



QUESTIONS TO ASK YOUR UROLOGIST ABOUT BLADDER CANCER

If you or a loved one has been referred to a urologist to be checked for bladder cancer, it's a positive step to take in managing your health. Early diagnosis provides the best chance of preserving the bladder.

Here are some questions and key pieces of information you should discuss with your urologist to get started on the right path for your situation.

Am I at risk for bladder cancer?

Share this information with your doctor.

Race _____ Age _____ Gender _____

- A tobacco smoker
- Chronic bladder inflammation
- Pelvic radiation
- Work(ed) as a hairdresser
- Work(ed) around petroleum
- Exposure to chemicals used in: making rubber, leather, printing materials, textiles or paint products
- A former tobacco smoker
- Family history of bladder cancer
- Drugs used to treat other cancers (e.g., Use of Cytoxan/cyclophosphamide)
- Work(ed) as a painter
- Exposure to dyes, diesel, or exhaust

Is my symptom a sign of bladder cancer?

Record and share this information with your healthcare professional.

How many times have you observed blood in your urine in the last week? _____

When did you first see blood in your urine? _____

Approximately how much blood was there? Only a little A good amount A lot

When did you last see blood in your urine? _____

Approximately how much blood was there? Only a little A good amount A lot

How often are you seeing blood in your urine? Occasionally Often Every time

How will you test for bladder cancer?

Your urologist may use one or more of these tests to assess the likelihood of your having bladder cancer.

- Urine cytology test (you provide a urine sample, which gets tested for abnormal cells)
- CT scan to examine the kidneys, bladder and the tube that runs between them
- White Light Cystoscopy, where a long, thin tube is inserted where urine leaves the body, so the urologist can look inside the bladder using white light to see abnormalities and take samples for further testing

If doing a TURBT, will your urologist be doing a Blue Light Cystoscopy with Cysview?

This state-of-the-art technology is not available from every urologist, so you'll want to know upfront if yours offers it or not.

Cysview is an optical imaging agent that makes non-muscle invasive bladder cancer (NMIBC) tumors glow bright pink under blue light during a cystoscopy. Because the cancer is more visible, urologists can remove it more completely than if they weren't using Cysview.¹

Cysview is clinically proven to detect more NMIBC than White Light Cystoscopy alone.¹

Use the space below to note any additional questions you would like to discuss at your next appointment.

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. Cysview® [prescribing Information]. Photocure, Inc. Princeton, NJ; 2018.