New article published in Urologic Oncology: Macro and Microeconomics of Blue Light Cystoscopy with Cysview in Non-Muscle Invasive Bladder Cancer

Press Release – Oslo, Norway, 23 June, 2021: Photocure, The Bladder Cancer Company, announces the publication of a study in the journal Urologic Oncology. The study objective was to determine the estimated budget impact to practices that incorporate blue light cystoscopy (BLC®) with hexaminolevulinate HCl (HAL) for the surveillance of non-muscle-invasive bladder cancer (NMIBC) in the clinic setting.

The study utilizes real world data from a large Academic Hospital Urology practice in the U.S. to estimate the net cost when Blue Light Cystoscopy with Cysview® is utilized for both surveillance and TURBT* in all NMIBC patients based on National Medicare Reimbursement rates alone. The objective of this budget impact model was to quantify the impact of using BLC with HAL when used in patients who were undergoing cystoscopy for the detection of NMIBC, including carcinoma in situ (CIS), among patients suspected or known to have lesion(s). The model compared the costs and outcomes of two different scenarios in NMIBC: white light cystoscopy (WLC) in the office, followed by WLC during TURBT, versus BLC in the office, followed by BLC during TURBT. In a simulated facility with 50 newly diagnosed bladder cancer patients, the model illustrates that the additional use of BLC in surveillance identified 9 additional recurrences over two years compared to WLC alone. Use of flexible BLC for surveillance marginally increased costs to the practice, with a net difference of $0.76 per cystoscopy over 2 years.

This study illustrates how the inclusion of BLC with Cysview throughout the continuum of care in NMIBC patients results in improved detection, and therefore improved patient risk stratification, without impacting overall cost in a Hospital outpatient setting.

“This model analyzes how incorporation of Blue Light Cystoscopy with Cysview impacts the cost to a practice in the continuum of care of NMIBC patients. We found that a practice’s patients could experience the benefits of earlier detection and improved risk stratification without a significant cost burden experienced by the practice. I believe future studies examining the economic impact of Blue Light Cystoscopy with Cysview are warranted and would further elucidate the direct and long-term cost benefits in the diagnosis, treatment and management of NMIBC patients,” said Dr. Stephen B. Williams, MD, MS, FACS Chief of Urology, Professor (Tenured) of Urology and Radiology, Robert Earl Cone Professorship, Director of Urologic Oncology, Director of Urologic Research, Co-Director of the Surgical Outcomes
Research Division, and lead author of the study.

Read the full article here: https://www.sciencedirect.com/science/article/pii/S1078143921002313?dgcid=author

In December 2020, Photocure communicated an abstract of this study, which was presented at the SUO congress prior to the manuscript undergoing peer review for publication: https://photocure.com/news/new-abstracts-on-the-use-of-blue-light-cystoscopy-with-cysview-presented-at-suo/

*TURBT: trans-urethral resection of bladder tumors

**Note to editors:**

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**About Bladder Cancer**

Bladder cancer ranks as the seventh most common cancer worldwide with 1 720 000 prevalent cases (5-year prevalence rate)\(^1\), 573 000 new cases and more than 200 000 deaths annually in 2020.\(^1\)^\(^2\)

Approx. 75% of all bladder cancer cases occur in men.\(^1\) It has a high recurrence rate with an average of 61% in year one and 78% over five years.\(^2\) Bladder cancer has the highest lifetime treatment costs per patient of all cancers.\(^3\)

Bladder cancer is a costly, potentially progressive disease for which patients have to undergo multiple cystoscopies due to the high risk of recurrence. There is an urgent need to improve both the diagnosis and the management of bladder cancer for the benefit of patients and healthcare systems alike.

Bladder cancer is classified into two types, non-muscle invasive bladder cancer (NMIBC) and muscle-invasive bladder cancer (MIBC), depending on the depth of invasion in the bladder wall. NMIBC remains in the inner layer of cells lining the bladder. These cancers are the most common (75%) of all BC cases and include the subtypes Ta, carcinoma in situ (CIS) and T1 lesions. In MIBC the cancer has grown into deeper layers of the bladder wall. These cancers, including subtypes T2, T3 and T4, are more likely to spread and are harder to treat.\(^4\)

\(^1\) Globocan. a) 5-year prevalence / b) incidence/mortality by population. Available at: https://gco.iarc.fr/today, accessed [April 2021].

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**About Hexvix®/Cysview® (hexaminolevulinate HCl)**

Hexvix®/Cysview® is a drug that preferentially accumulates in cancer cells in the bladder making them glow bright pink during Blue Light Cystoscopy (BLC\(^\circledR\)). BLC with Hexvix/Cysview improves the detection of tumors and leads to more complete resection, fewer residual tumors and better management decisions.

Cysview is the tradename in the U.S. and Canada, Hexvix is the tradename in all other markets. Photocure is commercializing Cysview/Hexvix directly in the U.S. and Europe, and has strategic partnerships for the commercialization of Hexvix/Cysview in China, Canada, Chile, Australia and New Zealand. Please refer to https://photocure.com/partnering-with-photocure/our-partners/ for further information on our commercial partners.
About Photocure ASA

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