



# Cxbladder™

## TRIAGE

The test to help rule out bladder cancer

Cxbladder Triage is a non-invasive molecular diagnostic test to assist clinicians in ruling out bladder cancer – giving you and your patients greater peace of mind.

Cxbladder Triage is designed to identify patients with a low probability of having urothelial carcinoma (UC) using a proprietary algorithm combining both phenotypic and genotypic factors into a segregation index – ‘the G+P INDEX’. Using the G+P INDEX, Cxbladder Triage focuses on accurately identifying patients with hematuria who have a low probability of UC, for whom a more extensive evaluation may not be required.

# G

### Biomarker Gene Descriptions

- > MDK: Blood vessel growth and cell migration
- > HOXA13: Cell differentiation
- > CDK1: Cell division
- > IGFBP5: Programmed cell death
- > CXCR2: Inflammation

# P

### Phenotypic Clinical Characteristics

- Age <**  
Approximately 90% of people with bladder cancer are over 55
- Sex <**  
Men are up to 4 times more likely to develop bladder cancer than women
- Smoking History <**  
Current or ex-smokers are 3 times more likely to get bladder cancer than non-smokers
- Hematuria History <**  
The occurrence, frequency and duration of hematuria is a classic warning sign of possible bladder cancer

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# G+P

# Want to give patients peace of mind?

Then use Cxbladder Triage to help rule-out bladder cancer with confidence<sup>1</sup>

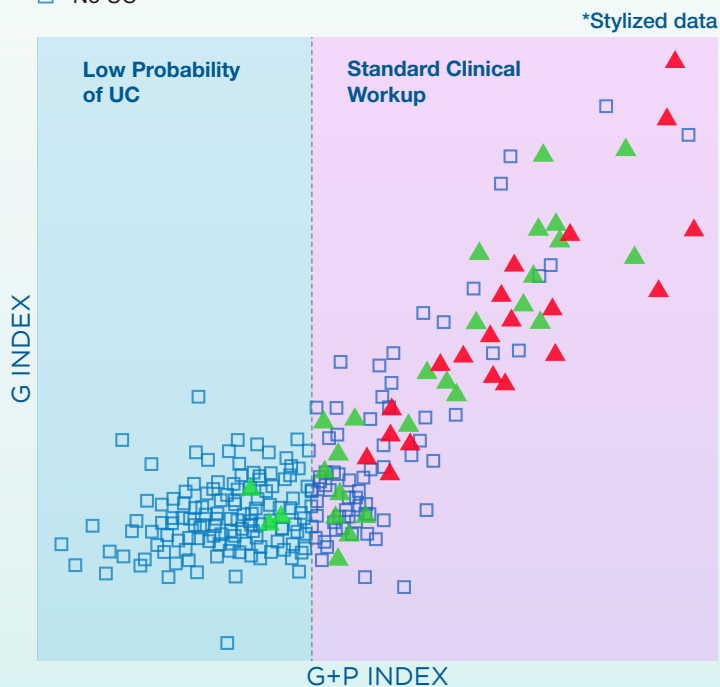
## Cxbladder Triage test report (example)



## Identifying patients with a Low Probability of UC\*

Legend

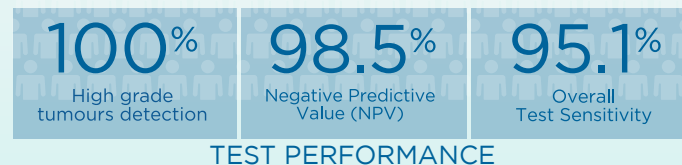
- ▲ High Grade, Late Stage Tumors
- ▲ Low Grade Ta Tumors
- No UC



Cxbladder Triage has been validated in a clinical study with 587 patients presenting with gross hematuria. With a sensitivity of 95.1% and high negative predictive value of 98.5%, the study showed that 40% of patients were accurately triaged out with a low probability of UC. Cxbladder Triage is particularly appropriate for triaging low risk patients presenting with hematuria<sup>1</sup>

As demonstrated, the adoption of the G+P INDEX may enable a significant change in clinical utility by ruling out bladder cancer and may help to avoid further urological workups.

<sup>1</sup> Kavalieris et al: 'A segregation index combining phenotypic (clinical characteristics) and genotypic (gene expression) biomarkers from a urine sample to triage-out patients presenting with hematuria who have a low probability of urothelial carcinoma. BMC urology 2015; 15:23.



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