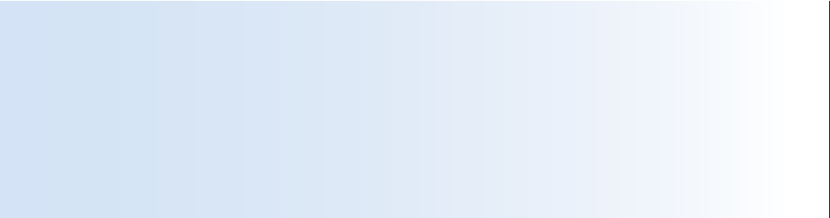
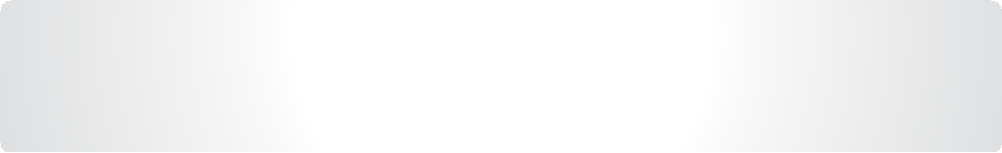
Cysview (hexaminolevulinate HCl) is an optical imaging agent indicated for use in the cystoscopic detection

of nonmuscle invasive papillary bladder cancer (NMIBC) among patients suspected or known to have lesion(s) on the basis of a prior cystoscopy. Cysview is used with the KARL STORZ D-Light C Photodynamic Diagnostic (PDD) System to perform cystoscopy with the blue-light setting (Mode 2) as an adjunct to the white-light setting (Mode 1).1



*<<Insert Doctor Quote>>*

***<<Insert Doctor Photo>>***

***<<Insert Doctor Name/Practice Name>>***

Addressing the unmet medical need

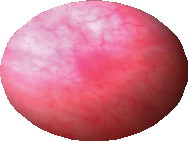
for improved bladder cancer detection

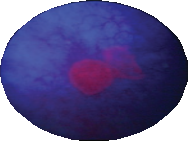
Used as an adjunct to white-light cystoscopy, Blue-Light Cystoscopy with

Cysview is **the only FDA-approved technology** that:

Causes the porphyrin within tumors to fluoresce a pink color,

which contrasts with normal mucosa1

*Bladder image using white-light cystoscopy*

*Same image using Blue-Light Cystoscopy with Cysview*

Detects more Ta/T1 bladder cancer tumors than does white-light cystoscopy alone1-8

— One or more additional tumors were detected by Blue-Light Cystoscopy with Cysview in 16.4% of patients compared to white light alone1,2

Is well tolerated and can be easily implemented in current clinical practice1

Experience is vital to successful implementation

Training on the Blue-Light Cystoscopy with Cysview system is essential to optimize success of use1

Data show that inexperienced urologists improve their proficiency with Blue-Light Cystoscopy with Cysview

through training and practice9

Consider Blue-Light Cystoscopy with Cysview to improve detection of bladder cancer tumors in your patients



***See back panel for important risk and safety information***



Important Risk and Safety Information

Cysview is not a replacement for random bladder biopsies or other procedures used in the detection of bladder cancer and is not for repetitive use.

Anaphylaxis reactions including 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 in patients receiving intravesical chemotherapy or BCG treatment within 3 months of Cysview photodynamic blue-light cystoscopy. There are no known drug interactions with hexaminolevulinate; however, no specific drug interaction studies have been performed. Using Cysview, fluorescence of non-malignant areas may occur, and Cysview may fail to detect some malignant lesions.

Safety and effectiveness have not been established in pediatric patients. Cysview should only be used during pregnancy if the potential benefit justifies the potential risk to the fetus. It is not known whether hexaminolevulinate is excreted in human milk. Because many drugs are excreted in human milk, exercise caution when Cysview is administered to nursing mothers. No clinically important differences in safety or efficacy have been observed between older and younger patients.

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]. Princeton, NJ: Photocure ASA; 2011. **2.** Stenzl A, Burger M, Fradet Y, et al. Hexaminolevulinate guided fluorescence cystoscopy reduced recurrence in patients with nonmuscle invasive bladder cancer. *J Urol*. 2010;184(5):1907-1914. **3.** Hermann GG, Mogensen K, Carlsson S, Marcussen N, Duun S. Fluorescence-guided transurethral resection of bladder tumours reduces bladder tumour recurrence due to less residual tumour tissue in Ta/T1 patients: a randomized two-centre study. *BJU Int*. 2011;108(8 pt 2):E297-303. **4.** Grossman HB, Gomella L, Fradet Y, et al. A phase III, multicenter comparison of hexaminolevulinate fluorescence cystoscopy and white light cystoscopy for the detection of superficial papillary lesions in patients with bladder cancer. *J Urol*. 2007;178(1):62-67. **5.** Schmidbauer J, Witjes F, Schmeller N, et al.

Improved detection of urothelial carcinoma in situ with hexaminolevulinate fluorescence cystoscopy. *J Urol*. 2004;171(1):135-138. **6.** Fradet Y, Grossman HB, Gomella L, et al. A comparison of hexaminolevulinate fluorescence cystoscopy and white light cystoscopy for the detection of carcinoma in situ in patients with bladder cancer: a phase III, multicenter study. *J Urol*. 2007;178(1):68-73. **7.** Jocham D, Witjes F, Wagner S, et al. Improved detection and treatment of bladder cancer using hexaminolevulinate imaging: a prospective, phase III multicenter study. *J Urol*. 2005;174(3):862-866. **8.** Geavlete B, Multescu R, Georgescu D, Jecu M, Stanescu F, Geavlete P. Treatment changes and long-term recurrence rates after hexaminolevulinate (HAL) fluorescence csytoscpy: does it really make a difference in patients with non-muscle-invasive bladder cancer (NMIBC)? *BJU Int*. 2012;109(4):549-556.

**9.** Gravas S, Efstathiou K, Zachos I, Melekos MD, Tzortzis V. Is there a learning curve for photodynamic diagnosis of bladder cancer with hexaminolevulinate hydrochloride?

*Can J Urol*. 2012;19(3):6269-6273.



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[***www.cysview.com***](http://www.cysview.com/)



**OptiOn A: “RevOlutiOnARy technOlOgy”**

***<<Insert Doctor Photo>>***

*“There have been a number of studies focusing on blue-light cystoscopy, which combines a proprietary solution and blue light, resulting in a significant improvement in the detection of Ta and T1 tumors. These studies also note that the false-positive rate is similar to that of white-light cystoscopy, indicating that*

*the increased detection wasn’t the result of just taking more biopsies.”*

***<<Insert Doctor Name/Practice Name>>***

**OptiOn B: “eFFicAcy”**

***<<Insert Doctor Photo>>***

*“Since implementing Blue-Light Cystoscopy with Cysview at our facility, we’ve seen a significant improvement in finding more tumors, including high-grade or aggressive cancers, which are routinely missed with white light alone. I have no*

*doubt this is going to have a great impact on our many patients with bladder cancer.”*

***<<Insert Doctor Name/Practice Name>>***

**OptiOn c: “At-Risk pAtient types”**

***<<Insert Doctor Photo>>***

*“Blue-Light Cystoscopy with Cysview is approved for one-time use in patients suspected or known to have nonmuscle invasive bladder cancer based on a prior cystoscopy. In our practice, we have found clinical utility with patients on initial suspicion of bladder cancer at the time of primary TURBT, and with those who have not been*

*previously evaluated with Cysview for assessment at the time of tumor recurrence.”*

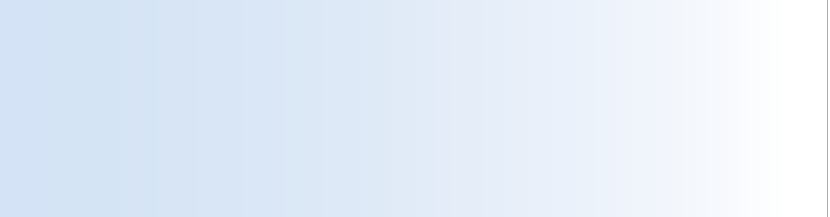
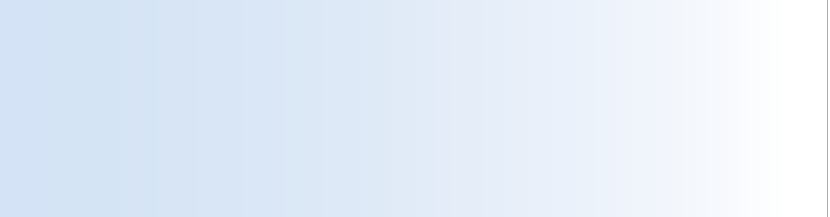
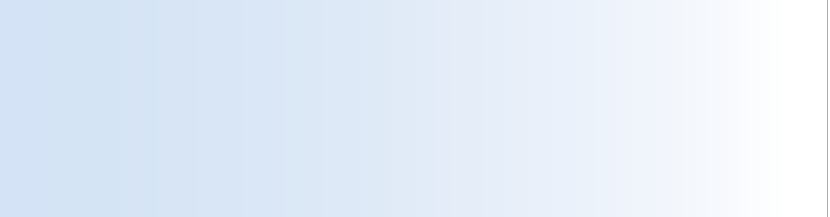
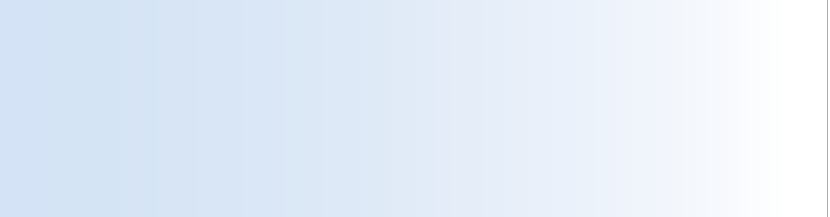
***<<Insert Doctor Name/Practice Name>>***

**OptiOn D: “sAtisFieD pRActitiOneR”**

***<<Insert Doctor Photo>>***

*“Using blue-light cystoscopy has been an eye-opening experience. It has enabled me to help many patients by detecting tumors that would not have been visible otherwise. I take great pride in saying that our hospital is one of the first in this*

*country to offer this procedure.”*



***<<Insert Doctor Name/Practice Name>>***