

Clinical data presented at ASCO GU demonstrates reduced risk of recurrence in non-muscle invasive bladder cancer with the use of BLC

Press release – Oslo, Norway, February 20, 2023: Photocure ASA, The Bladder Cancer Company, announces the presentation of clinical data from the Veterans Affairs (VA) BRAVO study at the ASCO Genitourinary Cancers Symposium (ASCO GU) which was held February 16-18, 2023 in San Francisco, USA. The clinical data demonstrated a significant decrease in the risk of recurrence & longer time to recurrence following Blue Light cystoscopy (BLC®) with Cysview® compared to White Light cystoscopy (WLC) alone.

ASCO GU is a meeting of up to 5 000 healthcare professionals focused on genitourinary cancers, offering the latest information on scientific advances in the study, diagnosis and treatment of GU malignancies. The program is known for being highly interactive with multidisciplinary perspectives and attracts a global audience. Presentations include the latest science and evidence-based information on optimal patient care.

Dr. Steven Williams, 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".

The study was conducted with support from Photocure and aims to describe bladder cancer outcomes and the impact of blue light cystoscopy (BLC®) with Cysview® among non-muscle invasive bladder cancer (NMIBC) patients in an equal access setting, i.e., the United States Veterans Affairs Healthcare System (VA). Patients diagnosed with NMIBC within the VA who received 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%) were African American and 300 (79%) were Caucasian. The results showed that the median time to first recurrence following BLC vs. 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 was also determined (HR, 0.70, p=0.005). With regard to race stratification, the analysis showed no significant difference between African American and Caucasian patients for recurrence, progression and overall survival.

"Our findings demonstrate increased support for blue light cystoscopy's clinical role in reducing bladder cancer recurrence, and that equal access to health care can achieve equitable outcomes. These data support current AUA/SUO guidelines recommending BLC usage in patients with NMIBC to increase detection and decrease recurrence." said Dr. Steven Williams, Professor and Chief of the Division of Urology, at the University of Texas-Medical Branch, and one of the study authors.

*Read about the abstract: http://meetings.asco.org/abstracts-presentations/216732

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)^{1a}, 573 000 new cases and more than 200 000 deaths annually in 2020.^{1b}

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: http://gco.iarc.fr/today, accessed [January 2022].
- 2 Babjuk M, et al. Eur Urol. 2019; 76(5): 639-657
- 3 Sievert KD et al. World J Urol 2009;27:295-300
- 4 Bladder Cancer. American Cancer Society. http://www.cancer.org/cancer/bladder-cancer.html

About Hexvix®/Cysview® (hexaminolevulinate HCI)

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 http://photocure.com/partners/our-partners for further information on our commercial partners.

About Photocure ASA

Photocure: The Bladder Cancer Company delivers transformative solutions to improve the lives of bladder cancer patients. Our unique technology, making cancer cells glow bright pink, has led to better health outcomes for patients worldwide. Photocure is headquartered in Oslo, Norway, and listed on the Oslo Stock Exchange (OSE: PHO). For more information, please visit us at www.photocure.com, www.hexvix.com, www.cysview.com

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