Date: 30 May 2013

MidCentral DHB first in New Zealand to utilise Cxbladder

MidCentral District Health Board, based in Palmerston North, is set to become the first district health board in New Zealand to become a commercial customer for Pacific Edge’s diagnostic cancer test Cxbladder. MidCentral will be looking to provide patients with a better clinical outcome as well as make considerable savings and efficiencies from its use.

Beginning in June, MidCentral DHB will begin evaluating 400 patients over a 24-month period to determine the clinical utility of Cxbladder to prioritise at-risk patients, and establish the level of savings that can be achieved from screening out patients who do not need a full and expensive urological work up for bladder cancer. Typically less than five percent of those patients who present to their clinician with micro-haematuria (non-visible blood in urine of clinical significance) will be diagnosed with bladder cancer.

Pacific Edge Chief Executive Officer David Darling says MidCentral DHB’s goal is to triage patients early by utilising Cxbladder – a test that enables the detection of bladder cancer from a small volume of urine. Results from peer reviewed multi-centre clinical trials of 485 patients published in the prestigious Journal of Urology in the United States last year showed that Cxbladder outperformed all other benchmark technologies and identified nearly all tumours of interest to clinicians.

A full clinical work-up for bladder cancer is estimated to cost up to $2000. If conservatively, 80 percent of patients presenting with micro-haematuria can avoid the distress and inconvenience of a full bladder cancer evaluation, the cost savings for MidCentral DHB would be significant and would enable the more efficient use of DHB urological, clinical and pathology services.”

“Applied across the country at other DHB’s, the potential for savings within the public health system would be considerable,” David Darling says.

Recently, Health Minister Tony Ryall1 told district health boards that the time taken to deliver the results of diagnostic tests is unacceptably long, with patients in some instances waiting a year. He has set a “gold standard” of a maximum turnaround of six weeks for diagnostics tests.

“Pacific Edge, with its capability to process up to 35,000 Cxbladder tests a year through our Dunedin laboratory, is confident that it can assist district health boards to exceed the Minister’s target by a comfortable margin,” David Darling says. Cxbladder has a brand commitment to deliver test results to clinicians and their patients within five working days.

Operations Director, Hospital Services at MidCentral Health Lyn Horgan said: “Participation in the Pacific Edge Cxbladder program is seen as an exciting opportunity which will clearly identify benefits for urological patients presenting with micro haematuria. The ability to undertake this diagnostic test will result in patients at risk of urothelial cancer being diagnosed earlier which potentially will improve the patient overall outcome.”
Discussions are also underway with another New Zealand’s district health board to adopt Cxbladder as a diagnostic test for patients presenting with macro-haematuria (visible blood in urine) and micro-haematuria. “In light of these developments it is anticipated that other DHBs will be looking to take advantage of this technology to improve patient outcomes and lower costs,” David Darling says.

Cxbladder, the first commercial diagnostic cancer test launched by Pacific Edge, has gained recognition for its accuracy from leading urology practices in Australia, New Zealand and the United States.

“Clinicians in all three countries are using Cxbladder as a quick, cost effective and accurate measure to identify those patients presenting with haematuria who have tumours requiring further treatment. Pacific Edge is delighted that MidCentral DHB has taken the lead in identifying the potential of Cxbladder to deliver higher standards of care and service to patients, while also making more efficient use of their resources. “

¹: Minister of Health Tony Ryall, media release 22 May 2013 http://www.beehive.govt.nz/release/focus-wait-times-diagnostic-tests

For further information please contact
David Darling
Chief Executive Officer
Pacific Edge Limited
P: +64 (3) 4795800

ABOUT PACIFIC EDGE
Pacific Edge Limited (NZX: PEB) is a New Zealand based cancer diagnostic company specialising in the discovery and commercialisation of diagnostic and prognostic technology for the early detection and monitoring of cancer. Products in development and in clinical trials are accurate and simple to use genomic and proteomic tools for the earlier detection, improved characterisation and better management of gastric, bladder, colorectal cancers and melanoma. The Company has recently completed and released its first product for the detection of bladder cancer, Cxbladder, and is actively marketing the product to urologists in New Zealand, Australia, and USA and soon to Spain.

www.pacificedge.co.nz

ABOUT PACIFIC EDGE DIAGNOSTICS
Pacific Edge takes its exciting cancer detection tests to market through its wholly owned subsidiaries, Pacific Edge Diagnostics NZ Limited and Pacific Edge Diagnostics USA Limited, and selected commercial partners in Australia and Spain, Healthscope Pathology and Oryzon respectively.

www.pacificedgedx.com

ABOUT Cxbladder
Cxbladder is a non-invasive, accurate test that enables the early detection of bladder cancer from a small volume of urine. It provides general practitioners and urologists with a quick, cost effective and accurate measure of the presence of the cancer and provides urologists with the opportunity to reduce their reliance on the need for invasive tests such as cystoscopy. The recently published, Journal of Urology in September 2012, multi-centre international clinical study recruited 485 patients from Australia and New Zealand. Results show that Cxbladder out-performed all other benchmark technologies in the clinical trial and detected nearly all of the tumours of concern to a urologist; At 85% specificity, the test sees 100% of T1, T2, T3, Tis and greater than 95% of high grade tumours.

www.cxbladder.com
ABOUT BLADDER CANCER

Globally, bladder cancer has the 9th highest incidence and the 4th highest incidence for men. One of the early symptoms of bladder cancer is the presence of blood in the urine, haematuria. People with haematuria often present to their general practitioner before being referred on to a urologist.

There are a number of ‘at risk’ occupations that have shown a much higher incidence of bladder cancer. Fire fighters and fire control officers have shown in a US study to have a twice the incidence of bladder cancer over non fire fighters. Smoking is a significant contributing factor (over 50% in males and 33% in females, and approximately one of every two new incidences of bladder cancer is linked to smoking).

Exposure to certain industrial chemicals or carcinogens increases risks for some occupations e.g. hairdressers, painters, printers, fire fighters and metal workers and chemical engineers. Incidence increases with age so the older you are, the greater the potential for bladder cancer.

Bladder cancer has a very high recurrence rate of approximately 50%-70% with up to 30% of these recurring as later stage tumours. This is a higher recurrence than for skin cancer! However, bladder cancers are highly treatable, especially if detected in the early stages. If diagnosed early there is a much higher probability of survival for early stage tumours relative to later stage tumours. This makes timely and regular surveillance and monitoring of this cancer a key element of the clinical process and of the individual’s annual healthcare plan.

Tony Ryall

22 May 2013

Focus on wait times for diagnostic tests

Health Minister Tony Ryall has told district health boards (DHBs) to focus on improving waiting times for diagnostic tests.

Mr. Ryall said even though thousands more diagnostic tests, such as MRI and CT scans, are being performed under this Government – people in some parts of the country are waiting too long.

“We want shorter waits for diagnostic tests. These tests help determine if patients require an operation or other treatment.

“Over the past four years this government has significantly increased the number of people having elective surgery and reduced the length of time people wait for a first specialist appointment – our focus is now on reducing wait times for diagnostic tests where there are unacceptable waits.

“We have set a “gold standard” of 95 per cent of patients receiving their diagnostic tests in 6 weeks or less by 2015/16. DHBs have step measures over the next three years to reach the gold standard. “Currently 75 per cent of patients across the country are receiving their CT scan within 6 weeks and just over half are receiving their MRI scan within 6 weeks.

“Most DHBs are doing well. However, in some areas, such as Dunedin, wait times for non-urgent routine MRI scans can be up to 35 weeks.
“When we introduced a “gold standard” wait time for cancer treatment in 2009 some DHBs had unacceptable waits – however over the past few years we have moved that up so all patients ready for treatment now wait less than four weeks for radiotherapy or chemotherapy treatment.”

Urgent and semi-urgent scans are dealt with much sooner. Non-urgent routine MRI scans include scans for general check-ups after surgery or checking if a family member with no symptoms is affected by a hereditary disease.

“This challenge is not new. In 2005 over 500 Canterbury patients were waiting more than a year for an MRI scan. And Southland Hospital’s radiology department limped along for years with only half the radiologists needed to run the service,” says Mr. Ryall.

“In Budget 2012, the National Government announced plans to invest $16 million over four years for the faster diagnostic project to improve reporting and access to diagnostic tests and reduce waiting times.

“As part of the project, DHBs are for the first time collecting wait time data for a range of diagnostic tests to identify where there are hold ups in their system and where they can make improvements.

“DHBs in most parts of the country are making improvements as a result of the data. Capital and Coast DHB, for example, have increased the number of MRI scans performed by 25 per cent in the second half of last year by increasing their working hours, working closely with their neighboring DHBs, and outsourcing some of the scans.

“Last year the Ministry of Health appointed Dr Alan List, a radiologist at Auckland DHB, to lead this work. He is travelling around the country visiting all DHBs to provide them with advice and support,” Mr. Ryall says.

“We have achieved shorter waiting times for elective surgery and first specialist appointments and with our focus now moving to waiting times for diagnostic tests, I expect these to also reduce further.”