Performance of Bladder EpiCheck™ for NMIBC monitoring—updated results of a European multi-center study

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INTRODUCTION & OBJECTIVES

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. The study continued recruiting, and this is its 2nd analysis.

MATERIALS & METHODS

This is the 2nd 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.

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 NMIBC monitoring, even as an alternative to the standard methods that demonstrated inferior (cytology) or similar (cystoscopy) performance in this cohort.