New U.S. Survey of Military Service Members and Veterans with Non-Muscle Invasive Bladder Cancer Reveals 53% Were Diagnosed at Age 50 or Younger and Barriers to Care

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- In national survey of military service members and veterans with non-muscle invasive bladder cancer (NMIBC) ("respondents" throughout) conducted by The Harris Poll, 53% were diagnosed by age 50, and 28% were diagnosed by age 40
- Among respondents who had not undergone a full removal of their bladder (cystectomy), 93% strongly or somewhat agreed they would try anything to avoid full bladder removal
- Nearly two-thirds (63%) of respondents reported barriers or challenges to receiving treatment, including long waits (35%), difficulty coordinating Veterans Affairs (VA) and non-VA care (27%), and challenges accessing treatment recommended by their healthcare provider (HCP) (49%)
- Despite these barriers, respondents expressed strong confidence in their care teams, with 90% reporting trust in their providers and 85% believing they were receiving the best possible care through the VA, while 64% saw their NMIBC provider at a VA hospital or clinic
- Bladder cancer is the fourth most commonly diagnosed cancer among U.S. military veterans, with approximately 3,200 veterans diagnosed each year[1]

CULVER CITY, Calif.--(BUSINESS WIRE)--Nov. 11, 2026-- ImmunityBio, Inc. (NASDAQ: IBRX), a commercial-stage immunotherapy company, today announced findings from a national survey of military service members and veterans with non-muscle invasive bladder cancer (NMIBC). The survey, conducted by The Harris Poll on behalf of ImmunityBio, found that 53% of respondents were diagnosed by age 50 and 63% reported barriers or challenges to receiving treatment.

Respondents reported a mean age of 51.7 years at diagnosis (median, 49 years); 28% were diagnosed by age 40 and 53% by age 50. The mean age at first symptoms was 48.8 years, a difference of about three years from the mean age at diagnosis. Respondents also reported exposure to potential environmental risk factors, including burn pits (31%) and contaminated water (54%). More than seven in 10 wanted additional resources to help veterans navigate NMIBC care.

Bladder cancer is the fourth most commonly diagnosed cancer among U.S. military veterans, with approximately 3,200 veterans diagnosed each year.[1]

"A cancer diagnosis can be difficult to navigate, and these findings show that understanding the diagnosis does not always mean patients feel equally prepared to weigh treatment options or make decisions," said Patrick Soon-Shiong, M.D., Founder, Executive Chairman and Global Chief Medical and Scientific Officer of ImmunityBio. "We believe patients and their care teams need clear, accessible information about available treatments and resources so they can have informed conversations about care."

Barriers to Care: Delays and Limited Availability Complicate Treatment

The most common barriers or challenges to treatment were long waits for appointments or treatment (35%) and difficulty coordinating care between VA and non-VA providers (27%). Forty-nine percent reported challenges accessing the treatment recommended by their healthcare provider, and 44% said it took a long time to begin treatment after diagnosis. Although 77% preferred to receive treatment at the VA and 64% saw their NMIBC provider at a VA hospital or clinic, 90% trusted their care team and 85% believed they were receiving the best possible treatment. Fifty-nine percent identified treatment availability as the biggest barrier to receiving the best possible care, compared with 47% who identified geographic location.

Information and Support: Veterans Want More Guidance and Options

Around three in five (61%) wished they had received additional information about NMIBC treatment options after diagnosis, and 46% wished they had been presented more treatment options. Seventy-six percent wished there were more resources specifically designed to help veterans navigate NMIBC treatment, and 65% wished veterans like them had access to more bladder cancer treatment options. Fifteen percent agreed they did not feel they were receiving the best possible treatments for their NMIBC.

Confidence and Knowledge: Few Feel Very Confident Navigating Treatment Choices

While 57% were very confident in understanding their diagnosis, 39% were very confident in understanding the available treatment options for their cancer type and stage, and 40% were very confident in making treatment decisions with their healthcare providers. Although 50% felt very knowledgeable about bladder cancer in general, 32% felt very knowledgeable about available procedures and treatments, and 14% felt very knowledgeable about clinical trial opportunities. The gap between confidence in the care team and reported access barriers points to a need for clearer information about treatment options and care navigation.

"The survey findings demonstrate many issues we have observed in our experience from frequently seeing veterans with non-muscle invasive bladder cancer," said Jeffrey A. Jones, M.D., Professor of Urology at Baylor College of Medicine in Houston. "The results of the survey reveal several challenges that can affect a patient's experience, and vary from facility to facility, but can include difficulties with appointments, care coordination, and

gaining access to recommended treatment. There are established and distinct care pathways for most malignancies being treated in VA clinics and hospitals. Educational resources can clearly assist veterans in understanding their treatment options, and in navigating their course between VA and community providers, to better enable more informed discussions with their health care teams."

About the Survey

This survey was conducted online within the United States by The Harris Poll on behalf of ImmunityBio from October 9-21, 2026, among 100 U.S. adults ages 18+ who are active duty military service members or veterans who have been diagnosed with NMIBC. Raw data are unweighted and therefore representative only of the individuals surveyed. The sampling precision of Harris online polls is measured by using a Bayesian credible interval. For this study, the sample data is accurate to within +/-9.6 percentage points using a 95% confidence level. This credible interval will be wider among subsets of the surveyed population of interest. For complete survey methodology, including weighting variables and subgroup sample sizes, please contact ImmunityBio.

About Bladder Cancer in U.S. Military Veterans

Bladder cancer is the fourth most commonly diagnosed cancer among U.S. military veterans, with approximately 3,200 veterans diagnosed each year.[1] Veterans exposed to Agent Orange and other toxic substances during military service may face an increased risk of developing the disease, yet bladder cancer survival rates have seen little improvement in more than 30 years. Organizations such as the Bladder Cancer Advocacy Network (BCAN) and the American Urological Association (AUA) are advocating for increased research funding, improved access to treatment and greater recognition of the long-term health challenges facing our nation's veterans.

To learn more about current pending legislation and advocacy efforts to improve access to care and treatment, increase research funding, and raise awareness of the long-term health challenges facing veterans and active duty service members, visit the Bladder Cancer Advocacy Network (BCAN) at BCAN.org and the American Urological Association (AUA) at AUA.org.

About ImmunityBio

ImmunityBio, Inc. is a biotechnology company focused on innovating, developing, and commercializing next-generation immunotherapies designed to activate the patient's immune system and deliver durable protection against cancer and infectious diseases. Our approach harnesses both the adaptive and innate immune systems with the goal of restoring immune function and generating lasting immunological memory in patients. At the core of our strategy is the Cancer BioShield ™ platform, which is designed to stimulate critical lymphocytes, including natural killer (NK) cells, cytotoxic T cells, and memory T cells via our proprietary IL-15 receptor agonist, ANKTIVA® (nogapendekin alfa inbakicept-pmln). Our Cancer BioShield platform is anchored by this antibody-cytokine fusion protein and is complemented by a portfolio that includes adenovirus-vectored vaccines, allogeneic (off-the-shelf) and autologous NK-cell therapies, and additional immunomodulators intended to promote immunogenic cell death and support durable immune responses while potentially reducing reliance on high-dose chemo-radiation therapy. For more information, visit ImmunityBio.com and connect with us on X (Twitter), Facebook, LinkedIn, and Instagram.

References:

1. U.S. Department of Veterans Affairs. Bladder Cancer and Veterans: What You Need to Know. May 11, 2022. Last visited 11/26. Avaiable at https://news.va.gov/103200/bladder-cancer-and-veterans-what-you-need-to-know/#%3A%7E%3Atext%3DApproximately%203%2C200%20Veterans%20are%20diagnosed%2Cinner%20layer%20of%20the%20bladder.

Forward-Looking Statements

This press release contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995, as amended. Forward-looking statements include, without limitation, statements regarding the potential implications of the survey findings for patient education, treatment navigation, shared decision-making and support resources for military service members and veterans with non-muscle invasive bladder cancer (NMIBC); the need for additional research, new BCG sources and treatment options; and the continued development and potential applications of the Company's Cancer BioShield™ platform, including ANKTIVA®.

These forward-looking statements are based on the Company's current expectations, estimates, forecasts, assumptions and beliefs as of the date of this press release and involve known and unknown risks, uncertainties and other factors that could cause actual results, developments, performance or achievements to differ materially from those expressed or implied by such statements. Such risks and uncertainties include, among others: limitations inherent in survey research, including the small sample size, unweighted data, self-reported nature of survey responses and the fact that the results are representative only of the individuals surveyed; the possibility that the survey findings may not be replicated or may not translate into changes in clinical practice, healthcare policy, reimbursement, treatment access or patient outcomes; the timing and results of ongoing and future clinical studies and the Company's ability to obtain and maintain regulatory approvals; manufacturing and supply constraints, including BCG availability; competition from other therapies and treatment approaches; market acceptance and reimbursement; and general economic and market conditions.

More details about these and other risks that may impact ImmunityBio's business are described under the heading "Risk Factors" in the Company's Annual Report on Form 10-K filed with the U.S. Securities and Exchange Commission (SEC) on February 23, 2026, the Company's Quarterly Report on Form 10-Q filed with the SEC on November 9, 2026, and in subsequent filings made by ImmunityBio with the SEC, which are available on the SEC's website at www.sec.gov. ImmunityBio cautions you not to place undue reliance on any forward-looking statements, which speak only as of the date hereof. ImmunityBio does not undertake any duty to update any forward-looking statement or other information in this press release, except to the extent required by law.

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