



# BLUE LIGHT CYSTOSCOPY (BLC™) COMMUNICATION KIT

- **Educating Local Healthcare Professionals**
- **Building Community Awareness**
- **Educating Patients**
- **Media Relations**
- **Other Assets**
- **Reaching Out to the Media**

## SUPPORTING MATERIAL

- **Cystoscopy Fact Sheet**
- **Understanding Blue Light Cystoscopy with Cysview for the Detection of Bladder Cancer: A Patient Guide**
- **"Blue Light Cystoscopy with Cysview Available Here" Poster**



# BLUE LIGHT CYSTOSCOPY EDUCATIONAL RESOURCE

This guide is designed to help you and your institution raise awareness about bladder cancer and the availability of Blue Light Cystoscopy with Cysview® (hexaminolevulinate HCl) at your location. Cysview is approved by the FDA and indicated for the detection of carcinoma of the bladder, among patients suspected or known to have lesion(s) based on a prior cystoscopy or in patients undergoing surveillance cystoscopy for carcinoma of the bladder. Cysview is the only FDA-approved agent for use with Blue Light Cystoscopy.

The first part of this guide includes information about all the customizable materials you will have at your disposal to educate patients and physicians about the availability of Blue Light Cystoscopy (BLC™) with Cysview at your location.

The second part of this guide specifically gives your public relations and/or media relations expert the tips and tools they would need to engage with local media about bladder cancer and Blue Light Cystoscopy with Cysview.

## MARKETING AND PATIENT EDUCATION

### Educating Local Healthcare Professionals

One of the first steps you will want to take is making sure your local primary care physicians and other referring physicians are aware of the availability of Blue Light Cystoscopy with Cysview at your institution.



#### Introductory Letter

The introductory letter can be emailed or mailed to introduce Blue Light Cystoscopy with Cysview, explaining how it works and encouraging HCPs to refer appropriate patients to undergo the procedure at your institution and invites them to visit your facility to see it in action.

### Building Community Awareness

Besides reaching out to area physicians, building an awareness of bladder cancer and the availability of Blue Light Cystoscopy with Cysview at your institution among the broader communities you serve will also be important. For example you may choose to pay for direct advertising or emailing patients, internal promotion with posters and other signage at your institution and holding community-wide events.

One very impactful way to reach potential patients is through the development of a Community Awareness Event that focuses on the risk factors associated with bladder cancer and includes your experts talking about breakthroughs in diagnosis and treatment such as Blue Light Cystoscopy with Cysview.

Specific to supporting a Community Awareness Event, included in the kit are customizable templates for:



#### Event Email Templates

A Community Awareness Event also presents a perfect opportunity to approach your local media. More information about conducting media relations and the materials available to help you with this are included in the second section of this guide.



## Educating Patients

For physicians utilizing Blue Light Cystoscopy with Cysview, educating potential patients about the procedure – how it works and the benefits – will be key. The kit also features several patient education items that can be used by physicians, including:



### Email to Patients



### Copy for Patient Newsletters

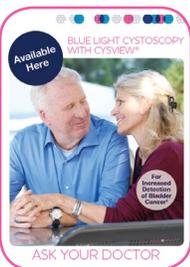


### Patient Brochure

Explains bladder cancer, BLC with Cysview, and what to expect



### BLC with Cysview Q&A



### "BLC with Cysview Available Here" Poster

There are other ways you can incorporate promotion of BLC with Cysview into your marketing programs. These include:

- Dedicate a page or section of your institution's website to the technology
- Include a patient story on your website or in your newsletter (<https://www.cysview.com/blc-with-cysview/patient-stories>)
- Include a story on BLC with Cysview in any external campaigns you are already using in the community such as newsletters or magazines
- Include information in your institution's internal newsletter
- Partner with your local chapter of the Bladder Cancer Advocacy Network to develop awareness programs and campaigns ([www.BCAN.org](http://www.BCAN.org))
- Promote participation to your community of national efforts such as patient webinars



## Media Relations

One of the best ways to inform the community about this important health issue and the latest cutting-edge technology used by your hospital for bladder cancer is through local media relations. This section of the guide provides helpful tips on how to engage with media and specific instructions on how to utilize the template materials.

In order to initiate outreach to the media, it is important to develop core media materials to support your efforts. Effective tools include press releases and fact sheets. Each tool included with the kit is detailed below.

**HOSPITAL ABC**

HOSPITAL ABC ADOPTS INNOVATIVE IMAGING AGENT TO IMPROVE DETECTION OF CERTAIN BLADDER CANCERS

Blue Light Cystoscopy with Cysview® May Detect Certain Bladder Cancer Tumors More than Use of Standard Diagnostic Technology

**[New York, NY, May 15, 2018]** - Hospital ABC is one of a select number of medical centers nationwide offering Blue Light Cystoscopy with Cysview® (hexaminolevulinate hydrochloride), an optical imaging agent for the detection of papillary cancer of the bladder in patients with known or suspected bladder cancer. Cysview is the only FDA-approved imaging agent for use with blue light cystoscopy.

"Bladder cancer is difficult to detect and has a high rate of recurrence. An inaccurate diagnosis can result in incomplete treatment, which may lead to serious complications and a lower chance of survival for patients with potentially aggressive tumors," noted [John Smith MD, Head of Urology]. "Blue Light Cystoscopy with Cysview represents an important advance in diagnostic technology, enabling more accurate diagnosis of bladder tumors compared to the standard technique."

### Press Release

The press release template helps provide media with an overview of the story and allows you to feature spokespeople from your institution. This release template focuses on how your institution is an innovator in bladder cancer detection with the adoption of Blue Light Cystoscopy with Cysview, which adds to your reputation as a comprehensive facility committed to the healthcare needs of your community. It is designed to feature your hospital's team as experts on bladder cancer and Blue Light Cystoscopy with Cysview to the media.

There are other angles you can pursue that can make your story more personal and timely for the media. These could include:

- Highlighting a **Patient Story** and their firsthand account of diagnosis and treatment. If you use a patient, make sure that you secure the proper written consent.
- Tying your announcement into a **Community Awareness Event**, such as a free lecture on bladder cancer or **National Bladder Cancer Awareness Month** in May.

**CYSTOSCOPY FACT SHEET**

Blue Light Cystoscopy (BLC™) with Cysview® (Hexaminolevulinate HCl) for Bladder Cancer

**Bladder Cancer Overview**

Bladder cancer is a common cancer that starts in the bladder, the organ that stores urine. There are two main types of bladder cancer: non-muscle-invasive bladder cancer (NMIBC) and muscle-invasive bladder cancer (MIBC). NMIBC is the most common type and is often found in the inner lining of the bladder. MIBC is less common but more serious, as it has spread to the muscle layer of the bladder wall.

**Blue Light Cystoscopy with Cysview®**

Blue Light Cystoscopy (BLC) with Cysview® is a procedure used to detect bladder cancer. It involves the use of a cystoscope, a thin tube with a camera at the end, to look inside the bladder. Cysview® is an optical imaging agent that is injected into the bladder. It binds to abnormal cells in the bladder lining, making them appear red or pink under blue light. This helps the doctor see areas that might not be visible with standard white light cystoscopy.

**Benefits of BLC with Cysview®**

BLC with Cysview® can help detect bladder cancer earlier than standard white light cystoscopy. It is also a minimally invasive procedure that can be performed in an outpatient setting. BLC with Cysview® is used in conjunction with standard white light cystoscopy to improve the detection of bladder cancer.

**Limitations of BLC with Cysview®**

BLC with Cysview® is not a cure for bladder cancer. It is only a diagnostic tool. If bladder cancer is detected, further treatment may be needed. BLC with Cysview® is not suitable for all patients. It is important to discuss the risks and benefits of this procedure with your doctor.

**Other Assets**

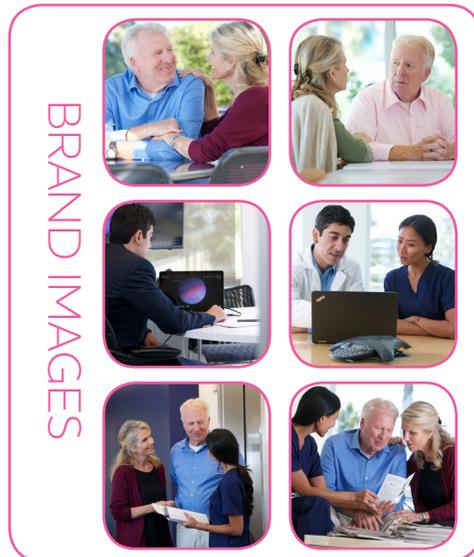
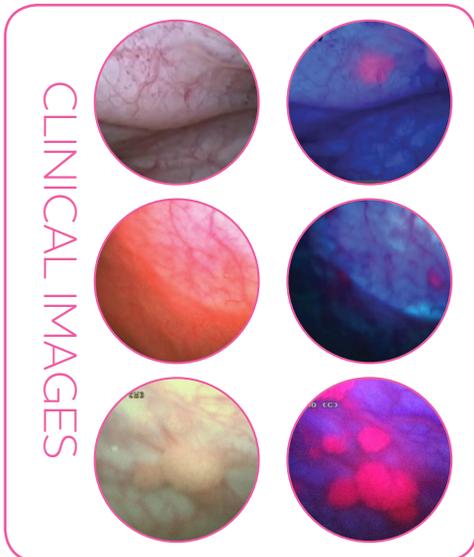
Photocure has a library of images relevant to BLC with Cysview. Please contact Elaine Harris at EH@photocure.com for more information.

### Blue Light Cystoscopy with Cysview® Fact Sheet

This fact sheet provides more detailed information about Blue Light Cystoscopy with Cysview, explaining how the procedure works and the differences between white light cystoscopy used on its own and as an adjunct to blue light. Utilized with the press release and in tandem with a Bladder Cancer Fact Sheet, these materials provide reporters with a complete picture of the technology and its impact on patients.

## Other Assets

Photocure has a library of images relevant to BLC with Cysview. Please contact Elaine Harris at EH@photocure.com for more information.





## Reaching Out to the Media

### Identifying Local Media

Once you have developed your press materials, you will be ready to target the media. Your first step will be to determine the contacts you would like to include in your outreach. To begin, you will need to develop a targeted media list, with names, phone numbers and email addresses of reporters in your area. While each media outlet may be organized differently, you would want to target any health and/or medical editors and reporters.

Most contact information (phone, email and fax numbers) can be found online on the media outlet's website, though it may also be useful to call the main number for each outlet to ask who the best person is to speak to or email about your story. The larger the media outlet, the busier reporters and editors tend to be, and the more particular they may be with regards to how they want to receive news-related information.

If you are also promoting a bladder cancer event, make sure that you identify and target the editors of print or online community calendar and event news or listings pages so that they can include details publicizing your event in advance. If you are interested in having journalists attend, in the week leading up to your event follow up with the contacts to whom you sent your press release.

Finally, following your initial email, phone call or fax, it is important to reach out by telephone if you have not received a response, as reporters are often working on stories several weeks before a deadline.

### Preparing Spokespeople

All news is local, and the best way to interest your media in covering a story on bladder cancer is to make sure you feature patient and healthcare professional spokespeople from your community. Try to have available at least one bladder cancer patient who can share their personal story. In addition, a healthcare professional – ideally an Uro-oncologist with direct experience or familiarity with Blue Light Cystoscopy with Cysview. Other spokespersons may include your institution's CEO, medical director, a department head or an administrator.

You should prepare your spokespeople in advance of any interviews by helping them anticipate what questions they might be asked. For instance, if you are featuring a bladder cancer patient in your outreach, you may want to develop a list of questions for them that a reporter would likely want to know about their experience. If you are using a physician or other healthcare professional, remind them to use terminology that everyone can understand and refrain from using medical jargon.

### Distributing Materials and Media Relations

When the news release has been completed, reviewed and approved by the appropriate people at your institution, the next step is to format it on your institution's letterhead. The final step is to ensure that the news release has been reviewed and approved by Photocure.

Sending a photograph with your press release will increase the chances that a print publication will cover your story. Please reach out and Photocure will be happy to provide a photo of the Blue Light Cystoscopy with Cysview product to accompany your press release. If you decide to take your own photo of a patient (or a model) undergoing the procedure, be sure to have the patient or model sign a consent form that grants permission to take and use the photo for promotional purposes. The photograph also may be accompanied by an image of how the bladder appears with and without the use of Cysview.

In reaching out to the media you should offer the media a first-hand look at how Blue Light Cystoscopy with Cysview works by offering a site visit. Feel free to invite them to visit your facility for a tour guided by your physician expert.

It is always gratifying when a local media outlet reports on your story. After the story appears, send the editor a thank-you note. This will help you develop an ongoing relationship with that reporter, which will be helpful for future news announcements coming from your institution.



## INTRODUCTORY LETTER

### PLEASE UTILIZE INSTITUTION LETTERHEAD and/or LOGO

Dear [INSERT RECIPIENT'S NAME]:

With an estimated annual bladder cancer incidence of 81,190 and 696,440 bladder cancer survivors in the US in 2018, the medical need to improve detection and resection of all bladder cancer tumors has never been clearer.<sup>1</sup>

To that end, [INSTITUTION] is pleased to announce that Blue Light Cystoscopy (BLC™) with Cysview®, which has been proven to significantly increase detection over white light cystoscopy alone is now available at our facility.<sup>2</sup>

The AUA/SUO 2016 Guideline states that “In a patient with non-muscle invasive bladder cancer (NMIBC), a clinician should offer blue light cystoscopy at the time of TURBT, if available, to increase detection and decrease recurrence. (Moderate Recommendation; Evidence Strength: Grade B)<sup>3</sup>

Cysview is an optical imaging agent indicated for use in the cystoscopic detection of non-muscle invasive bladder cancer including carcinoma in situ (CIS) among patients suspected or known to have lesion(s) on the basis of a prior cystoscopy. Cysview is used with the KARL STORZ Photodynamic Diagnostic (PDD) system to perform BLC™ as an adjunct to the white light cystoscopy.<sup>2</sup>

BLC with Cysview is now in over 120 US institutions and has been used in over 450,000 patients worldwide.<sup>4</sup>

Used as an adjunct to white light cystoscopy, BLC with Cysview gives confidence at first sight. It is the only FDA-approved technology that:

- Detects more Ta/T1 bladder cancer lesions than white light cystoscopy alone<sup>2</sup>
  - o At surveillance, lesions in 21% of recurrent patients were only found with Cysview\*
  - o In the OR, one or more additional Ta or T1 bladder cancer lesions were detected in 16% of patients only by BLC with Cysview\*\*
  - o In the OR, CIS in 35% of patients was only found with BLC with Cysview\*
- Results in improved tumor resection since better NMIBC detection means more tumors can be removed in that same TURBT<sup>5</sup>
- Allows for better patient management decisions<sup>6</sup>

We encourage you to consider the role BLC with Cysview can play in the management of your patients with known or suspected bladder cancer. Your patients can, if appropriate, undergo a BLC with Cysview procedure at [INSTITUTION]. If you wish to visit our facility and see BLC with Cysview for yourself, contact [INSTITUTION]

To learn more about BLC with Cysview at [INSTITUTION], contact [INSTITUTION UROLOGIST] at [INSTITUTION PHONE NUMBER], or go to [www.cysview.com](http://www.cysview.com).

\* A Prospective, Comparative, Within-Patient Controlled Multi-Center Phase 3 Study in the Detection of Bladder Cancer During Surveillance

\*\* A Prospective, Comparative, Within-Patient Controlled Multi-C Phase 3 Study in the detection of Ta/T1 NMIBC in patients who had previously undergone a cystoscopy and had suspicion of or confirmed NMIBC

### Important risk & safety information

Cysview is not a replacement for random bladder biopsies or other procedures used in the detection of bladder cancer.

Anaphylactoid shock, hypersensitivity reactions, bladder pain, cystitis, and abnormal urinalysis have been reported after administration of Cysview. The most common adverse reactions seen in clinical trials were bladder spasm, dysuria, hematuria, and bladder pain.

Cysview should not be used in patients with porphyria, gross hematuria, or with known hypersensitivity to hexaminolevulinate or any derivative of aminolevulinic acid. Cysview may fail to detect some malignant lesions. False positive fluorescence may occur due to inflammation, cystoscopic trauma, scar tissue, previous bladder biopsy and recent BCG therapy or intravesical chemotherapy. No specific drug interaction studies have been performed.

Safety and effectiveness have not been established in pediatric patients. There are no available data on Cysview use in pregnant women. Adequate reproductive and developmental toxicity studies in animals have not been performed. Systemic absorption following administration of Cysview is expected to be minimal. There are no data on the presence of hexaminolevulinate in human or animal milk, the effects on a breastfed infant, or the effects on milk production. The development and health benefits of breastfeeding should be considered along with the mother's clinical need for Cysview and any potential adverse effects on the breastfed infant from Cysview or from the underlying maternal condition.

Cysview is approved for use with the KARL STORZ D-Light C Photodynamic Diagnostic (PDD) system. For system set up and general information for the safe use of the PDD system, please refer to the KARL STORZ instruction manuals for each of the components.

**Prior to Cysview administration, read the Full Prescribing Information and follow the preparation and reconstitution instructions.**

**References:** 1. SEER Stat Fact Sheets: Bladder. Surveillance Epidemiology and End Results (SEER). <http://seer.cancer.gov/statfacts/html/urinb.html>. Accessed July 27, 2017. 2. Cysview [prescribing information]. Princeton, NJ: Photocure ASA; 2018. 3. Chang SS, Boorjian SA, Chou R, Clark PE, et al. Diagnosis and Treatment of Non-Muscle Invasive Bladder Cancer: AUA/SUO Guideline. *J Urol*. 2016;196(4):1021-1029. 4. Photocure data on file 5. Daneshmand S, Patel S, Lotan Y, et al. Efficacy and safety of blue light flexible cystoscopy with hexaminolevulinate in the surveillance of bladder cancer: A phase III, comparative, multicenter study. *J Urol*. 2018; 199(5): 1158-1165. doi: 10.1016/j.juro.2017.11.096. Epub 2017 Dec 2. 6. Daneshmand S, Bazargani ST, Bivalacqua TJ, Holzbeierlein JM, Willard B, et al. Blue light cystoscopy for the diagnosis of bladder cancer: Results from the US prospective multicenter registry. *Urol Oncol*. 2018. May 30. pii: S1078-1439(18)30135-2. doi: 10.1016/j.urolonc.2018.04.013. [Epub ahead of print]



## EVENT EMAIL

### PLEASE UTILZE INSTITUTION LETTERHEAD and/or LOGO

**Subject: Bladder cancer detection breakthrough to be featured at [INSTITUTION]**

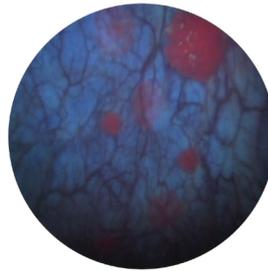
Learn about the breakthrough technology that improves bladder cancer detection at the [INSTITUTION] [EVENT NAME]

If you or anyone you know has or is at risk for bladder cancer, this is an important event you won't want to miss!

Join us on [EVENT DATE] at the [INSTITUTION] [EVENT NAME] to learn about the latest healthcare trends and breakthroughs, including a new technology that increases the detection of bladder cancer.



Bladder image using  
white light cystoscopy



Same image using  
BLC with Cysview

- Improves detection – so that your doctor can see and remove more cancerous tumors<sup>1-4</sup>
- Allows better disease management
  - better detection means more tumors can be removed<sup>1-4</sup>
  - more complete disease staging and grading

Here's your opportunity to talk to the professionals and learn more about this breakthrough technology! Don't miss it!

[EVENT NAME] [EVENT DATE] [EVENT TIME]

[INSTITUTION INFORMATION]

### Important risk & safety information

Cysview is not a replacement for random bladder biopsies or other procedures used in the detection of bladder cancer.

Anaphylactoid shock, hypersensitivity reactions, bladder pain, cystitis, and abnormal urinalysis have been reported after administration of Cysview. The most common adverse reactions seen in clinical trials were bladder spasm, dysuria, hematuria, and bladder pain.

Cysview should not be used in patients with porphyria, gross hematuria, or with known hypersensitivity to hexaminolevulinatate or any derivative of aminolevulinic acid. Cysview may fail to detect some malignant lesions. False positive fluorescence may occur due to inflammation, cystoscopic trauma, scar tissue, previous bladder biopsy and recent BCG therapy or intravesical chemotherapy. No specific drug interaction studies have been performed.

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**References:** 1. Stenzl A, Burger M, Fradet Y, Mynderse LA, Soloway MS, et al. Hexaminolevulinatate guided fluorescence cystoscopy reduces recurrence in patients with nonmuscle-invasive bladder cancer. *J Urol.* 2010; 184(5): 1907-1913. 2. Grossman HB, Stenzl A, Fradet Y, Mynderse LA, Kriegmair M, et al. Long-term decrease in bladder cancer recurrence with hexaminolevulinatate enabled fluorescence cystoscopy. *J Urol.* 2012; 188(1): 58-62. 3. Daneshmand S, Patel S, Lotan Y, et al. Efficacy and safety of blue light flexible cystoscopy with hexaminolevulinatate in the surveillance of bladder cancer: A phase III, comparative, multicenter study. *J Urol.* 2018; 199(5): 1158-1165. doi: 10.1016/j.juro.2017.11.096. Epub 2017 Dec 2. 4. Daneshmand S, Bazargani ST, Bivalacqua TJ, Holzbeierlein JM, Willard B, et al. Blue light cystoscopy for the diagnosis of bladder cancer: Results from the US prospective multicenter registry. *Urol Oncol.* 2018. May 30. pii: S1078-1439(18)30135-2. doi: 10.1016/j.urolonc.2018.04.013. [Epub ahead of print]



## COPY FOR PATIENT NEWSLETTERS

### Blue Light Cystoscopy (BLC™) with Cysview® is Now available to Bladder Cancer Patients

Bladder cancer is the fifth most commonly diagnosed cancer in the US and is the fourth most common cancer found in men.<sup>1</sup> Estimates state 81,190 new cases of bladder cancer in 2018.<sup>1</sup> More information can be found on bladder cancer at [www.bcan.org](http://www.bcan.org), the website for the Bladder Cancer Advocacy Network.

[INSTITUTION] is among a select number of institutions around the country to offer this revolutionary approach, Blue Light Cystoscopy with Cysview, which is included in bladder cancer American Urological Association (AUA) and the Society of Urological Oncology (SUO) guidelines.<sup>2</sup> [INSTITUTION WEBSITE]

In [MONTH, YEAR, PHYSICIAN] started using BLC with Cysview. “As a urologist specializing in treating patients with cancer you always want to be able to tell your patients, with confidence, that you were able to remove as much cancer as possible. I felt reassured from the moment that the blue light was switched on and I could see additional lesions I couldn’t see with my previous cystoscope. Patients have appreciated this technology and I know it will make a difference going forward.”

When symptoms and blood tests suggest that you may have bladder cancer, doctors perform a visual inspection of the interior wall of the bladder using a cystoscope — a thin tube with a light and video camera on the end — in a procedure called a cystoscopy.

With BLC with Cysview doctors use a cystoscope equipped with both white and blue light. Before the procedure Cysview (hexaminolevulinate HCl) is instilled into the bladder. Cysview makes the cancer cells glow bright fluorescent pink in blue light and stand out against the blue of the healthy tissue. This results in the improvement of the visualization and detection of non-muscle invasive bladder cancer (NMIBC) lesions. Studies have found that there is a significant increase in the detection of non-muscle invasive bladder cancer using this state-of-the-art technology.<sup>3</sup> For more information on the procedure please go to [www.cysview.com](http://www.cysview.com).

BLC with Cysview is FDA approved for use during surgery and for follow-up cystoscopies. For the appropriate bladder cancer patients, [INSTITUTION] now offers this revolutionary approach. For an appointment call [INSTITUTION PHONE], or visit our website [INSTITUTION WEBSITE].

#### Important risk & safety information

Cysview is not a replacement for random bladder biopsies or other procedures used in the detection of bladder cancer.

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## BLUE LIGHT CYSTOSCOPY (BLC™) WITH CYSVIEW® Q&A

Patients seeking treatment for bladder cancer have many choices on where to go for their care. There are more diagnostic tools and treatments now than ever before. Today, patients have an additional option when undergoing a biopsy or surgical removal (called a resection) of a suspected or known bladder cancer or for their follow-up check-up cystoscopies.<sup>1-4</sup>

BLC with Cysview is an important tool that can aid in the diagnosis and management of bladder cancer.<sup>1-4</sup> Finding a center that offers this option can make a difference. Doctors at your institution are now using BLC with Cysview to better detect patients' bladder cancer

Below are the answers to some common questions about BLC with Cysview.

### **Q: What is BLC with Cysview?**

In the earliest stages of bladder cancer, cancer cells are located on the surface layer of the bladder wall. Identifying this kind of cancer, which is called non-muscle invasive bladder cancer (NMIBC), requires a correct and thorough work-up, and diagnosis is a key component of successful treatment. Understanding the stage and grade of the cancer is essential to deciding on the best treatment path.

To diagnose this disease, surgeons inspect the inside of the bladder using a long, thin tube called a cystoscope that includes a video camera on the end. In the past, the only option was white light cystoscopes, which do not always easily show tumors or cancerous lesions.

BLC with Cysview uses a cystoscope equipped with both white and blue light for visual inspection inside the bladder. A small amount (less than 2 oz.) of the prescription imaging agent Cysview is placed into the bladder using a catheter before the procedure. Together the medication and device are used to detect significantly more bladder cancer in more patients.<sup>5</sup>

### **Q: How is Cysview administered and how does it work?**

With BLC with Cysview doctors use a cystoscope equipped with both white and blue light. Before the procedure Cysview (hexaminolevulinate HCl) is instilled into the bladder. Cysview makes the cancer cells glow bright fluorescent pink in blue light and stand out against the blue of the healthy tissue. This results in the improved detection of non-muscle invasive bladder cancer (NMIBC) lesions. Studies have found that there is a significant increase in the detection of non-muscle invasive bladder cancer.<sup>5</sup>

### **Q: How many patients have had BLC with Cysview?**

BLC with Cysview has been used in over 450,000 patients.<sup>6</sup> It was approved in the US in 2010 and was included in the American Urological Association (AUA) and Society of Urologic Oncology (SUO) guideline for the management of patients with non-muscle invasive bladder cancer in 2016. Over 120 centers in the US use BLC with Cysview. We at [INSTITUTION] have been using it since [YEAR], (add if participated in clinical studies or have published).

### **Q: Does BLC with Cysview work better than white light? What are the benefits of using Cysview?**

BLC with Cysview does work better than white light alone. Because Cysview causes bladder cancer cells to glow bright fluorescent pink in blue light, surgeons are better able to see smaller tumors and flat lesions that may not be seen with white light. The surgeon can immediately remove diseased tissue (called a resection), ideally leaving a clean margin of healthy tissue around the resection site. Cysview gives urologic surgeons the ability to better evaluate, identify, and remove hard-to-see tumors more accurately.<sup>1-4</sup>

By seeing more lesions, the stage and grade of the patient can be more accurately determined and appropriate management and treatment offered.



## BLC WITH CYSVIEW Q&A

### **Q: Can Cysview be used as a diagnostic tool on all types of bladder cancer?**

No. It is not suitable for muscle invasive bladder cancer and some patients with non-muscle invasive bladder cancer (NMIBC) after initial diagnosis and follow-up.

Bladder cancer falls into two general categories:

- Non-muscle invasive bladder cancer (NMIBC): About 70 percent of all bladder cancers fall into this category, in which a tumor (also called a lesion) is still in the inner layer of cells of the bladder's inside wall. Subtypes include Ta, carcinoma in situ (CIS) and T1 lesions.<sup>6</sup>
- Muscle invasive bladder cancer (MIBC): This disease, which is less common than non-muscle invasive, occurs when the cancer has grown into deeper layers of the bladder wall. This disease is more likely to spread to other organs and is more difficult to treat. These cancers include the subtypes T2, T3, and T4.<sup>7</sup>

Cysview readily detects the first type, NMIBC, which may be hard to distinguish from healthy tissue. Due to their more advanced nature, MIBC tumors are detected through white light cystoscopy, biopsies, a manual exam, imaging and other diagnostic tests.<sup>1</sup>

### **Q: What are the limitations of BLC with Cysview?**

Cysview is not a replacement for random biopsies, which still need to be done to check whether there is any disease that has not been detected under white or blue light during the cystoscopic examination. Cysview is not used for the detection of MBIC.

### **Q: Who is eligible for Cysview? Is Cysview right for me?**

Anyone who is suspected of having or is known to have bladder cancer (from a previous cystoscopy) can have BLC with Cysview. As with all medical situations, your physician will work with you to determine if Cysview is right for your particular situation.

### **Q: Is Cysview with Blue Light Cystoscopy safe?**

Clinical studies have shown that BLC with Cysview is safe and well-tolerated. However, no surgical procedure is free of any risk, so you should consult your doctor regarding the risks and benefits of this procedure for your individual circumstances.

Most people are ready to go home shortly after a routine procedure. Your doctor will advise you on how much rest and care you will need afterward.



## BLC WITH CYSVIEW Q&A

### Q: What are the side effects associated with Blue Light Cystoscopy with Cysview?

Side effects of both blue light and white light cystoscopies are generally the same. They may include:<sup>5</sup>

- Bladder spasms
- Bladder pain
- Discomfort while urinating
- Frequent urination
- Blood in your urine

Rare side effects may include:

- Difficulty passing urine, which may require a catheter
- A mild infection, which is usually treated with a standard course of antibiotics
- Hypersensitivity reactions to the Cysview medication, which could include an increased heart rate, chest pain and fever.

Be sure to consult your physician if you are concerned about any effects you may experience after the procedure.

### Q: Do physicians need to special training in this procedure?

Yes, surgeons require special training to use Cysview and the cystoscope that has both white and blue light. [INSTITUTION] is now among a select number of organizations around the country and [ONE OF TWO IN THE IMMEDIATE AREA]. The approach is included in bladder cancer guidelines published by the AUA and SUO.

### Q: How much will it cost? Is it covered by insurance?

Many insurance plans do cover Cysview, but coverage can vary widely. Some insurance plans do not cover it at all. Medicare covers it in certain circumstances.

We recommend working with the Photocure Patient Financial Services Department regarding your situation. They can help you determine how Cysview will be covered under your policy, if there are any co-pays, and how/if it qualifies under your plan's deductible structure.

For questions or comments, please contact us at [INSTITUTION]

#### Important risk & safety information

Cysview is not a replacement for random bladder biopsies or other procedures used in the detection of bladder cancer.

Anaphylactoid shock, hypersensitivity reactions, bladder pain, cystitis, and abnormal urinalysis have been reported after administration of Cysview. The most common adverse reactions seen in clinical trials were bladder spasm, dysuria, hematuria, and bladder pain.

Cysview should not be used in patients with porphyria, gross hematuria, or with known hypersensitivity to hexaminolevulinate or any derivative of aminolevulinic acid. Cysview may fail to detect some malignant lesions. False positive fluorescence may occur due to inflammation, cystoscopic trauma, scar tissue, previous bladder biopsy and recent BCG therapy or intravesical chemotherapy. No specific drug interaction studies have been performed.

Safety and effectiveness have not been established in pediatric patients. There are no available data on Cysview use in pregnant women. Adequate reproductive and developmental toxicity studies in animals have not been performed. Systemic absorption following administration of Cysview is expected to be minimal. There are no data on the presence of hexaminolevulinate in human or animal milk, the effects on a breastfed infant, or the effects on milk production. The development and health benefits of breastfeeding should be considered along with the mother's clinical need for Cysview and any potential adverse effects on the breastfed infant from Cysview or from the underlying maternal condition.

Cysview is approved for use with the KARL STORZ D-Light C Photodynamic Diagnostic (PDD) system. For system set up and general information for the safe use of the PDD system, please refer to the KARL STORZ instruction manuals for each of the components.

**Prior to Cysview administration, read the Full Prescribing Information and follow the preparation and reconstitution instructions.**

**References:** 1. Stenzl A, Burger M, Fradet Y, Mynderse LA, Soloway MS, et al. Hexaminolevulinate guided fluorescence cystoscopy reduces recurrence in patients with nonmuscle-invasive bladder cancer. *J Urol.* 2010; 184(5): 1907-1913. 2. Grossman HB, Stenzl A, Fradet Y, Mynderse LA, Kriegmair M, et al. Long-term decrease in bladder cancer recurrence with hexaminolevulinate enabled fluorescence cystoscopy. *J Urol.* 2012; 188(1): 58-62. 3. Daneshmand S, Patel S, Lotan Y, et al. Efficacy and safety of blue light flexible cystoscopy with hexaminolevulinate in the surveillance of bladder cancer: A phase III, comparative, multicenter study. *J Urol.* 2018; 199(5): 1158-1165. doi: 10.1016/j.juro.2017.11.096. Epub 2017 Dec 2. 4. Daneshmand S, Bazargani ST, Bivalacqua TJ, Holzbeierlein JM, Willard B, et al. Blue light cystoscopy for the diagnosis of bladder cancer: Results from the US prospective multicenter registry. *Urol Oncol.* 2018. May 30. pii: S1078-1439(18)30135-2. doi: 10.1016/j.urolonc.2018.04.013. [Epub ahead of print] 5. Cysview® [prescribing information]. Photocure, Inc. Princeton, NJ; 2018. 6. Chang SS, Boorjian SA, Chou R, Clark PE, et al. Diagnosis and Treatment of Non-Muscle Invasive Bladder Cancer: AUA/SUO Guideline. *J Urol.* 2016;196(4):1021-1029. 7. Pulver D, Schoenberg M, and Pulver F. Introduction to Muscle-Invasive Bladder Cancer. *In Bladder Cancer: A patient-friendly guide to understanding your diagnosis and treatment options.* USA: Patient-Friendly Publishing; 2017:75-76.



## PRESS RELEASE TEMPLATE

**PLEASE USE INSTITUTION LETTERHEAD and/or LOGO**

### **[INSTITUTION] ADOPTS INNOVATIVE IMAGING AGENT TO IMPROVE DETECTION OF CERTAIN BLADDER CANCERS**

Blue Light Cystoscopy with Cysview® May Detect Certain Bladder Cancer Tumors More than the Use of Standard Diagnostic Technology<sup>1</sup>

[LOCATION, DATE] – [INSTITUTION] is one of a number of medical centers nationwide offering Blue Light Cystoscopy with Cysview® (hexaminolevulinate hydrochloride) is an optical imaging agent indicated for use in the cystoscopic detection of non-muscle invasive bladder cancer including carcinoma in situ (CIS) among patients suspected or known to have lesion(s) on the basis of a prior cystoscopy.<sup>1</sup>

[SAMPLE QUOTE:]

“Bladder cancer is difficult to detect and has a high rate of recurrence. An inaccurate diagnosis can result in incomplete treatment, which may lead to serious complications and a lower chance of survival for patients with potentially aggressive tumors,” noted [PHYSICIAN SPOKESPERSON, TITLE]. “Blue Light Cystoscopy with Cysview represents an important advancement in diagnostic technology, enabling more accurate diagnosis of non-muscle invasive bladder tumors compared to the standard technique.”

Bladder cancer is the sixth most commonly diagnosed cancer in the United States. The American Cancer Society estimates that 81,190 new cases of bladder cancer are diagnosed in the U.S. each year.<sup>2</sup> [INSERT STATE OR OTHER LOCAL STATISTIC, IF AVAILABLE]. Up to 50% of patients will have their bladder cancer recur -- that’s the highest recurrence rate of any form of cancer.<sup>3</sup>

White light cystoscopy has long been the gold standard for detecting suspicious lesions during transurethral resection of bladder tumor (TURBT) procedures.<sup>4</sup> Often bladder cancer lesions are hard to see and can be missed.

Now the gold standard is becoming Blue Light Cystoscopy (BLC™) with Cysview. For BLC, Cysview is placed into the bladder using a catheter about an hour prior to the cystoscopy. After first using white light, the doctor will switch to blue light mode. Because Cysview makes the cancer cells glow bright fluorescent pink in blue light, the doctor can more easily identify and remove tumors.<sup>1</sup>

[SAMPLE QUOTE:]

“The availability of Blue Light Cystoscopy with Cysview is in keeping with our commitment to advancing patient care,” said [INSTITUTION SPOKESPERSON].

“At [INSTITUTION] patients with known or suspected bladder cancer can now undergo diagnostic procedures performed by physicians who have been specially trained in the use of this innovative technology.”

Cysview is an optical imaging agent indicated for use in the cystoscopic detection of non-muscle invasive bladder cancer including carcinoma in situ (CIS) among patients suspected or known to have lesion(s) on the basis of a prior cystoscopy. Cysview is used with the KARL STORZ Photodynamic Diagnostic (PDD) system to perform Blue Light Cystoscopy (BLC™) as an adjunct to the white light cystoscopy.<sup>1</sup>

For an appointment call [INSTITUTION PHONE], or visit our website [INSTITUTION WEBSITE].



## PRESS RELEASE TEMPLATE

### Important risk & safety information

Cysview is not a replacement for random bladder biopsies or other procedures used in the detection of bladder cancer.

Anaphylactoid shock, hypersensitivity reactions, bladder pain, cystitis, and abnormal urinalysis have been reported after administration of Cysview. The most common adverse reactions seen in clinical trials were bladder spasm, dysuria, hematuria, and bladder pain.

Cysview should not be used in patients with porphyria, gross hematuria, or with known hypersensitivity to hexaminolevulinate or any derivative of aminolevulinic acid. Cysview may fail to detect some malignant lesions. False positive fluorescence may occur due to inflammation, cystoscopic trauma, scar tissue, previous bladder biopsy and recent BCG therapy or intravesical chemotherapy. No specific drug interaction studies have been performed.

Safety and effectiveness have not been established in pediatric patients. There are no available data on Cysview use in pregnant women. Adequate reproductive and developmental toxicity studies in animals have not been performed. Systemic absorption following administration of Cysview is expected to be minimal. There are no data on the presence of hexaminolevulinate in human or animal milk, the effects on a breastfed infant, or the effects on milk production. The development and health benefits of breastfeeding should be considered along with the mother's clinical need for Cysview and any potential adverse effects on the breastfed infant from Cysview or from the underlying maternal condition.

Cysview is approved for use with the KARL STORZ D-Light C Photodynamic Diagnostic (PDD) system. For system set up and general information for the safe use of the PDD system, please refer to the KARL STORZ instruction manuals for each of the components.

**Prior to Cysview administration, read the Full Prescribing Information and follow the preparation and reconstitution instructions.**

**References:** 1. Cysview [prescribing information]. Princeton, NJ: Photocure ASA; 2018. 2. 3. Brausi M, Collette L, Kurth K, van der Meijden AP, Oosterlinck W, et al. Variability in the recurrence rate at first follow-up cystoscopy after TUR in stage Ta T1 transitional cell carcinoma of the bladder: A combined analysis of seven EORTC studies. *Eur Urol.* 2002; 41(5): 523-531.



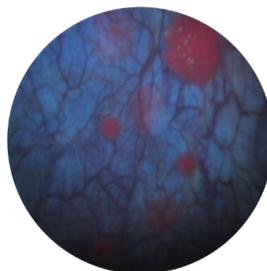
## PATIENT EMAIL

### PLEASE USE INSTITUTION LETTERHEAD and/or LOGO

[INSTITUTION] is pleased to announce that Blue Light Cystoscopy (BLC™) with Cysview® which is proven to significantly increase the detection<sup>1</sup> of non-muscle invasive bladder cancer is now available at our center.<sup>1</sup>



Bladder image using  
white light cystoscopy

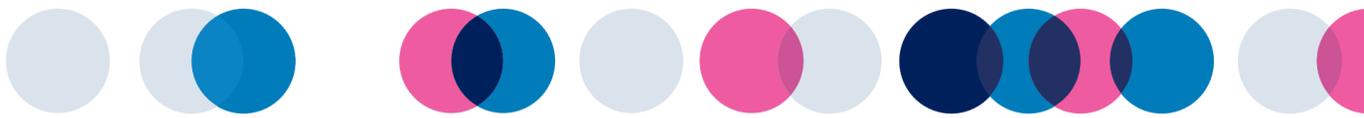


Same image using  
BLC with Cysview

BLC with Cysview can detect more NMIBC in more patients and it is now included in the AUA/SUO guideline.<sup>2</sup>

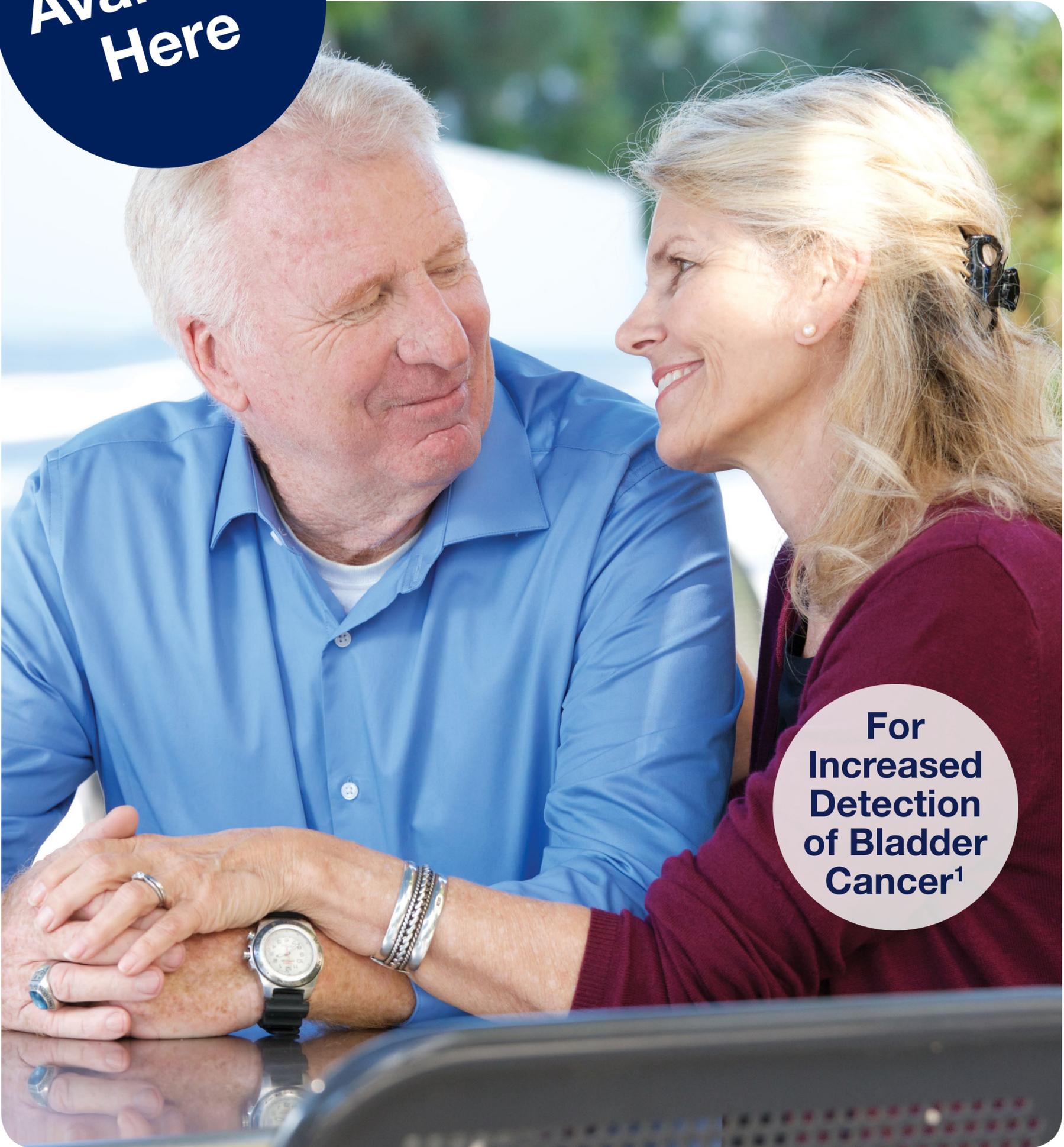
We encourage you to make an appointment to discuss Blue Light Cystoscopy with Cysview and to learn more about BLC with Cysview at [INSTITUTION]. You can also go to [www.cysview.com](http://www.cysview.com) and [www.bcan.org](http://www.bcan.org) to learn more about bladder cancer and its management.

**References:** **1.** Cysview [prescribing information]. Princeton, NJ: Photocure ASA; 2018. **2.** Chang SS, Boorjiam SA, Chou R, et al. Diagnosis and treatment of Non-Muscle Invasive Bladder Cancer: AUA/SUO Guideline J urol 2016; 196(4):1021-9



**Available  
Here**

# BLUE LIGHT CYSTOSCOPY WITH CYSVIEW®



**For  
Increased  
Detection  
of Bladder  
Cancer<sup>1</sup>**

## ASK YOUR DOCTOR

Cysview is not a replacement for random bladder biopsies or other procedures used in the detection of bladder cancer.

See Full Prescribing Information on reverse

**CYSVIEW®**  
Hexaminolevulinate HCl



THE  
BLADDER CANCER  
COMPANY™

# CYSVIEW® Hexaminolevulinate HCl



Figure 2.

2. Remove the plastic cap from the vial. Remove the Tyvek® cover from the vial adapter blister package. Do not remove the vial adapter from the package. Place the Cysview vial on a flat surface. Using the blister package to hold the vial adapter, connect to the vial with a downward vertical motion. The vial adapter snaps onto the vial as the spike penetrates the rubber stopper of the vial. Remove the plastic blister package and discard it. Take care not to touch the exposed end of the vial adapter (Figure 2).



Figure 3.

3. Remove the cap from the prefilled syringe and carefully retain it for subsequent reattachment to the syringe. Hold the prefilled syringe upright and carefully press the plunger rod upward to remove air. Connect the syringe to the vial adapter. Inject about 10 mL of the diluent from the prefilled syringe down into the vial. The vial should be about ¾ full (Figure 3).



Figure 4.

4. Without disconnecting the vial adapter from the vial, hold the vial and syringe in a firm grip (Figure 4) and gently shake to dissolve the powder in the diluent. The powder normally dissolves almost immediately.



Figure 5.

5. Turn the vial up-side down and withdraw all of the dissolved solution from the vial back into the syringe (Figure 5). Do not inject large amounts of air or diluent when vial is inverted as it may block the venting action of the vial adapter. If this occurs, turn the vial up right and pull back on the plunger rod in the syringe.



Figure 6.

6. Disconnect the empty vial with the vial adapter from the syringe tip and discard it. Plug the syringe with the syringe cap (Figure 6). Gently mix the contents of the syringe. The reconstituted solution of Cysview is colorless to pale yellow and clear to slightly opalescent, and free from visible particles.

7. Peel off the detachable portion of the syringe label. On the syringe label, add two hours to the present time and write the resulting expiration time and date.

Cysview is now reconstituted and ready for use. The solution of Cysview contains 2 mg/mL of hexaminolevulinate hydrochloride. Instill the reconstituted solution of Cysview into the bladder [see Bladder Instillation of Cysview (2.3)]. If unable to administer the solution shortly after reconstitution, store the solution for up to 2 hours in a refrigerator at 2°-8°C (36°-46°F) in the labeled syringe. If not used within 2 hours, discard the solution [see How Supplied/Storage and Handling (16)].

**Reconstitution Without the Use of a Vial Adapter**

1. Fasten the plunger rod into the rubber stopper of the prefilled syringe by turning the plunger rod clockwise until it stops (Figure 1)



Figure 7.

2. Remove the plastic cap from the vial. Remove the cap from the prefilled syringe and carefully retain it for subsequent reattachment to the syringe. Attach a needle to the prefilled syringe. Hold the prefilled syringe upright and carefully press the plunger rod upward to remove air. Penetrate the stopper of the Cysview vial with the needle and inject about 10 mL of the diluent from the prefilled syringe down into the vial. The vial should be about ¾ full (Figure 7).



Figure 8.

3. Without withdrawing the needle from the vial, hold the vial and syringe in a firm grip (Figure 8) and gently shake to dissolve of the powder in the diluent. The powder normally dissolves almost immediately.



Figure 9.

4. Turn the vial up-side down and withdraw all of the dissolved solution from the vial back into the syringe (Figure 9).



Figure 10.

5. Remove the needle from the vial, disconnect the needle from the syringe tip and discard it. Plug the syringe with the syringe cap (Figure 10). Gently mix the contents of the syringe, and free from visible particles.

6. Peel off the detachable portion of the syringe label. On the syringe label, add two hours to the present time and write the resulting expiration time and date.

Cysview is now reconstituted and ready for use. The solution of Cysview contains 2 mg/mL of hexaminolevulinate hydrochloride. Instill the reconstituted solution of Cysview into the bladder [see Bladder Instillation of Cysview (2.3)]. If unable to administer the solution shortly after reconstitution, store the solution for up to 2 hours in a refrigerator at 2°-8°C (36°-46°F) in the labeled syringe. If not used within 2 hours, discard the solution [see How Supplied/Storage and Handling (16)].

**2.3 Bladder Instillation of Cysview**

For bladder instillation of the solution of Cysview, use straight, or intermittent, urethral catheters with a proximal funnel opening that will accommodate the Luer Lock adapter. Use only catheters made of vinyl (unc coated or coated with hydrogel), latex (amber or red), and silicone to instill the reconstituted Cysview. Do not use catheters coated or embedded with silver or antibiotics. In-dwelling bladder catheters (Foley catheters) may be used if the catheters are inserted shortly prior to Cysview administration and are removed following the Cysview instillation.

Use the following steps for bladder instillation of Cysview:

1. Using standard sterile catheterization technique, first insert the urethral catheter into the bladder of the patient and use the catheter to completely empty the patient's bladder before instillation of Cysview.

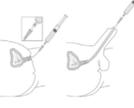


Figure 11.

2. To attach the syringe containing the solution of Cysview to the catheter, do the following:

- Remove the syringe cap from the syringe that contains the reconstituted solution of Cysview.
- Attach the Luer Lock end of the (provided) catheter adapter to the syringe.
- Insert the tapered end of the catheter adapter into the funnel opening of the catheter. See Figure 11, with the connection enlarged in the inset.

3. Slowly instill the solution of Cysview into the bladder through the catheter (Figure 11), ensuring that the complete volume of the syringe (50 mL) is administered.

4. After the solution is instilled, remove the catheter and instruct the patient to retain the solution within the bladder for at least 1 hour; do not exceed 3 hours [see Cystoscopic Examination (2.5)]. Patients may stand, sit and move about during the time period between instillation and start of the cystoscopic procedure.

5. Evacuate the solution of Cysview from the bladder as part of routine emptying of the bladder immediately prior to the initiation of the cystoscopic procedure (refer to the KARL STORZ D-Light C Photodynamic Diagnostic (PDD) System Manual for further details). Also, the patient may void and completely empty the bladder prior to the procedure.

Avoid skin contact with Cysview. If skin does come in contact with Cysview, wash immediately with soap and water and dry off. After voiding the bladder of Cysview, routinely wash the patient's perineal skin region with soap and water and dry.

## 2.4 Use of the KARL STORZ D-Light C Photodynamic Diagnostic (PDD) System

Cysview imaging requires the use of the KARL STORZ D-Light C PDD system, which consists of either:

- a light source, a camera head, a camera control unit, a light cable, and a rigid cystoscope for use with the Rigid PDD Cystoscopy System, or
- a light source, a camera control unit, and a flexible video cystoscope for use with the Flexible PDD Video Cystoscopy System.

The light source enables both white light cystoscopy and blue light (wavelength 360 – 450 nm) fluorescence cystoscopy. Familiarity with this system is essential before beginning the procedure and before instilling Cysview into the bladder. For system set up and general information for the safe use of the PDD system, refer to the KARL STORZ instruction manual for the PDD system and the instruction manuals for each of the system components. The PDD System is not for use with healthcare providers with green-red color blindness.

## 2.5 Cystoscopic Examination

### Training

Training and proficiency in cystoscopic procedures are essential prior to the use of Cysview. Carefully review the instruction manuals provided with the KARL STORZ D-Light C Photodynamic Diagnostic (PDD) System. For additional training in the use of the PDD System, contact the manufacturer's representative.

### Preparation for Cystoscopy

Initiate the cystoscopic examination within 30 minutes after evacuation of Cysview from the bladder, but no less than 1 or more than 3 hours after Cysview is instilled in the bladder. If the patient did not retain Cysview in the bladder for 1 hour, allow 1 hour to pass from the instillation of Cysview into the bladder to the start of the cystoscopic examination. The efficacy of Cysview has not been established when the solution was retained for less than 1 hour.

### Cystoscopic Examination

Empty the patient's bladder and then fill the bladder with a clear fluid (standard bladder irrigation fluid) in order to distend the bladder wall for cystoscopic visibility. Ensure adequate irrigation during examination of the bladder; blood, urine or floating particles in the bladder may interfere with visualization under both white light and blue light.

First perform a complete cystoscopic examination of the entire bladder under white light and then repeat the examination of the entire bladder surface under blue light unless the white light cystoscopy reveals extensive mucosal inflammation. Do not perform the blue light cystoscopy if the white light cystoscopy reveals wide-spread mucosal inflammation. Abnormalities of the bladder mucosa during blue light cystoscopy are characterized by the detection of red, homogeneous and intense fluorescence. The margins of the abnormal lesions are typically well-demarcated and in contrast to the normal urothelium, which appears blue. Register and document (map) the location (as appropriate for the cystoscopy procedure) and appearance (e.g. papillary, flat) of suspicious lesions and abnormalities seen under either white or blue light.

During the cystoscopic examination, be aware that:

- a red fluorescence is expected at the bladder outlet and the prostatic urethra; this fluorescence occurs in normal tissue and is usually less intense and more diffuse than the bladder mucosal fluorescence associated with malignant lesions.
- tangential light may give false fluorescence. To help avoid false fluorescence, hold the endoscope perpendicular and close to the bladder wall with the bladder distended.
- false positive fluorescence may result from scope trauma from a previous cystoscopic examination and/or bladder inflammation [see Warnings and Precautions (5.3)].
- malignant lesions may not fluoresce following Cysview administration, particularly if the lesions are coated with necrotic tissue. Blue light may fail to detect tumors which have a tendency to be necrotic on the surface, and necrotic cells generally do not fluoresce [see Warnings and Precautions (5.3)].
- when performing the blue light cystoscopy, avoid prolonged blue light exposure. Studies have not evaluated the potential for adverse effects from blue light. In the controlled clinical trials, the cumulative blue light exposure from bladder evaluation, mapping and resection did not exceed 32 minutes for any procedure [see Clinical Studies (14)].

For rigid cystoscopy, perform biopsy and/or resection of suspicious lesions by transurethral resection of the bladder (TURB) only after completing white and blue light cystoscopic examinations with bladder mapping. Using standard cystoscopic practices, obtain biopsies of abnormal areas identified during either white or blue light examination and perform resections. Always check for the completeness of the resections under both white light and blue light before finalizing the TURB procedure.

**3 DOSAGE FORMS AND STRENGTHS**

Cysview (hexaminolevulinate hydrochloride) is supplied as a kit. The kit may be supplied as two options; with or without a vial adapter, and contains:

**Cysview kit with a vial adapter**

- Cysview (hexaminolevulinate hydrochloride) for Intravesical Solution, 100 mg, as a powder in a 10 mL clear glass vial.
- DILUENT for Cysview, 50 mL, in a plastic prefilled syringe.
- One vial adapter for use during reconstitution.
- One Luer Lock catheter adapter (to connect the syringe containing the reconstituted solution of Cysview to the urethral catheter for bladder instillation of Cysview).

**Cysview kit without a vial adapter**

- Cysview (hexaminolevulinate hydrochloride) for Intravesical Solution, 100 mg, as a powder in a 10 mL clear glass vial.
- DILUENT for Cysview, 50 mL, in a plastic prefilled syringe.
- One Luer Lock catheter adapter (to connect the syringe containing the reconstituted solution of Cysview to the urethral catheter for bladder instillation of Cysview).

Once reconstituted, the solution of Cysview contains 2 mg/mL of hexaminolevulinate hydrochloride.

**4 CONTRAINDICATIONS**

Cysview is contraindicated in patients with:

- porphyria,
- gross hematuria,
- known hypersensitivity to hexaminolevulinate or any derivative of aminolevulinic acid.

**5 WARNINGS AND PRECAUTIONS**

**5.1 Anaphylaxis**

Anaphylaxis, including anaphylactic shock, has been reported following administration of Cysview [see Adverse Reactions (6.2)]. Prior to and during use of the Cysview, have trained personnel and therapies available for the treatment of anaphylaxis.

**5.2 Failed Detection**

Cysview may fail to detect some bladder tumors, including malignant lesions. Cysview is not a replacement for random biopsies or any other procedure usually performed in the cystoscopic evaluation for cancer. Do not perform cystoscopy with blue light alone as malignant lesions can be missed unless the bladder is initially examined under white light [see Dosage and Administration (2.5) and Clinical Studies (14)].

**5.3 False Positive Fluorescence**

Fluorescent areas detected during blue light cystoscopy may not indicate a bladder mucosal lesion. In the controlled clinical studies, approximately 20% of the lesions detected only by blue light cystoscopy showed neither dysplasia nor carcinoma [see Clinical Studies (14)]. False positive fluorescence may result from inflammation, cystoscopic trauma, scar tissue or bladder mucosal biopsy from a previous cystoscopic examination, and recent BCG immunotherapy or intravesical chemotherapy. In a study of patients treated with recent BCG immunotherapy or intravesical chemotherapy, the rate of false positives with blue light was 55% between 6 weeks to 30 days and 41% after 30 days; the false positive rate was 53% and 33% at the respective time intervals with white light.

The presence of urine and/or blood within the bladder may interfere with the detection of tissue fluorescence.

To enhance the diagnostic utility of Cysview with the KARL STORZ D-Light C PDD System:

- ensure the bladder is emptied of urine prior to the instillation of fluids at cystoscopy;
- biopsy/resect bladder mucosal lesions only following completion of both white light and blue light rigid cystoscopy;

**6 ADVERSE REACTIONS**

Anaphylaxis has been reported following exposure to Cysview [see Warnings and Precautions (5.1)].

**6.1 Clinical Study Experience**

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

In seven clinical trials, safety data were obtained from 1,628 patients, aged 32 to 96 years with a median age of 70 years, all primarily Caucasian and approximately 75% male. All patients were evaluated after a single instillation of 50 mL solution of Cysview, and 103 patients received a repeat administration of Cysview. Of these patients, 170 (10.4%) patients reported at least one adverse reaction. The most common adverse reaction was bladder spasm (reported in 2.0% of the patients) followed by dysuria, hematuria, and bladder pain. No patients experienced anaphylaxis. In the randomized controlled clinical study, adverse reactions were similar in nature and rate between the study drug group and the control group. In a controlled study using Cysview in the surveillance setting, adverse reaction types were similar [see Clinical Studies (14)].

**6.2 Postmarketing Experience**

The following adverse reactions have been identified during post-approval use of Cysview. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

Anaphylactic shock, hypersensitivity reactions, bladder pain, cystitis and abnormal urinalysis have been reported during post-marketing use of Cysview.

**7 DRUG INTERACTIONS**

No specific drug interaction studies have been performed.

**8 USE IN SPECIFIC POPULATIONS**

**8.1 Pregnancy**

**Risk Summary**

There are no available data on Cysview use in pregnant women to inform a drug associated risk of adverse developmental outcomes. Adequate reproductive and developmental toxicity studies in animals have not been performed. Systemic absorption following administration of Cysview is expected to be minimal [see Clinical Pharmacology (12.3)].

The background risk of major birth defects and miscarriage for the indicated populations is unknown. All pregnancies have a background risk of birth defect, loss, or other adverse outcomes. In the U.S. general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2-4% and 15-20%, respectively.

**8.2 Lactation**

**Risk Summary**

There are no data on the presence of hexaminolevulinate in human or animal milk, the effects on a breastfed infant, or the effects on milk production. Systemic absorption following administration of Cysview is expected to be minimal [see Clinical Pharmacology (12.3)]. The lack of clinical data during lactation precludes a clear determination of the risk of Cysview to an infant during lactation; therefore, the development and health benefits of breastfeeding should be considered along with the mother's clinical need for Cysview and any potential adverse effects on the breastfed infant from Cysview or from the underlying maternal condition.

**8.4 Pediatric Use**

Safety and effectiveness in pediatric patients have not been established.

**8.5 Geriatric Use**

Of 2127 subjects in clinical studies of Cysview, 67% were 65 years and over. No clinically important differences in safety or efficacy have been observed between older and younger patients in the control study.

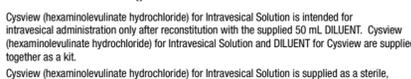
**10 OVERDOSAGE**

No adverse events were reported in a dose-finding study conducted among patients whose bladders were instilled with twice the recommended concentration (dose) of solution of Cysview.

**11 DESCRIPTION**

Cysview contains hexaminolevulinate hydrochloride, an optical imaging drug that in solution form is instilled intravesically for use with photodynamic blue light cystoscopy as an adjunct to white light cystoscopy.

The chemical formula for hexaminolevulinate hydrochloride is C<sub>11</sub>H<sub>21</sub>NO<sub>3</sub>HCl. Its molecular weight is 251.76 and it has the following structural formula:



Cysview (hexaminolevulinate hydrochloride) for Intravesical Solution is intended for intravesical administration only after reconstitution with the supplied 50 mL DILUENT. Cysview (hexaminolevulinate hydrochloride) for Intravesical Solution and DILUENT for Cysview are supplied together as a kit.

Cysview (hexaminolevulinate hydrochloride) for Intravesical Solution is supplied as a sterile, non-pyrogenic, freeze-dried, white to off-white or pale yellow, powder containing 100 mg of hexaminolevulinate hydrochloride (equivalent of 85 mg of hexaminolevulinate) in a 10 mL clear glass vial. The DILUENT for Cysview is a sterile, non-pyrogenic solution (pH 6) containing 0.61 mg/mL disodium hydrogen phosphate, 0.58 mg/mL of potassium dihydrogen phosphate, 7.02 mg/mL of sodium chloride, hydrochloric acid, sodium hydroxide, and water for injection. It is a clear, colorless solution, free from visible particles, and is provided in a 50 mL plastic prefilled syringe. The reconstituted solution of Cysview contains 2 mg/mL of hexaminolevulinate hydrochloride and is colorless to pale yellow. It is free from visible particles and has a pH between 5.7 and 6.2.

## 12 CLINICAL PHARMACOLOGY

**12.1 Mechanism of Action**

Cysview is an ester of the heme precursor, aminolevulinic acid. After bladder instillation, Cysview enters the bladder mucosa and is proposed to enter the intracellular space of mucosal cells where it is used as a precursor in the formation of the phototoxic intermediate protoporphyrin IX (PpIX) and other phototoxic porphyrins (PAPs). PpIX and PAPs are reported to accumulate preferentially in neoplastic cells as compared to normal urothelium, partly due to altered enzymatic activity in the neoplastic cells. After excitation with light at wavelengths between 360 and 450 nm, PpIX and other PAPs return to a lower energy level by fluorescing, which can be detected and used for cystoscopic detection of lesions. The fluorescence from tumor tissue appears bright red and demarcated, whereas the background normal tissue appears dark blue. Similar processes may occur in inflamed cells.

**12.2 Pharmacodynamics**

In vitro studies have shown increased porphyrin fluorescence in normal urothelium after exposure to Cysview. In the human bladder, a greater accumulation of porphyrins is proposed in neoplastic or inflamed cells, compared to normal urothelium. After bladder instillation of Cysview for approximately 1 hour and subsequent illumination with blue light at wavelengths 360 – 450nm, the porphyrins will fluoresce red [see Dosage and Administration (2.5)].

**12.3 Pharmacokinetics**

After bladder instillation of [14C]-labeled Cysview (100 mg) for approximately 1 hour in healthy volunteers, absolute bioavailability of Cysview was 7% (90% confidence interval [CI], 5%-10%). The [14C]-labeled substance(s) showed biexponential elimination, with an initial elimination half-life of 39 minutes, followed by a terminal half-life of approximately 76 hours. Whole blood analysis showed no evidence of significant binding of Cysview to erythrocytes. An in vitro study showed that Cysview underwent rapid metabolism in human blood.

**13 NONCLINICAL TOXICOLOGY**

**13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility**

No studies in animals have been conducted to evaluate the carcinogenic potential of hexaminolevulinate hydrochloride.

Hexaminolevulinate hydrochloride was not mutagenic in in vitro reverse mutation tests in bacteria, or in chromosome aberration tests in human peripheral blood lymphocytes, and was negative in an in vivo micronucleus test in mice after intravenous injection of doses up to 45 mg/kg in the absence of light activation. Adequate studies have not been performed to evaluate the genetic toxicity of hexaminolevulinate hydrochloride in the presence of light activation.

Adequate reproductive and developmental toxicity studies in animals have not been performed to evaluate the effects of hexaminolevulinate hydrochloride on fertility.

**13.2 Animal Toxicology and/or Pharmacology**

Dose dependent neurological effects such as tremor, increased motor activity, and increased startle and touch escape responses were observed immediately after dosing at doses ≥ 30 mg/kg (24 times human systemic exposure based on the body surface area, using 10% as the upper level of 90% confidence interval of bioavailability) in a single dose rat study. The animals recovered to normal status by 60 min after dosing. Adverse neurological effects were also noted in other single or repeat dose toxicity studies.

Hexaminolevulinate hydrochloride had moderate to strong potential to cause skin sensitization based on a local lymph node assay in mouse.

**14 CLINICAL STUDIES**

The safety and efficacy of Cysview when used with photodynamic cystoscopy were studied in two controlled clinical trials.

**Study 1:** A prospective, multicenter, controlled clinical trial in adult patients with known or suspected bladder cancer who were randomized to either white light (WL) cystoscopy (control group, n = 384) or WL followed by blue light (BL) cystoscopy (study drug group, n = 395). Only the study drug group patients received Cysview by bladder instillation prior to cystoscopy. After bladder evacuation of Cysview, bladder lesion mapping was performed initially using the KARL STORZ PDD system in the WL mode followed by lesion mapping in the BL mode. Control group patients underwent only WL cystoscopy with lesion mapping. The average age of the randomized patients was 69 years (range 24 to 96); 78% were male and 94% were Caucasian. All patients had previously undergone cystoscopy.

The main diagnostic efficacy outcome was assessed within the study drug group. This assessment compared lesions detected during an initial cystoscopic examination to their centralized histologic findings (the standard of truth). Following the initial diagnostic cystoscopy, patients within both study groups who had histologically confirmed T<sub>a</sub> and/or T<sub>1</sub> lesions underwent follow-up BL cystoscopy at 3, 6, and 9 months; these histologic evaluations were based upon the site assessments at both the initial and follow-up cystoscopy.

Diagnostic efficacy assessed the number of patients within the study drug group who had at least one additional T<sub>a</sub> or T<sub>1</sub> bladder cancer detected only by BL, the proportion of these patients was compared to a proposed threshold proportion of 10%. Within the study drug group, 286 patients had at least one T<sub>a</sub> or T<sub>1</sub> lesion, including 47 patients who had at least one of the lesions detected only by BL (see Table 1).

Number of patients with any T <sub>a</sub> and/or T <sub>1</sub> lesion detected with either WL or BL	286
Number (%) of patients with any T <sub>a</sub> and/or T <sub>1</sub> lesion detected only with BL	47 (16%)
p-value*	0.001

\*Exact test comparison of the proportion to a threshold value of 10%

Number of lesions	Detected by Both WL & BL	Detected by WL Only	Detected by BL Only
CIS, n = 66	33	6	27
T <sub>a</sub> , n = 580	472	52	56
T <sub>1</sub> , n = 95	76	10	9
T2–T4, n = 47	38	8	1

Among the lesions detected only by BL, 23% were negative for any carcinoma-related pathology, including dysplasia. Among the lesions detected only by WL, 17% were negative for any carcinoma-related pathology, including dysplasia.

**Study 2:** A prospective, open-label, within-patient controlled clinical trial using BL cystoscopy in the detection of bladder cancer during surveillance cystoscopy. Patients with bladder cancer in follow-up for tumor recurrence (n=304) received Cysview by bladder instillation. The average age of the patients was 69 years (range 35 to 92); 80% were male and 89% were Caucasian. After bladder evacuation of Cysview, a standard WL cystoscopy was performed, followed by BL cystoscopy using the KARL STORZ D-Light C Photodynamic Diagnostic (PDD) System with the Flexible PDD Videocopy System. Suspected malignant lesions were mapped and evaluated. Patients with suspected recurrence (n=103), underwent a Cysview instillation followed by WL and BL rigid cystoscopy in the operating room (OR), including lesion mapping, using the KARL STORZ D-Light C PDD System with the Rigid PDD Cystoscopy System. The suspicious lesions were biopsied and surgically removed by TURB. Cysview efficacy assessed the proportion of patients with malignancy detected only with blue light cystoscopy and not WL cystoscopy during the surveillance cystoscopic examination. The assessment was performed at patient level, and compared malignancy detected during the surveillance cystoscopic examination to the centralized histologic findings (the standard of truth) obtained in the OR examination.

Table 3 shows patient level detection of malignancy suspected in cystoscopic surveillance stage that was verified in the OR stage (n=103). Among the 103 patients, 63 patients had malignancy confirmed: 49 patients had malignancy detected by both WL and BL; 1 patient had malignancy detected by WL only; and 13 patients had malignancy detected by BL only [12.6% with 95% CI (7%, 21%), p<0.0001]. Among these 103 patients, 40 patients had false positive detections: 17 patients had false positive detection by both WL and BL; 3 patients had false positive detection by WL only; and 20 patients had false positive detection by BL only.

	Detected by Both WL & BL	Detected by WL Only	Detected by BL Only	Total
True Positive	49	1	13	63
False Positive	17	3	20	40
Total	66	4	33	103

\*Exact test comparison of the proportion to a threshold value of 0.5%

Among 26 patients with confirmed CIS malignancy, 9 patients had CIS malignancy detected by BL only and 17 patients had confirmed CIS malignancy detected by both WL and BL.

In the same study, there were 315 lesions detected during the cystoscopy in the OR. Table 4 shows the detection of lesions by type of malignancy.

Malignancy Type	Detected by Both WL & BL	Detected by WL Only	Detected by BL Only
CIS, n = 43	24	3	16
T <sub>a</sub> , n = 94	61	9	24
T <sub>1</sub> , n = 10	7	0	3
T2–T4, n = 5	5	0	0
PUNLMP** n=3	2	0	1
False positive n=160	65	22	73
Total number of lesions	164	34	117

\*\* papillary urothelial neoplasm of low malignant potential

**16 HOW SUPPLIED/STORAGE AND HANDLING**

Cysview is supplied as a kit labeled Cysview (hexaminolevulinate HCl) Kit for Intravesical Solution, 100 mg. The kit may be supplied as two options; with or without a vial adapter, and contains:

**Cysview kit with a vial adapter**

- Cysview (hexaminolevulinate hydrochloride) for Intravesical Solution, 100 mg, as a powder in a 10 mL clear glass vial.
- One plastic prefilled syringe of DILUENT for Cysview, 50 mL.
- One vial adapter for use during reconstitution. The vial adapter is either a "West Vent Vial Adapter" or a "West Mixject Dispensing Pin".
- One Luer Lock catheter adapter (to connect the syringe containing the reconstituted solution of Cysview to the urethral catheter for bladder instillation of Cysview).

**Cysview kit without a vial adapter**

- Cysview (hexaminolevulinate hydrochloride) for Intravesical Solution, 100 mg, as a powder in a 10 mL clear glass vial.
- One plastic prefilled syringe of DILUENT for Cysview, 50 mL.
- One Luer Lock catheter adapter (to connect the syringe containing the reconstituted solution of Cysview to the urethral catheter for bladder instillation of Cysview).

**Storage**

Store Cysview (hexaminolevulinate hydrochloride) Kit for Intravesical Solution at 20°-25°C (68°-77°F); excursions are permitted to 15°-30°C (59°-86°F). Do not use beyond the expiry date printed on the carton.

Use the solution of Cysview shortly after reconstitution. If unable to use within this time period, the reconstituted solution can be stored under refrigeration at 2°-8°C (36°-46°F) for up to 2 hours in the labeled syringe.

**17 PATIENT COUNSELING INFORMATION**

Ask patients if they have:

- a diagnosis or a family history of porphyria,
- allergy to aminolevulinic acid or prior exposure to Cysview,
- gross hematuria,
- had BCG immunotherapy or chemotherapy within the bladder.

Inform patients that Cysview should be retained in the bladder for 1 hour from instillation of Cysview to the start of the cystoscopic procedure. If the patient cannot hold Cysview for 1 hour but needs to void and expel Cysview from the bladder, he or she may void and should then inform a health care professional [see Dosage and Administration (2)].

Distributed by Photocure Inc. Princeton, NJ 08540 USA.

**PHOTOCURE®**

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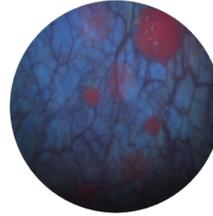


# CYSTOSCOPY FACT SHEET

## Blue Light Cystoscopy (BLC™) with Cysview® (hexaminolevulinate HCl) for Bladder Cancer



Bladder image using white light cystoscopy alone



Same image after using BLC with Cysview as an adjunct to white light

### Bladder Cancer Detection

Cystoscopy is the gold standard diagnostic tool for bladder cancer detection. Doctors who suspect patients may have bladder cancer use this procedure to look inside the bladder. A cystoscope lets the doctor inspect the bladder lining very closely for any abnormal growths or suspicious areas. Historically, cystoscopy was performed using only white light for visualizing suspicious lesions.<sup>1</sup>

Unfortunately, there is a high risk of recurrence in bladder cancer and 30-44% of all patients have evidence of tumor on repeat TURBT upto 8 weeks.<sup>2</sup> This may be due to doctors being unable to detect, and therefore remove, all of the cancer during the initial resection.

### Blue Light Cystoscopy with Cysview®

Blue Light Cystoscopy (BLC™) with Cysview® is a technology that significantly improves the detection of non-muscle invasive bladder cancer compared to traditional White Light Cystoscopy alone.<sup>3</sup>

Cysview is an optical imaging agent indicated for use in the cystoscopic detection of carcinoma of the bladder, including carcinoma in situ (CIS), among patients suspected or known to have lesion(s) on the basis of a prior cystoscopy, or in patients undergoing surveillance cystoscopy for carcinoma of the bladder.<sup>3</sup> Cysview is taken up by cancer cells in the bladder making them glow bright pink under blue light. Because of this, BLC™ with Cysview improves the detection of tumors and therefore can lead to a more complete resection, less residual tumors and better management decisions.<sup>3</sup>

- A solution containing the drug is placed in the bladder using a catheter one hour prior to the cystoscopic procedure. During this time Cysview is absorbed by cancerous tissue.<sup>3</sup>
- The doctor performs the cystoscopy by using both white light and blue light.<sup>3</sup>

### Inclusion of BLC with Cysview in Guidelines

The clinical value of BLC with Cysview has been included in several guidelines. Guidelines and recommendations have been published by the following organizations:<sup>4,5</sup>

- American Urological Association (AUA), Society of Urological Oncology (SUO) (2016) – in the enhanced cystoscopy section, Blue Light Cystoscopy is recommended (Moderate Recommendation; Evidence Strength: Grade B) for use in patients with NMIBC at the time of transurethral resection of bladder cancer tumors (TURBT) to increase detection and decrease recurrence.<sup>4</sup>
- National Comprehensive Cancer Network (NCCN) (2018) – Enhanced (blue light and narrow band imaging) cystoscopy may be useful in identifying lesions not visible using white light cystoscopy.<sup>5</sup>

### Clinical Overview

- Phase III studies using BLC with Cysview demonstrated a statistically significant difference in the detection of:
  - Ta/T1 tumors, with additional tumors detected in 16.4% of patients using BLC with Cysview<sup>3</sup>
  - CIS, with 34.6% patients who recurred with CIS were detected with BLC only<sup>2</sup>
  - recurrence, with 20.6% recurrent patients were found with Cysview alone through flexible cystoscopy<sup>2</sup>

**Cysview is not a replacement for random bladder biopsies or other procedures used in the detection of bladder cancer.**



## Prescribing Information

Cysview is an optical imaging agent indicated for use in the cystoscopic detection of carcinoma of the bladder, including carcinoma in situ (CIS), among patients suspected or known to have lesion(s) on the basis of a prior cystoscopy, or in patients undergoing surveillance cystoscopy for carcinoma of the bladder. Cysview is used with the KARL STORZ D-Light C Photodynamic Diagnostic (PDD) system to perform Blue Light Cystoscopy (BLC™) as an adjunct to the white light cystoscopy.

## Important risk & safety information

Cysview is not a replacement for random bladder biopsies or other procedures used in the detection of bladder cancer.

Anaphylactoid shock, hypersensitivity reactions, bladder pain, cystitis, and abnormal urinalysis have been reported after administration of Cysview. The most common adverse reactions seen in clinical trials were bladder spasm, dysuria, hematuria, and bladder pain.

Cysview should not be used in patients with porphyria, gross hematuria, or with known hypersensitivity to hexaminolevulinate or any derivative of aminolevulinic acid. Cysview may fail to detect some malignant lesions. False positive fluorescence may occur due to inflammation, cystoscopic trauma, scar tissue, previous bladder biopsy and recent BCG therapy or intravesical chemotherapy. No specific drug interaction studies have been performed.

Safety and effectiveness have not been established in pediatric patients. There are no available data on Cysview use in pregnant women. Adequate reproductive and developmental toxicity studies in animals have not been performed. Systemic absorption following administration of Cysview is expected to be minimal. There are no data on the presence of hexaminolevulinate in human or animal milk, the effects on a breastfed infant, or the effects on milk production. The development and health benefits of breastfeeding should be considered along with the mother's clinical need for Cysview and any potential adverse effects on the breastfed infant from Cysview or from the underlying maternal condition.

Cysview is approved for use with the KARL STORZ D-Light C Photodynamic Diagnostic (PDD) system. For system set up and general information for the safe use of the PDD system, please refer to the KARL STORZ instruction manuals for each of the components.

**Prior to Cysview administration, read the Full Prescribing Information and follow the preparation and reconstitution instructions.**

### References

1. Tanaka MF, Sonpavde G. Diagnosis and management of urothelial carcinoma of the bladder. *Postgrad Med.* 2011; 123(3): 43-55.
2. Daneshmand S, Patel S, Lotan Y, et al. Efficacy and safety of blue light flexible cystoscopy with hexaminolevulinate in the surveillance of bladder cancer: A phase III, comparative, multicenter study. *J Urol.* 2018; 199(5): 1158-1165. doi: 10.1016/j.juro.2017.11.096. *Epub* 2017 Dec 2.
3. Cysview® [prescribing information]. Photocure, Inc. Princeton, NJ; 2018.
4. Chang SS, Boorjian SA, Chou R, et al. Diagnosis and Treatment of Non-Muscle Invasive Bladder Cancer: AUA/SUO Guideline. *J Urol.* 2016;196(4):1021-9.
5. NCCN. NCCN Clinical Practice Guidelines- *Bladder Cancer.* 2018; version 4.2018.

Included  
in National  
Urology  
Guidelines<sup>1</sup>

VISIT [CYSVIEW.COM](https://www.cysview.com)

# UNDERSTANDING BLUE LIGHT CYSTOSCOPY WITH CYSVIEW FOR DETECTION OF BLADDER CANCER<sup>2</sup>



## A PATIENT GUIDE

**Cysview can only be  
used by qualified  
healthcare providers.**

**CYSVIEW<sup>®</sup>**  
Hexaminolevulinate HCl



THE  
BLADDER  
CANCER  
COMPANY<sup>™</sup>

## Facts About Bladder Cancer

**81,190** new cases of bladder cancer each year<sup>3</sup>



Over **696,440** bladder cancer survivors in the US<sup>3</sup>

### Important risk & safety information

Cysview is not a replacement for random bladder biopsies or other procedures used in the detection of bladder cancer.

Anaphylactoid shock, hypersensitivity reactions, bladder pain, cystitis, and abnormal urinalysis have been reported after administration of Cysview. The most common adverse reactions seen in clinical trials were bladder spasm, dysuria, hematuria, and bladder pain.

Cysview should not be used in patients with porphyria, gross hematuria, or with known hypersensitivity to hexaminolevulinate or any derivative of aminolevulinic acid. Cysview may fail to detect some malignant lesions. False positive fluorescence may occur due to inflammation, cystoscopic trauma, scar tissue, previous bladder biopsy and recent BCG therapy or intravesical chemotherapy. No specific drug interaction studies have been performed.

Safety and effectiveness have not been established in pediatric patients. There are no available data on Cysview use in pregnant women. Adequate reproductive and developmental toxicity studies in animals have not been performed. Systemic absorption following administration of Cysview is expected to be minimal. There are no data on the presence of hexaminolevulinate in human or animal milk, the effects on a breastfed infant, or the effects on milk production. The development and health benefits of breastfeeding should be considered along with the mother's clinical need for Cysview and any potential adverse effects on the breastfed infant from Cysview or from the underlying maternal condition.

Cysview is approved for use with the KARL STORZ D-Light C Photodynamic Diagnostic (PDD) system. For system set up and general information for the safe use of the PDD system, please refer to the KARL STORZ instruction manuals for each of the components.

Prior to Cysview administration, read the Full Prescribing Information and follow the preparation and reconstitution instructions.



## What is a cystoscopy?

A cystoscopy is a procedure that your doctor may use to examine your bladder to help find the cause of symptoms, or to treat or monitor conditions. This procedure allows your doctor to look directly inside your bladder and inspect the lining very closely.

If during a cystoscopy any abnormal growths or suspicious areas are seen, your doctor may remove tissue samples (biopsy) and send them to the laboratory to be examined.

A cystoscopy can be done while you are asleep under anesthesia or while you are awake with moderate sedation and/or pain management. Your doctor may instruct you to fast or have a light breakfast depending on whether you will be awake or asleep. Be sure to tell your doctor all the medications you currently take. Ask whether you should take them before your procedure or hold them until after.

## What is a cystoscope?

A cystoscope is a thin, tube-like telescope that is carefully passed up the urethra (the tube through which urine leaves your body) and into the bladder. The cystoscope is a hollow tube that creates a path for surgical instruments to pass through for use in a cystoscopy.



Image of a cystoscope

## **A standard cystoscopy uses white light**

During a cystoscopy procedure, the cystoscope shines light inside the bladder to aid in visibility. In a standard procedure, the light is regular white light—the type we all use every day to light a room.

White light helps your doctor visually assess the general health of your bladder and find irregularities to be further evaluated.



Bladder image under white light

## A cystoscopy can also use blue light with Cysview®

Your doctor also has the option of enhancing a cystoscopy by adding blue light and Cysview to the procedure. Called Blue Light Cystoscopy (BLC™) with Cysview®, this technology significantly improves the detection of non-muscle invasive bladder cancer (NMIBC).

With a standard cystoscopy procedure, your doctor can see some indicators of cancer under white light. With the addition of blue light and Cysview, the procedure offers significantly improved detection of suspicious areas compared to white light.<sup>2</sup> The Cysview causes cancerous cells to glow bright pink under blue light.<sup>2</sup>



Same image using  
blue light and Cysview

## What happens during Blue Light Cystoscopy with Cysview<sup>®2</sup>

- One hour prior to a cystoscopy, a healthcare professional uses a catheter to place about 2 oz of Cysview in the bladder where it is absorbed by cancerous tissue
- For the procedure, your doctor inserts a long, thin tube (a cystoscope) and uses white light to examine the bladder
- When the doctor switches to blue light, the Cysview is taken up by cancerous tumors and glows bright pink—making them more visible and possibly also revealing additional tumors not visible under white light
- With Cysview, all tumors stand out against normal bladder tissue, so they are easier for your doctor to identify and remove completely

**Blue Light Cystoscopy with Cysview has been shown to detect more bladder tumors than White Light Cystoscopy alone.<sup>2</sup>**



## Is BLC™ with Cysview® safe?<sup>2</sup>

Any procedure may have some risks. You should consult your doctor regarding the risks and benefits of this procedure.

- The most common patient complaints include bladder spasm and bladder pain, discomfort when urinating, and frequent urination
- On rare occasions, patients have experienced increased heart rate, chest pain, and fever
- Hypersensitivity reactions may occur in some patients

## Who can have BLC with Cysview?<sup>2</sup>

Anyone who is suspected of having or is known to have bladder cancer (from a previous cystoscopy) can have BLC with Cysview.

**Ask your doctor if BLC with Cysview would be right for you.**

## What to expect after the procedure

Here are some important things to keep in mind for after your cystoscopy:

- Once the procedure is finished, your bladder will be full, so you may need to urinate
- Most people—including those who have just had local anesthesia—feel ready to go home after a short time; once home, you should plan to rest for the remainder of the day
- It is common to have some bladder spasms, which can make you feel like you need to urinate more often than usual
- For a couple days you may feel some pain or discomfort when you urinate
- Blood in the urine is common for several days after the procedure, particularly if you had any bladder tissue removed
- In rare cases, patients may have difficulty urinating after their cystoscopy; if that happens, your doctor may choose to discharge you with a urinary catheter in your bladder to drain excess fluid until any swelling goes down
- Some patients may develop a mild infection after a cystoscopy—watch for fever, chills, unrelieved nausea and/or vomiting, or inability to urinate; an infection may be treated with antibiotics. Consult your doctor if you are concerned
- In some cases your doctor may prescribe additional therapy, including intravesical chemotherapy (placed directly into the bladder)

***Drinking plenty of water can help with many of the common issues experienced after a cystoscopy.***

### When to contact your doctor

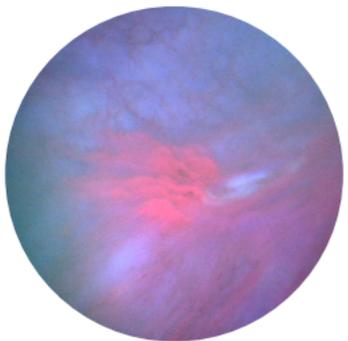
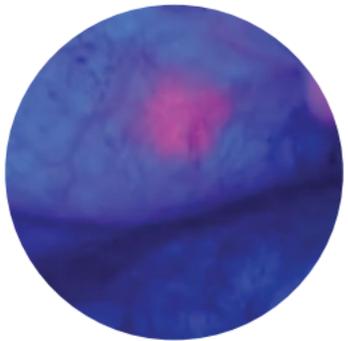
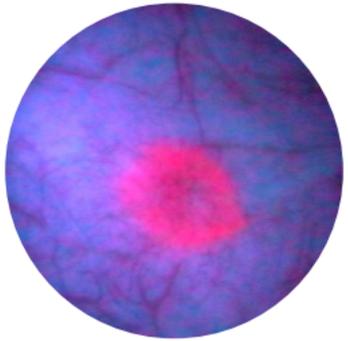
Follow your doctor's discharge instructions carefully. If after 2 or 3 days you still have blood in the urine, you see blood clots after you have urinated several times, or if you have severe symptoms of any kind, please contact your doctor's office immediately.



# Bladder images under white and blue light

**Standard White Light Cystoscopy**

**Blue Light Cystoscopy with Cysview**



## **Additional patient resources**

### **Bladder Cancer Advisory Network (BCAN)**

[www.bcan.org](http://www.bcan.org)

BCAN is the first national advocacy organization dedicated to increasing public awareness about bladder cancer; to advancing bladder cancer research; and to providing educational and support services for the bladder cancer community. Founded in May 2005, BCAN is a cooperative effort among bladder cancer survivors, their families and caregivers, and the medical community.

### **For more information about BLC with Cysview**

[www.Cysview.com](http://www.Cysview.com)

**If you have any questions or concerns about your Blue Light Cystoscopy with Cysview, ask your doctor right away. Your doctor will be able to explain every aspect of the procedure.**



This patient guide is for informational purposes only; it does not replace a conversation with your doctor.

**Please see Full Prescribing Information enclosed.**

