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UROBEST

Fina Biotech offers a solution for the non-invasive diagnosis of bladder cancer

UROBEST provides urologists with an effective (80% sensitivity and 94% specificity), quick, inexpensive and non-invasive tool for the diagnosis and monitoring of bladder cancer. Healthcare providers will benefit from lower costs, improved diagnostic performance with a single assay and time savings in BC cancer diagnosis and patients from improved quality of life.

HOW DOES UROBEST WORK?

STEP 1

URINE COLLECTION
The patient needs to void 50-100ml of spontaneous urine at any time of the day (no morning urine is required)

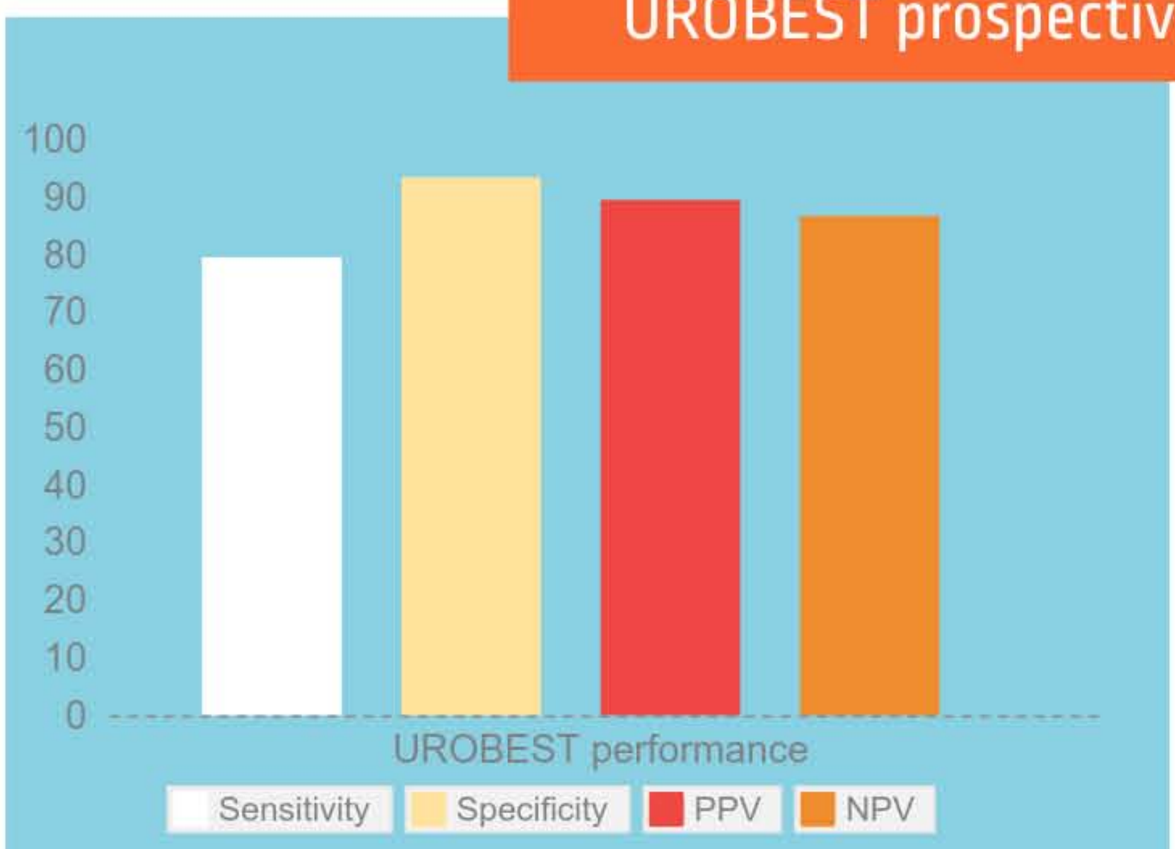
STEP 2

GENE EXPRESSION LEVELS QUANTIFICATION
The urine sample is processed, RNA extracted and level of expression of a 10-gene signature measured with RT-qPCR technology (1).

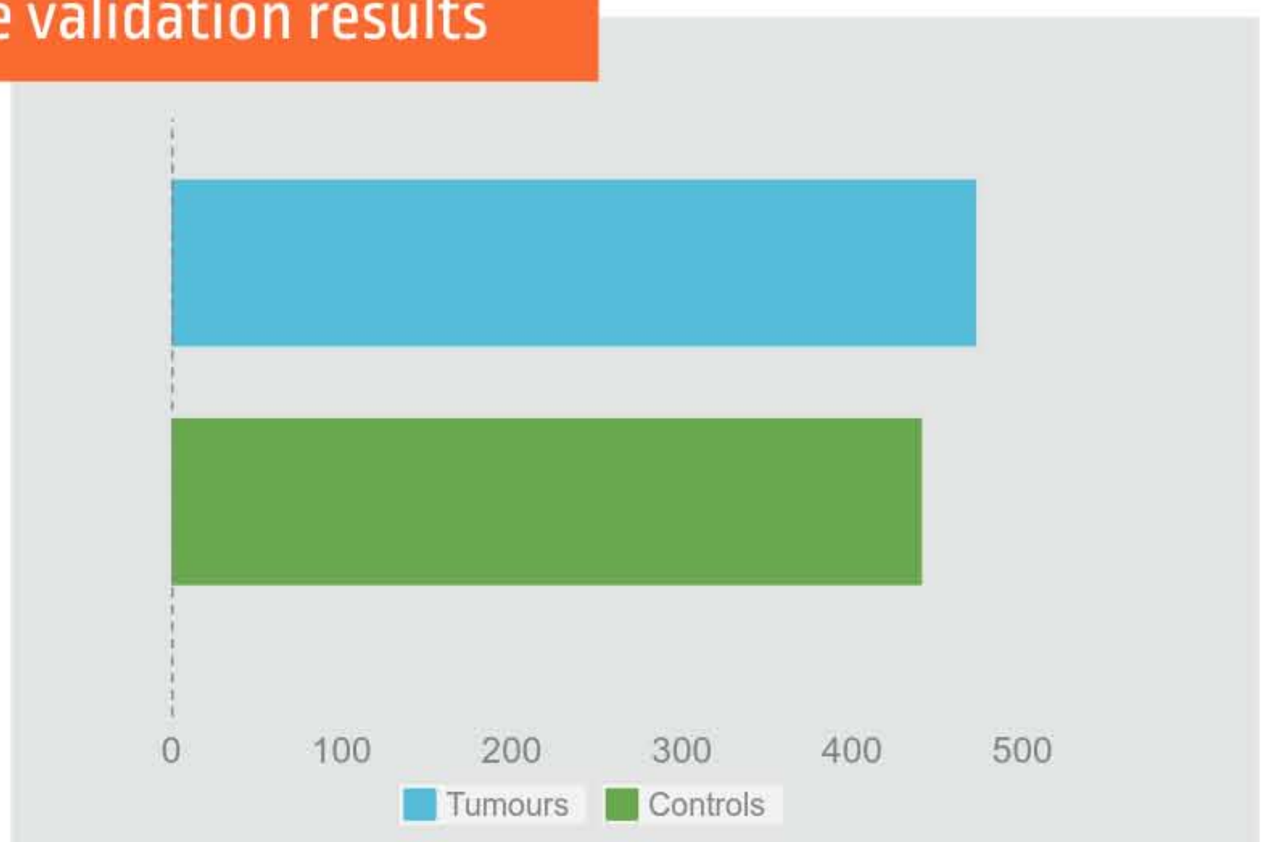
STEP 3

DATA ANALYSIS & DIAGNOSTIC RESULTS
Based on a proprietary algorithm and previously defined cut-off levels (2), age and sex, we obtain a quantitative diagnostic result

UROBEST prospective validation results

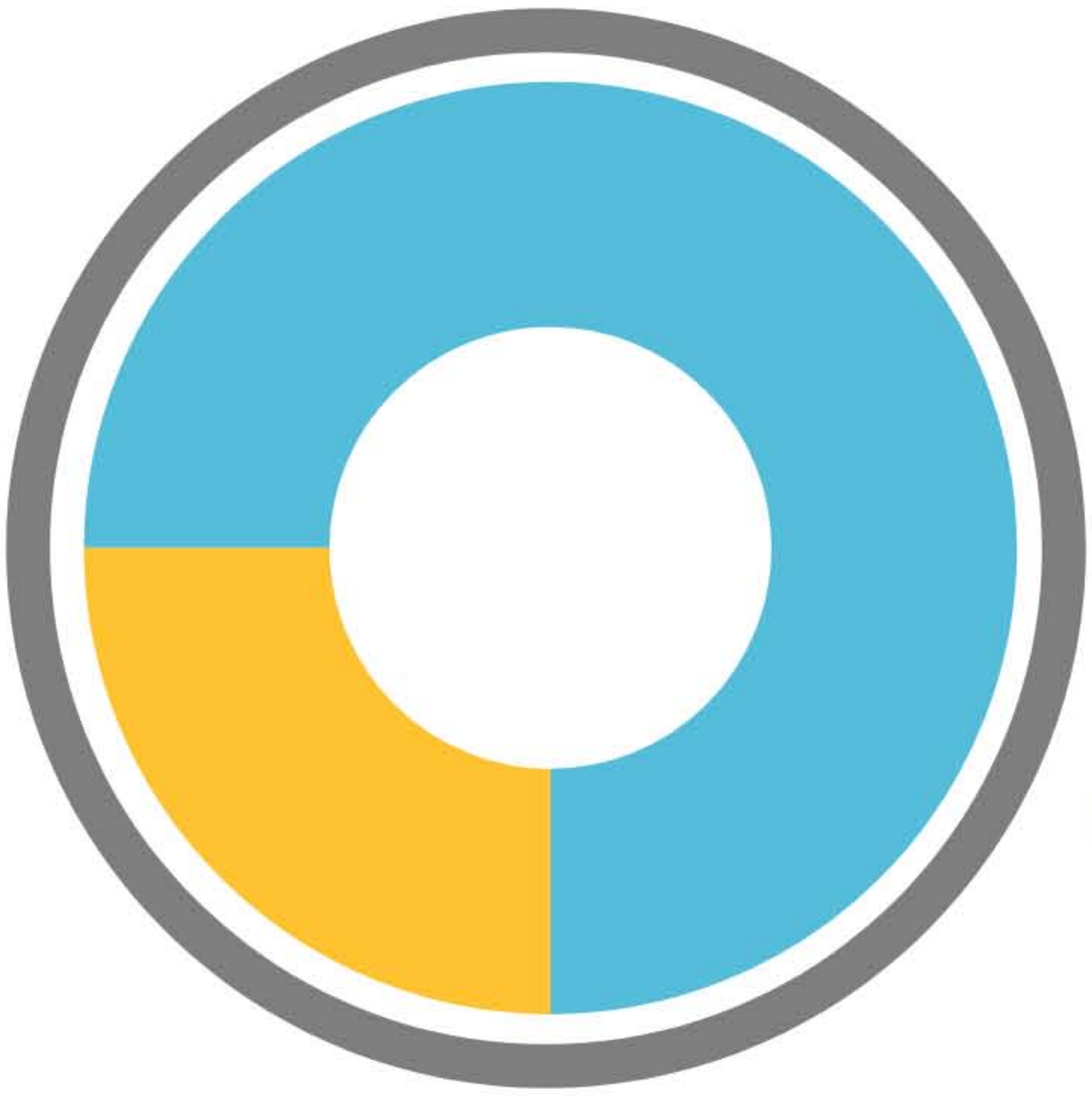


UROBEST has proved sensitivity of 80% and specificity of 94% (3), figures that are superior to that of the current standard-of-care



Results have been validated in two prospective international studies with 914 patients (6 hospitals in 3 European countries and in China)

BLADDER CANCER: DIAGNOSIS AND SURVEILLANCE



Due to high relapse rates, surveillance requires frequent cystoscopies, averaging 13 controls per patient after initial diagnosis.

Muscle-invasive bladder cancer (MIBC)

According to guidelines, MIBC patients require approximately 18 surveillance visits after 1st diagnosis

Non-muscle invasive bladder cancer (NMIBC)

According to guidelines, NMIBC patients require approximately 7 surveillance after 1st diagnosis

Bladder cancer is among the five most common malignancies worldwide (more than 380.000 yearly new cases), which in conjunction with high survival (94%) and relapse rates (>70%) make it one of the most expensive cancers to treat and monitor.

Current Standard-of-Care

Number of cystoscopies performed annualy

1st Diagnosis	Surveillance
>2 million	>2.5 million

More than 4.5 million cystoscopies procedures are performed each year for diagnosis and surveillance of bladder cancer

Disadvantages of Cystoscopy

The current gold standard diagnostic tool is combined cytology and cystoscopy which is costly and highly invasive requiring transurethral access and presenting the risk of important complications

Relapse Risk after 1st Diagnosis

(1) Mengual et al. Gene expression signature in urine for diagnosis and aggressiveness assessment of bladder urothelial carcinoma. Clin Can Res. 2010 May 1;16(9):2624-33. PMID: 20406841.
(2) Mengual et al. Validation study of a non-invasive urine test for diagnosis and prognosis assessment of bladder cancer. Evidence for improved models. J Urol. 2014 Jan; 191(1):261-9. PMID: 23831312.
(3) Ribal et al. Gene expression test for the non-invasive diagnosis of bladder cancer: A prospective, blinded, international and multicenter validation study. Eur J Cancer. 2016 Feb; 54:131-8
(4) Han C, Mengual L, Kang B, Lozano JJ, Yang X, Zhang C, Alcaraz A, Liang J, Ye D. Validation of Urine-based Gene Classifiers for Detecting Bladder Cancer in a Chinese Study. J Cancer. 2018 Aug 6; 9(17): 3208-3215.

UROBEST is not yet commercially available. For more information on the diagnostic test or partnering opportunities, please contact us. info@finabiotech.es

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