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### **INTRODUCTION & OBJECTIVES**

Vall d'Hebron

Hospital

The first goal of NMIBC monitoring is to promptly detect and treat high-grade (HG) tumors. This mandates high NPV if a urine biomarker is considered to replace part of standard follow up cystoscopies and cytologies.

Bladder EpiCheck (BE) is a methylation-based urine marker for bladder cancer monitoring that demonstrated outstanding results in HG tumors in the first analysis of its European multicenter study: sensitivity 91.7% and NPV 99.3% over specificity of 88.0% in 440 patients<sup>1</sup>. The study continued recruiting, and this is its 2<sup>nd</sup> analysis.

### MATERIALS & METHODS

This is the 2<sup>nd</sup> analysis of the European multicenter study, with additional 382 patients. Description of the assay, inclusion/exclusion criteria and definition of reference standard as previously published.

#### RESULTS

The demographic data was representative of NMIBC patients (Table 1.). Out of 822 patients, 81 did not have BE results and additional 84 did not have a definitive reference standard diagnosis of positive/negative. The final cohort for analysis had 657 patients: 80 positive (36 low grade [LG], 40 HG, 4 no path) and 577 negative.

Study Endpoints are presented in Figure 1 alongside the results from the first analysis. The results were similar between the two analyses in all parameters.

Sensitivity by grade of BE, cytology and cystoscopy are presented in figure 2. BE outperformed cytology in all categories (all-grades, LG and non-LG tumors). Cystoscopy outperformed BE and cytology in all-grades and LG tumors detection.

# Performance of Bladder EpiCheck<sup>™</sup> for NMIBC monitoringupdated results of a European multi-center study

Table 1. Subject characteristics							
	Range	Median					
Age	31-92	70					
	Ν	%					
Gender							
Male	662	80.5					
Female	159	19.3					
Unk	1	0.1					
Stage and grade of last recurrence							
PUNLMP	38	4.6					
Ta LG	345	42.0					
Ta HG	117	14.2					
T1	212	25.8					
T2/3	3	3.6					
CIS	101	12.3					
Unk	5	0.6					
Primary tumor							
Yes	400	48.6					
No	395	48.0					
Unk	27	3.3					

#### Figure 1. Study endpoints of the 1<sup>st</sup> and 2<sup>nd</sup> analyses

	0	20	40	60	80	100
Sensitivity - ov	erall		68.2% 62.5% -			
Sensitivity- nor	า-LG			91.7% 86.4%		
Specificity				8 85	8.0% .8%	
NPV					95.1% 94.3%	•
NPV- non-LG					99.3% 98.8%	-•
1 <sup>st</sup> analysis (n=	353)					

 $2^{na}$  analysis (n=657)

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#### Figure 2. Comparison of sensitivity by grade between Bladder EpiCheck, Cytology and Cystoscopy



### CONCLUSIONS

Consistent outstanding results with NPV of 99% in a large cohort further substantiates the evidence of BE as a robust rule-out test for high-grade cancers. Such high NPV with high specificity allows to safely utilize BE in NMICB monitoring, even as an alternative to the standard methods that demonstrated inferior (cytology) or similar (cystoscopy) performance in this cohort.

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