Cxbladder Bulletin: March 2026

Dear Customers and Friends of Cxbladder,

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

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Kaiser Permanente Study Supports Use of Cxbladder

In January Pacific Edge 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 hematuria[1].

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 Study[2].

The retrospective study considered patients evaluated according to the new clinical pathway that includes Cxbladder Triage against a risk-matched cohort of patients from the same time period that did not receive Cxbladder Triage. The primary endpoints of the study were to compare the number of cystoscopies and imaging procedures (CT scans) between the new standard of care incorporating Cxbladder Triage and the prior standard of care, while monitoring cancer detection rates. Its key findings were:

- The cystoscopy rate of patients classified by Cxbladder Triage as having a 'Low Probability' of urothelial cancer, was just 3.8%, compared with 46.5% in the risk-matched group.
- The cystoscopy rate in patients with 'High Probability' Triage scores was 73.4%, versus 45.7% in the standard-of-care group, indicating more appropriate use of invasive procedures in those most at risk.
- Overall bladder cancer detection rates between the Cxbladder Triage patients and the standard-of-care patients were similar (0.6% vs 0.7%), confirming that unnecessary procedures were reduced without compromising cancer detection.

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.

Singapore General Hospital Now Ordering Cxbladder

Earlier this month Pacific Edge signed a service agreement with Singapore General Hospital (SGH), an important milestone in the adoption of Cxbladder testing across the Asia Pacific.

Physicians and clinicians at SGH may now order Cxbladder Triage or Triage Plus for the evaluation of patients presenting with hematuria, and Cxbladder Monitor for the surveillance of bladder cancer recurrence.

SGH is government funded, and the largest and oldest hospital in Singapore, serving a population of more than 1 million patients annually[3].

SGH is committed to reducing unnecessary or unwanted cystoscopies, and the initial clinical implementation will focus on offering microhematuria patients Triage Plus and offering Monitor to lower risk NMIBC patients on surveillance as an alternative to reduce the frequency of cystoscopy. Patients may be required to pay for the tests, so will be given the choice of a cystoscopy or Cxbladder.

Triage Plus is a next generation Cxbladder test from Pacific Edge – a multi-modal (RNA and DNA) urine-based genomic test with substantially improved performance characteristics when contrasted with Pacific Edge's first-generation tests, Triage and Detect for hematuria evaluation.

With the recent publication of the DRIVE study[4] in the Journal of Urologic Oncology providing an independent clinical validation, Triage Plus builds on the performance of Cxbladder Triage, a test now included in the AUA/SUFU Microhematuria Guideline[5] supported with 'Grade A' evidence from the STRATA randomized controlled trial.

Video Webinar: Using Cxbladder Triage to Risk-Align Cystoscopy in Microhematuria

Speaking with Urology Times, Dr Christopher Filson discusses key findings from the recent Kaiser Permanente study evaluating the real-world utility of Cxbladder Triage

when incorporated into the diagnostic workflow for microhematuria.

Click here to view the webinar. You can also view by clicking the image below.

First Triage Plus Tests Ordered From Townsville, Australia

In March, Pacific Edge announced that the first Triage Plus test has been ordered by Townsville University Hospital, Australia, according to an agreed clinical pathway. The consultant urologists at Townsville University Hospital have developed nurse-led clinical protocols for hematuria evaluation with Triage Plus and for NMIBC surveillance with Monitor.

Townsville University Hospital is a leading care provider in the North Queensland region serving a local population of 250,000 and a referral catchment of 700,000. The adoption of Cxbladder genomic biomarker testing is intended to streamline urological care as part of their “nurse-led services” to ensure that clinical resources are prioritized for those who require further evaluation while giving all patients the best experience possible.

Cxbladder Triage Plus will be used to risk stratify patients presenting to urologic care with hematuria. The protocol will allow clinicians to de-intensify the workup of those with a low risk of bladder cancer, reducing the need for further invasive testing, while identifying and prioritizing those who require immediate care. In surveillance for recurrent bladder cancer, Cxbladder Monitor will be used to help safely reduce the frequency of cystoscopy required in NMIBC patients, improving patient comfort and supporting increased adherence to their regularly scheduled surveillance appointments.

From 2023, Cxbladder Monitor has been recognized in the European Association of Urology (EAU) NMIBC Guideline which is influential among Australian urologists. The utility of the test is further supported by real-world evidence. In 2025 Royal Perth Hospital conducted a clinical validation study[6] and Northern Health in Melbourne conducted a clinical utility study[7]. These studies demonstrated the effectiveness and safety of Cxbladder Monitor as a non-invasive alternative in the surveillance for recurrent bladder cancer. Notably, the findings highlight a range of clinical and operational benefits from using Monitor, including the significant potential for it to optimize bladder cancer surveillance programs, reducing healthcare costs, substantially lifting patient satisfaction, and improving overall healthcare system efficiency.

Expert US Panel Expresses Clear Support For Urine-Based Biomarkers in Hematuria Evaluation

On February 19, Novitas, the MAC with jurisdiction of Pacific Edge's laboratory operations in Pennsylvania, led a Contractor Advisory Committee (CAC) meeting, inviting an expert panel of urology professionals to discuss the value of using urine-based biomarker tests in the evaluation of hematuria.

CACs are typically convened ahead of developing new or substantially revised Medicare policy and the opinions expressed by the panel clearly endorsed the use of urine-based biomarkers as medically reasonable and necessary, and appropriate for coverage by Medicare.

The strength of evidence supporting Cxbladder Triage and Cxbladder Triage Plus was mentioned regularly throughout the call (most notably the STRATA randomized controlled trial and the recent Kaiser study), and among other things, the panelists called for appropriately validated biomarkers to be covered for expanded indications beyond intermediate risk microhematuria patients.

View a recording of the session

Read the full article

Contact Us

For further information on any of the articles above or the Cxbladder suite, we invite you to email us at info@cxbladder.com or to reach out to your local Cxbladder representative.

[1] 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

[2] Lotan et al. (2024) A Multicenter Prospective Randomized Controlled Trial Comparing Cxbladder Triage to Cystoscopy in Patients With Microhematuria. The Safe Testing of Risk for Asymptomatic Microhematuria Trial. The Journal of Urology Vol 212(1) 41-51.

[3] https://www.sgh.com.sg/about-sgh/who-we-are

[4] Savage et al. (2025) Diagnostic performance of Cxbladder Triage Plus for the identification and stratification of patients at risk for urothelial carcinoma: The multicenter, prospective, observational DRIVE study. Urologic oncology, S1078-1439(25)00405-3. Advance online publication. https://doi.org/10.1016/j.urolonc.2025.10.008

[5] Barocas et al. (2025) Updates to Microhematuria: AUA/SUFU Guideline (2025). The Journal of urology, 213(5), 547–557. https://doi.org/10.1097/JU.0000000000004490.

[6] Magee D, Tharakan N, Yuiminaga Y. Validation of Cxbladder® Triage and Monitor as an Adjunct to Urothelial Carcinoma Diagnosis and Surveillance in a Single Centre. Res Rep Urol. 2025 Mar 18;17:87-94. doi: 10.2147/RRU.S516994. PMID: 40129475; PMCID: PMC11930626

[7] Guduguntla et al. (2025) A novel bladder cancer surveillance schedule using bladder Cx for patients on annual surveillance. BJUI Compass. 2025;6(1)