



THE
BLADDER CANCER
COMPANY

Photocure Announces the Commercial Availability of Karl Storz's New Blue Light System in the U.S.

Karl Storz and Photocure to collaborate on commercializing the high-definition system

Press Release – Oslo, Norway, September 28, 2022: Photocure ASA (OSE: PHO), the Bladder Cancer Company, announces the commercial availability of Karl Storz's New Blue Light equipment powered by Saphira™ in the U.S. As part of the rollout, Karl Storz plans to host a Virtual Launch event for the medical community streamed from its El Segundo, California office where Sia Daneshmand M.D. and Kristin Scarpato M.D. M.P.H. will discuss the clinical benefits of using BLC® with Cysview® for NBMIC*, while sharing their perspectives on the advantages that the New Blue Light system provides over the original system for TURBT. The Virtual Launch event is scheduled to take place on October 13, 2022 at 4:00pm Pacific Time.**

"We are pleased to share that Karl Storz has begun filling Obsolescence Protection Program (OPP) orders for customers who purchased New Blue Light system upgrades last year," said Geoff Coy, Vice President and General Manager, North America. "Orders for the new Saphira system appear to be outpacing orders from the past signaling pent up demand for the advanced technology, and we expect to begin filling new account orders in the fourth quarter. Given the strong demand, we continue to believe that BLC is on its way to becoming the standard of care for endoscopic visualization of bladder cancer."

"Uro-oncologists and their staff have expressed a strong desire to have the new Blue Light system at their hospitals, and the upcoming Virtual Launch Event is an opportunity to showcase the system's benefits and broaden awareness of BLC in the market," said Ken Pugh, Head of North America Marketing and Alliance Management. "Accordingly, we are working diligently with our partners to ensure that all customers who want The New Blue Light, have it for all appropriate patients with NMIBC."

Dr. Sia Daneshmand, M.D., is Professor of Urology with Clinical Scholar designation and serves as director of clinical research as well as the urologic oncology (SUO) fellowship director at the University of Southern California (USC) in Los Angeles.

Dr. Kristin Scarpato, M.D., M.P.H., is Associate Professor Department of Urology residency program director and vice chair of education for the Department of Urology, Division of Urologic Oncology at Vanderbilt University Medical Center in Tennessee.

*NMIBC: Non-muscle invasive bladder cancer

**TURBT: Transurethral resection of bladder tumor

Note to editors:

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About Bladder Cancer

Bladder cancer ranks as the 8th most common cancer worldwide – the 5th most common in men – with 1 720 000 prevalent cases (5-year prevalence rate)^{1a}, 573 000 new cases and more than 200 000 deaths in 2020.^{1b}

Approx. 75% of all bladder cancer cases occur in men.¹ It has a high recurrence rate with up to 61% in year one and up to 78% over five years.² Bladder cancer has the highest lifetime treatment costs per patient of all cancers.³

Bladder cancer is a costly, potentially progressive disease for which patients have to undergo multiple cystoscopies due to the high risk of recurrence. There is an urgent need to improve both the diagnosis and the management of bladder cancer for the benefit of patients and healthcare systems alike.

Bladder cancer is classified into two types, non-muscle invasive bladder cancer (NMIBC) and muscle-invasive bladder cancer (MIBC), depending on the depth of invasion in the bladder wall. NMIBC remains in the inner layer of cells lining the bladder. These cancers are the most common (75%) of all BC cases and include the subtypes Ta, carcinoma in situ (CIS) and T1 lesions. In MIBC the cancer has grown into deeper layers of the bladder wall. These cancers, including subtypes T2, T3 and T4, are more likely to spread and are harder to treat.⁴

¹ Globocan. a) 5-year prevalence / b) incidence/mortality by population. Available at: <https://gco.iarc.fr/today>, accessed [January 2022]

² Babjuk M, et al. Eur Urol. 2019; 76(5): 639-657

³ Sievert KD et al. World J Urol 2009;27:295–300

⁴ Bladder Cancer. American Cancer Society. <https://www.cancer.org/cancer/bladder-cancer.html>

About Hexvix®/Cysview® (hexaminolevulinate HCl)

Hexvix/Cysview is a drug that preferentially accumulates in cancer cells in the bladder, making them glow bright pink during Blue Light Cystoscopy (BLC®). BLC with Hexvix/Cysview, compared to standard white light cystoscopy alone, improves the detection of tumors and leads to more complete resection, fewer residual tumors, and better management decisions.

Cysview is the tradename in the U.S. and Canada, Hexvix is the tradename in all other markets. Photocure is commercializing Cysview/Hexvix directly in the U.S. and Europe and has strategic partnerships for the commercialization of Hexvix/Cysview in China, Chile, Australia, New Zealand and Israel. Please refer to <https://photocure.com/partners/our-partners> for further information on our commercial partners.

About Photocure ASA

Photocure: The Bladder Cancer Company delivers transformative solutions to improve the lives of

bladder cancer patients. Our unique technology, making cancer cells glow bright pink, has led to better health outcomes for patients worldwide. Photocure is headquartered in Oslo, Norway and listed on the Oslo Stock Exchange (OSE: PHO). For more information, please visit us at www.photocure.com, www.hexvix.com, www.cysview.com

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