

## **Nucleix BE Safe @Home project brings bladder cancer surveillance to the patient's doorstep during COVID-19 and beyond.**

The follow-up of patients with non-muscle-invasive bladder cancer (NMIBC) is crucial to ensure early detection and prompt treatment of disease recurrence. Under normal circumstances, these patients undergo surveillance cystoscopies every 3 months following diagnosis (reduced in frequency over time, if there are no recurrences).

Unfortunately, the ongoing COVID-19 pandemic has huge repercussions for NMIBC patients, as outpatient procedures such as cystoscopy are currently suspended by COVID-19 regulations. Interrupting the routine follow-up schedules of bladder cancer patients, greatly increases the risk of leaving tumor recurrences undetected. For patients, this can mean the difference between early treatment and critical disease progression.

After having consulted with world-leading urologists, **the BE Safe @Home project aims to bring bladder cancer surveillance to the patient's doorstep in these trying times.**

Using the Bladder EpiCheck® biomarker test, the presence of bladder tumor markers can be accurately measured in a simple urine sample. Bladder EpiCheck has the ability to rule out high-risk tumors with 99% certainty, making it an ideal tool to bridge the gap between follow-up cystoscopies [1,2].

One of its major advantages is that the entire process respects the rules of social distancing. The urine sample can be collected from the patient's home or a community location nearby. From there, the sample is sent to, and analyzed in one of the laboratories collaborating with BE Safe @Home. Once analyzed, the treating physician will communicate the results to the patient. During the current pandemic, patients' risk being lost to follow-up. **Grasp the opportunity to continue monitoring your bladder cancer patients from a safe distance!**

Be Safe @Home!

**Some proven examples:**

[Spain:](#)

[The Netherlands 1:](#)

[The Netherlands 2:](#)

## **References**

1. Witjes JA, Morote J, Cornel EB, et al. Eur Urol Oncol 2018;1:307-13.
2. Lozano F, Morote J, Leibovitch I, et al. Poster 709 presented at EAU 2019