Data presented at the International Bladder Cancer Network (IBCN) meeting demonstrate a reduction in the risk of recurrence with the use of BLC

Press release – Oslo, Norway, October 4, 2022: Photocure ASA, The Bladder Cancer Company, announces the presentation of clinical data and its breakout session in the scientific program at the International Bladder Cancer Network Meeting held September 29th-October 2nd in Barcelona, Spain. Dr. Steven Williams, of University of Texas-Medical Branch, Galveston, presented the study abstract “The Impact of Blue Light Cystoscopy Use Among Non-Muscle Invasive Bladder Cancer Patients in an Equal Access Setting: Implications on Recurrence and Time to Recurrence Stratified by Race”. In addition, Photocure sponsored an industry breakout entitled “Photodynamic Detection (PDD) and Photodynamic Therapy (PDT): Applications in non-muscle invasive bladder cancer (NMIBC).”

The IBCN meeting brings together international Bladder Cancer Experts and scientists, with the mission to improve the diagnosis, prevention, and treatment of bladder cancer.

The abstract “The Impact of Blue Light Cystoscopy Use Among Non-Muscle Invasive Bladder Cancer Patients in an Equal Access Setting: Implications on Recurrence and Time to Recurrence Stratified by Race” was presented by Dr. Williams on September 30th. The study was conducted with support from Photocure and aims at describing bladder cancer outcomes and the impact of blue light cystoscopy (BLC®) among non-muscle invasive bladder cancer (NMIBC) patients in an equal access setting, i.e., the Veterans Affairs Healthcare System (VA).

NMIBC patients within the VA receiving BLC were assessed to determine overall recurrence rates as well as the association between race and recurrence, progression, and overall survival outcomes.

A total of 378 patients were included in the analysis, of which 43 (11%) and 300 (79%) were African American and Caucasian, respectively. The results showed that the median time to first recurrence following BLC vs. white light cystoscopy (WLC) was significantly longer overall (40 vs. 26 months, p<0.001) and across all time points, respectively, in the cohort. A significant decrease in risk of recurrence following BLC utilization compared to WLC alone (HR, 0.70, p=0.005) was also determined. With regard to race stratification, the analysis showed no
significant difference between African American and Caucasian patients for recurrence, progression and overall survival.

"In the present study, we found a significant decrease in risk of recurrence following BLC utilization compared to WLC alone and longer time interval to recurrence. There was no difference by race. Our findings demonstrate increased support for BLC's clinical role in reducing bladder cancer recurrence, and that equal access to health care can achieve equitable outcomes by race," Dr. Steven Williams, Professor and Chief of the Division of Urology, at the University of Texas-Medical Branch, one of the study authors, concluded.


**Note to editors**

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**About Bladder Cancer**

Bladder cancer ranks as the 8th most common cancer worldwide – the 5th most common in men – with 1 720 000 prevalent cases (5-year prevalence rate)\(^4\), 573 000 new cases and more than 200 000 deaths annually in 2020.\(^1\)

Approx. 75% of all bladder cancer cases occur in men.\(^1\) It has a high recurrence rate, with up to 61% in year one and up to 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 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 [January 2022].

**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®). BLC with Hexvix/Cysview, compared to standard white light cystoscopy alone, 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, Chile, Australia, New Zealand and Israel. Please refer to https://photocure.com/partners/our-partners for further information on our commercial partners.

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