



Cxbladder Bulletin: June 2026

Dear Customers and Friends of Cxbladder,

Welcome to the June 2026 edition of the Cxbladder Bulletin. In this issue:

- Draft LCD Proposes Medicare Coverage For Triage and Triage Plus
- Kaiser Permanente Study Supports Use of Cxbladder
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- Evidence Presented at AUA 2026 Reinforces Patient Preference for Cxbladder Monitor
- Streamline Ordering & Resulting Using the Cxbladder Customer Portal

Draft LCD Proposes Medicare Coverage For Triage and Triage Plus

Earlier this month a draft Local Coverage Determination (LCD) with foundational medical policy for urine-based biomarkers for microhematuria evaluation (DL40378) was published to the Medicare Coverage Database, with explicit coding guidance for Cxbladder Triage and Triage Plus in the associated Local Coverage Article (LCA) (DA60424).

The draft LCD '*Urine-based Biomarkers in Patients with Microhematuria*' (DL40378) establishes microhematuria evaluation as a covered Medicare benefit for the first time and importantly distinguishes hematuria patients as eligible for Cxbladder Triage and Triage Plus when contrasted with the existing non-coverage LCD '*Genetic Testing in Oncology: Specific Tests*' which is for a different patient population, i.e. 'patients with cancer or substantiated suspicion of cancer'.

In the rationale section of the draft LCD, Novitas states: "*Given the low prevalence of malignancy in patients with MH, the limited diagnostic performance of urine cytology and earlier generation UBBs, and the emerging body of evidence supporting select multi-analyte rule-out assays, limited coverage for UBB testing is supported when applied within a narrowly*

defined clinical context. Specifically, use of validated multi-analyte UBBs may be reasonable and necessary to support risk-stratification in appropriately counseled, intermediate-risk patients with MH who are considering deferral of cystoscopy.”

Pacific Edge Chief Executive Dr Peter Meintjes said: “This result reflects the substantial body of clinical evidence Pacific Edge has developed in recent years and the clinical needs described by the panel of experts assembled by Novitas for its recent CAC Meeting¹. It’s an excellent outcome for Medicare patients, urologists, and the broader healthcare system, supporting access to appropriate care while balancing clinical and economic considerations.”

[Learn more](#)

Kaiser Permanente Study Supports Use of Cxbladder

In January we welcomed the publication, in the journal *Urology Practice*, of a Kaiser Permanente study demonstrating the real-world Clinical Utility of Cxbladder Triage in the largest ever urine-based biomarker study on patients presenting with hematuria².

The publication, which used a 3,353-patient risk-matched cohort (n=6,706) to determine the real-world reduction in cystoscopies and imaging (CT scans), concluded that Cxbladder Triage avoided 952 cystoscopies and 70 CT scans reinforcing the previously published findings of 59% relative reduction in cystoscopies from the prospectively enrolled, randomized controlled STRATA Study³.

The authors concluded: “Cxbladder Triage testing significantly decreased cystoscopy and imaging utilization among low-risk microscopic hematuria patients while simultaneously increased use among higher-risk patients. Cancer detection was consistent among patients in both groups.”

View the peer-reviewed [publication](#).

View a [Urology Times webinar](#) led by Kaiser Permanente’s Dr Christopher Filson "Using Cxbladder Triage to Risk-Align Cystoscopy in Microhematuria". Dr Filson discusses key findings from the study.

[View the Urology Times Webinar](#)

Video Webinar: The Utility of Cxbladder Triage in Microhematuria Evaluation

Late last year Pacific Edge Senior Medical Director Dr. Jay Jhaveri hosted an expert panel discussion with Dr. Evan Goldfischer, Dr. Kristen Scarpato, Dr. Ron Loo, and Dr. Zachary Klaassen focused on the use of Cxbladder Triage in the evaluation of patients presenting with microhematuria.

The topics covered include:

The topics covered include:

- Incorporating the new AUA/SUFU Microhematuria Guideline⁴ in practice. Cxbladder Triage is now included in the Guideline, supported with 'Grade A' evidence.
- Practical learnings from the recent Kaiser Permanente real world study of over 3,300 patients²
- Challenges in incorporating UBTMs in practice – and how to overcome them
- Leveraging UBTMs to improve practice efficiency
- UBTMs in the context of recent CMS guidance regarding billing and coding

To provide quickly accessible insights for urological teams, we then developed four mini-clips focused on specific topics.

Clip #1: The panel discuss the implementation of the new AUA/SUFU Microhematuria Guideline in practice. [View the clip.](#)

Clip #2: Dr. Jhaveri and Dr. Klaassen discuss the use of Cxbladder to help prioritize high yield clinic visits. [View the clip.](#)

Clip #3: Dr. Jhaveri and Dr. Goldfischer discuss the use of Cxbladder to help optimize practice workflow, prioritizing those who require care. [View the clip.](#)

Clip #4: Dr. Jhaveri and Dr. Goldfischer discuss the use of Cxbladder to support revenue cycle management. [View the clip.](#)

View the [full webinar.](#)



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The Utility of Cxbladder Triage in Microhematuria Evaluation - Expert Discussion

				
Evan Goldfischer MD, MBA, FACS Premier Medical Group	Kristen Scarpato MD, MPH Vanderbilt University	Ron Loo MD Kaiser Permanente	Zachary Klaassen MD, MSc Georgia Cancer Center	Jay Jhaveri MD Pacific Edge

New Evidence Presented at AUA 2026 Reinforces Patient Preference for Cxbladder Monitor

It was great to catch up with so many customers, colleagues, and partners at AUA 2026 in Washington DC early this month. We also enjoyed connecting with those wanting to learn

more about the Cxbladder suite.

Alongside the publication of the draft LCD – well timed, a day before the event kicked off – we were pleased to discuss a new Mayo Clinic study⁵, presented as a poster – ‘A Randomized Multicenter Crossover Study to Evaluate Patient Preference and Satisfaction With Urine-Based Molecular Testing vs Cystoscopy for Surveillance of Non-Muscle-Invasive Bladder Cancer’. The study reinforces the utility of Cxbladder Monitor as a complement or alternative to cystoscopy in bladder cancer surveillance, demonstrating that patients value the comfort, convenience, and non invasive nature of Cxbladder Monitor and that they can use the test while maintaining confidence in their cancer surveillance regime.

The prospective crossover study randomized participants to receive surveillance with Monitor followed by cystoscopy, or cystoscopy followed by Monitor at 3-month and 6-month assessment periods. The study enrolled 107 patients with 97 completing both assessment periods.

Outcomes were measured across preference, satisfaction, convenience, work disruption, urinary symptoms, and fear of recurrence. The ‘crossover’ design of the study, with each person receiving both a cystoscopy and Monitor test, enhanced its statistical power because it meant patients effectively acted as their own control.

The key findings of the study were:

- A strong patient preference for Monitor with 74% of patients⁶ indicating they preferred Monitor over cystoscopy, only 19% preferring cystoscopy, and 6% had no preference.
- Monitor was associated with markedly less pain, greater convenience, and no instances of missed work compared to cystoscopy. Five recurrences (5.2%) were detected, all non-invasive with no missed high-grade events.

The study’s authors concluded: “Patients strongly preferred CxbM (Cxbladder Monitor) over cystoscopy, providing less pain, more convenience, and improved satisfaction while maintaining comparable diagnostic performance, quality of life, and fear of cancer recurrence. Incorporating CxbM into NMIBC surveillance may enhance patient adherence and experience without compromising oncologic safety.”

[View the study](#)

The Pacific Edge Team at AUA 2026. Thanks to all those who stopped by our booth!



Streamline Ordering & Resulting Using the Cxbladder Customer Portal

The Cxbladder Customer Portal is a secure platform designed to streamline the online ordering and resulting of tests within the Cxbladder suite. With a recent update the ordering workflow is now fully paperless and we encourage all customers to use the portal as a centralised access hub for your team. The portal is ideal for community-based urology clinics and access is provided to all customers as a practice benefit at no cost.

Key features of the portal include:

- An easy step-by-step workflow guiding users through the ordering process. Required documentation can be uploaded, while digital signatures are supported by DocuSign.
- Quick and secure access to Cxbladder results from both desktop and mobile devices.
- Test status and results searchable via clinician, patient name, date range, and test type.
- Past results pre-loaded upon registration, and portal access to results from all Cxbladder tests ordered from that point on regardless of where the order originated
- An accessible learning and resource area to support test usage in-clinic and enhance the value Cxbladder can offer your practice and your patients.

For more information on the Cxbladder Customer Portal, access, and further planned enhancements, please contact us at: cs-pedusa@pacifiedgedx.com.

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¹ Novitas convened a panel of experts for a Contractor Advisory Committee (CAC) Meeting on 19 February, 2026 to consider the evidence for urine-based biomarkers in the evaluation of hematuria

² Filson et al. (2026). Real-World Utility of Cxbladder Triage for Patients with Microhematuria: A Matched Cohort Study, *Urology Practice* (2026), doi: 10.1097/UPJ.0000000000000972.

³ Lotan et al. (2024). A Multicenter Prospective Randomized Controlled Trial Comparing Cxbladder Triage to Cystoscopy in Patients With Microhematuria. *Journal of Urology*, 211(5S), e176. <https://doi.org/10.1097/01.JU.0001008576.33217.96.08>.

⁴ Barocas et al., Updates to Microhematuria: AUA/SUFU Guideline (2025). *J Urol*. 0(0). doi: 10.1097/JU.0000000000004490.

⁵ Mestas, L. A., Mi, L., Ferguson, C., Lyon, T., Zganjar, A., Renteria, M., & Tyson, M. (2026). IP02-17. A Randomized Multicenter Crossover Study To Evaluate Patient Preference And Satisfaction With Urine-Based Molecular Testing Versus Cystoscopy For Surveillance Of Non-Muscle-Invasive Bladder Cancer (NMIBC). *Journal of Urology*, 215(5S), e67. <https://doi.org/10.1097/01.JU.0001191276.85430.b0.17>

⁶ Patients for whom there was complete data.

