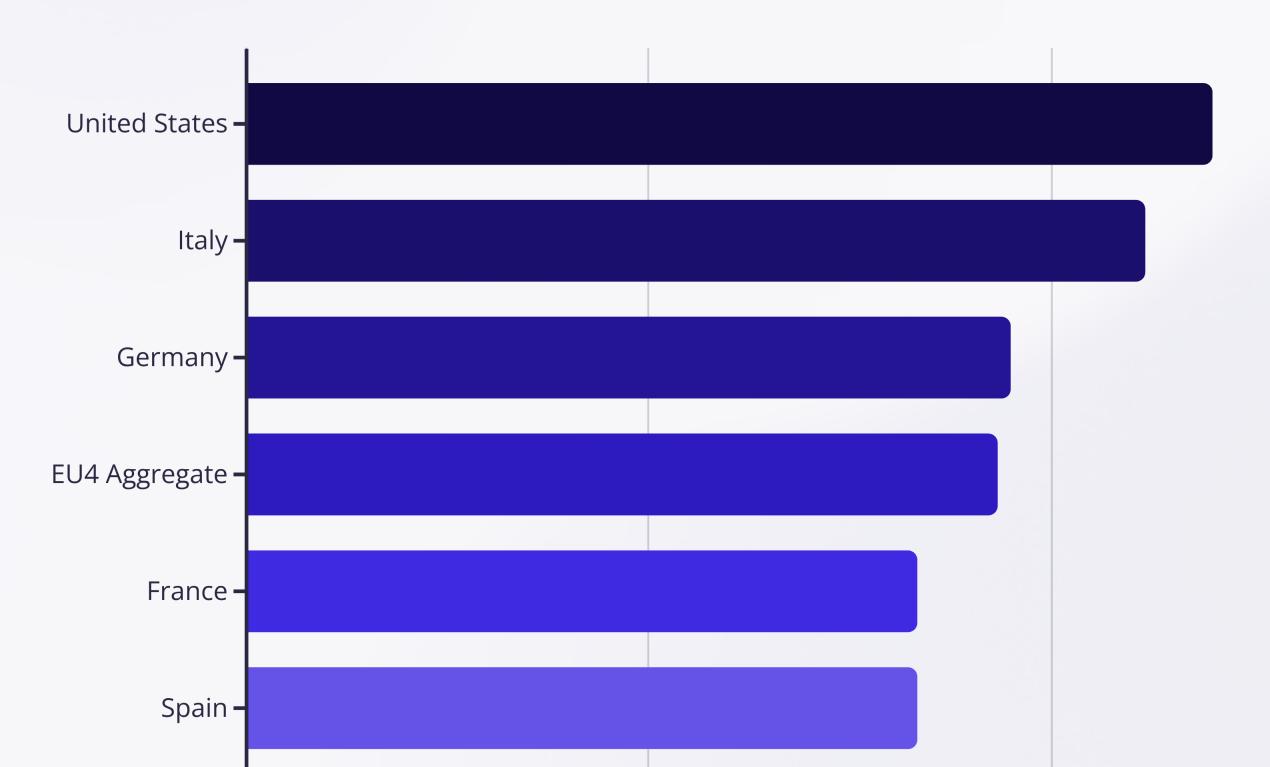
France

Moderate shortage sensitivity reported

Supply constraints drive adoption of alternative regimens, particularly gemcitabine-based intravesical chemotherapy.

Willingness to Adopt Novel Therapies









Universal Adoption Barriers

1

Reimbursement Challenges

US: 68% | EU4: 72%

Payer delays and access pathways remain the primary obstacle across all markets.

2

Clinical Data Gaps

US: 52% | EU4: 60%

Long-term efficacy data needed to build confidence in novel therapies.

3

Supply & Logistics

US: 36% | EU4: 36%

BCG shortages and distribution challenges affect prescribing patterns.



Key NMIBC Therapy Brands by Region

BCG Immunotherapy

US: TICE® BCG (Merck) – 92%

preference

EU4: BCG Medac® (Medac GmbH) -

dominant formulation

Checkpoint Inhibitor

Keytruda® (Pembrolizumab, Merck)

US: 64% adoption | EU4: 48% adoption

for BCG-unresponsive CIS

Gene Therapy

Adstiladrin® (Nadofaragene firadenovec,

Ferring)

US: Recently launched | EU4: Awaiting

EMA rollout

Regional Market Characteristics



United States

Progressive adopters with wider access to PD-1 and clinical trials. Strong interest in Adstiladrin® and emerging therapies like TAR-200.

Key friction: Reimbursement and supply constraints

Germany

Strong EAU guideline adherence with cautious adoption approach. Awaiting guideline updates before broader novel therapy use.

Key friction: Reimbursement and logistics

France

High BCG reliance with moderate PD-1 adoption. Patient acceptance cited as additional barrier by some clinicians.

Key friction: Reimbursement delays (83%)

Italy

Highest EU4 openness to emerging therapies (67%). Strong clinical interest despite access constraints and data maturity concerns.

Key friction: Data gaps and limited access

Spain

Widespread institutional BCG reliance with balanced clinical optimism. Frequent supply issues drive gemcitabine use during shortages.

Key friction: Supply and reimbursement

Strategic Implications



BCG Shortage Leverage

Supply constraints create opportunities for alternative therapy adoption and market entry.



Targeted Education

Economic evidence and real-world data generation essential to drive EU4 adoption.



Payer Engagement

Collaborative programs addressing reimbursement timelines can accelerate global acceptance.

US market shows strong early adoption potential for NMIBC innovations. EU4 requires localized data and payer partnerships to unlock growth.

