

## Leading Urologists Present Studies at the American Urological Association Supporting Use of the NMP22® BladderChek® Test for Diagnosing and Managing Bladder Cancer

Matritech's NMP22® BladderChek® Test was recognized by leading clinical investigators at the 2007 annual meeting of the American Urological Association (AUA) for use in diagnosing and managing bladder cancer. New information showing the reliability of the test as a diagnostic tool in evaluating patients with risk factors for bladder cancer was also presented. People at risk for bladder cancer include long-time smokers, workers in manufacturing areas where particulate matter is concentrated, workers who encounter chemical vapors including hair dyes, and fire fighters who are exposed to toxic fumes.

During the past year, the NMP22 BladderChek Test has increasingly been used in screening programs for firefighters, most recently by the city of San Francisco, and by occupational health groups to test people in high-risk occupations for bladder cancer.

### Highlights from the NMP22 BladderChek Test presentations included:

- The NMP22 BladderChek Test will be used in an independent large scale multicenter bladder cancer screening study led by M.D. Anderson Cancer Center.
- A positive NMP22 BladderChek Test result during initial treatment was associated with a significantly greater risk of tumor recurrence within one year of follow up.
  - The reliability of a positive test result, the positive predictive value (PPV), of the NMP22 BladderChek Test increases in patients at higher risk for bladder cancer. For example:  
in men, the PPV of the NMP22 BladderChek Test was higher among those who were older, smokers and patients with gross hematuria (factors considered to increase risk for bladder cancer).
  - the negative predictive value (NPV), or reliability of a negative test result, is enhanced in lower risk patients, up to 100% in women under age 65.

The **NMP22 BladderChek Test was included in the AUA State-of-the-Art Lecture: Is Screening for Bladder Cancer Ready for Prime Time?** delivered by H. Barton Grossman, M.D., Deputy Chairman, Department of Urology, M.D. Anderson Cancer Center, Houston, TX; and the subject of two discussed poster presentations, *"Impact of Risk Factors on the Performance of a Point-of-Care Bladder Cancer Test,"* by Yair Lotan, M.D., University of Texas, Southwestern Medical Center, and *"NMP22 as an Adjunct to Urine Cytology and Cystoscopy in Follow-up of Superficial TCC of the Urinary Bladder,"*

by Narmada P. Gupta, M.D., All India Institute of Medical Sciences, New Delhi, India.

In his lecture, **Dr. Grossman** drew attention to a several clinical screening studies of groups at risk for bladder cancer. He remarked that the Lotan, et al study (*Cancer* 9/1/2006), "is a bench mark for identifying suitable populations for screening as well as the cost benefit of screening for bladder cancer."

He announced a large scale multi-site screening study that he is heading from the M.D. Anderson Cancer Center, which will get underway in the next several months. The other sites participating in the study to screen adult male smokers for bladder cancer include: Baylor University, University of Rochester, University of Wisconsin, University of Florida, and Université Laval in Montreal.

**Dr. Lotan** presented new information from the NMP22 Investigation Group showing the use of the NMP22 BladderChek Test as a diagnostic tool in evaluating patients with risk factors for bladder cancer. In his poster presentation, he highlighted data that showed positive predictive value increased in patients at higher risk for bladder cancer. The predictive value of the NMP22 BladderChek Test demonstrates its utility as a diagnostic tool to help physicians with patient diagnosis and a management plan.

Dr. Lotan has previously published results from his analyses which showed that screening for bladder cancer can save money as well as lives, by finding more cancers before they become muscle invasive. If testing is focused on groups at high risk and conducted with the NMP22® BladderChek® Test the money saved in treatment expense is greater than the cost of screening.

An interview with **Dr. Marshall Stoller**, Professor and Vice Chairman, Department of Urology, University of California, San Francisco (UCSF) School of Medicine and urologist at the UCSF Medical Center and Dr. Kirsten Greene also of UCSF, focused on their research on the increased risk firefighters have of getting bladder cancer. They are working with the San Francisco Fire Department that is using the NMP22 BladderChek Test in an annual bladder cancer screening program for retired and active firefighters.

**Dr. Greene** commented "Currently we have screened 1,000 active and 500 retired firefighters. We are going to be able to look at all aspects of firefighter health, including their risk for bladder cancer. We are not just concerned about San Francisco firefighters; we are concerned about all firefighters across this country. The goal of the study is to see if a firefighter is at increased risk for bladder cancer because of their job. If fighting fires is a unique risk, as urologists we need to ask our patients about (their exposure) so we can treat them optimally."

Dr. Marshall Stoller added, “95 percent of the candidates have been screened for bladder cancer and this data will be used as baseline to assess if their continual exposure to a variety of fires may increase their risk of malignancies. We also hope to understand if the firefighters who fought primarily wood-based fires 10, 15, 20 years ago versus today’s fires that include a lot of plastics have different risks for developing bladder cancer.”

**Dr. Grossman also commented on the San Francisco firefighters screening program and the UCSF study during his lecture saying, “I enthusiastically support the UCSF firefighter screening study and look forward to the results.”**

During other **AUA moderated poster** sessions on bladder cancer, **Dr. Gupta** reported on an international study of patients with bladder cancer. Findings showed that patients with **a positive NMP22 BladderChek Test result at their initial diagnosis were at greater risk for bladder cancer recurrence** within one year of follow up compared to those who had a negative NMP22 BladderChek Test result upon the initial diagnosis of their cancer.

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