

> **PRESS RELEASE / 3 February 2023**

Coloplast launches male catheter designed to reduce the risk of urinary tract infections

The new intermittent catheter Luja™ addresses important risk factors for urinary tract infections, a significant burden for people using intermittent catheters as well as healthcare systems as a whole.

Urinary tract infections represent a significant challenge for people who use intermittent catheters to empty their bladder. This includes people living with spinal cord injury, multiple sclerosis, or spina bifida. On average, intermittent catheter users have 2-3 urinary tract infections per year¹⁻³, which can lead to serious health complications⁴, have a significant impact on quality of life², and result in hospitalisation⁵⁻⁹, thereby putting pressure on local healthcare systems.

Complete bladder emptying in one free flow

Coloplast is now launching Luja, the first and only male catheter featuring 80+ micro-holes, aiming to address important UTI risk factors¹ linked to intermittent catheterisation.

“The primary function of a catheter is to empty the bladder. Still, people experience urine flow stops and blockage of the catheter eyelets during bladder emptying with the conventional catheters on the market today¹⁰”, says Executive Vice President of Innovation at Coloplast, Nicolai Buhl.

Flow stops and blockage of the catheter eyelets during emptying increase the risk of leaving residual urine behind in the bladder. Residual urine increases the risk of bacteria growth and is a well-known UTI risk factor¹.

“With Luja and its Micro-hole Zone Technology we are setting a new standard for intermittent catheterisation and ensuring complete bladder emptying in one free flow*. We believe this catheter will be a paradigm shift within continence care and benefit catheter users as well as healthcare systems as a whole,” ends Nicolai Buhl.

The launch of Luja begins this month, February, in Denmark and Finland, and the product is expected to be available across Coloplast’s key markets over the next 12 months. Coloplast is currently conducting two pivotal clinical studies to document and demonstrate the benefits of Luja. The results are expected to be publicly available within the next few months.

A growth driver in continence care

In 2021/22, the global market for continence care products was worth an estimated 15-16 billion DKK with an underlying annual market growth of 5-6%. Coloplast is the global market leader in continence care, and the company continues to outgrow the market and take market share. The launch of Luja is expected to contribute to Coloplast’s growth trajectory and help solidify the company’s global market leader position.

* Luja has close to no flow stops and complete bladder emptying is defined as <10 mL (CP353, NCT05485922)

Coloplast develops products and services that make life easier for people with very personal and private medical conditions. Working closely with the people who use our products, we create solutions that are sensitive to their special needs. We call this intimate healthcare. Our business includes Ostomy Care, Continence Care, Wound & Skin Care, Interventional Urology and Voice & Respiratory Care. We operate globally and employ about 14,500 employees.

CONTACTS

Peter Mønster
Sr. Media Relations Manager, Corporate Communications
+45 4911 2623
dkpete@coloplast.com

Aleksandra Dimovska
Director, Investor Relations
+45 4911 2458
Dkadim@coloplast.com

1. Kennelly M, Thiruchelvam N, Averbek MA, Konstantinidis C, Chartier-Kastler E, Trøjgaard P, et al. Adult Neurogenic Lower Urinary Tract Dysfunction and Intermittent Catheterisation in a Community Setting: Risk Factors Model for Urinary Tract Infections. *Adv Urol.* 2019;2019:2757862.
2. Islamoska S, Landauro MH, Zeeberg R, Jacobsen L, Vaabengaard R. Patient-reported risk factors for urinary tract infections are associated with lower quality of life among users of clean intermittent catheterisation. *BAUN; Edinburgh2022.*
3. Flores-Mireles AL, Walker JN, Caparon M, Hultgren SJ. Urinary tract infections: epidemiology, mechanisms of infection and treatment options. *Nat Rev Microbiol.* 2015;13(5):269-84.
4. Salomon J, Gory A, Bernard L, Ruffion A, Denys P, Chartier-Kastler E. [Urinary tract infection and neurogenic bladder]. *Prog Urol.* 2007;17(3):448-53.
5. Biering-Sørensen F, Bagi P, Højby N. Urinary tract infections in patients with spinal cord lesions: treatment and prevention. *Drugs.* 2001;61(9):1275-87.
6. Biering-Sørensen F. Urinary tract infection in individuals with spinal cord lesion. *Curr Opin Urol.* 2002;12(1):45-9.
7. Scotland KB, Lange D. Prevention and management of urosepsis triggered by ureteroscopy. *Res Rep Urol.* 2018;10:43-9.
8. Gabbe BJ, Nunn A. Profile and costs of secondary conditions resulting in emergency department presentations and readmission to hospital following traumatic spinal cord injury. *Injury.* 2016;47(8):1847-55.
9. The 2021 Annual Statistical Report. Complete Public Version for the Spinal Cord Injury Model Systems. National Spinal Cord Injury Statistical Center, Birmingham, Alabama; 2021.
10. Tentor F, Grønholt Schrøder B, Nielsen S, Schertiger L, Stærk K, Emil Andersen T, et al. Development of an ex-vivo porcine lower urinary tract model to evaluate the performance of urinary catheters. *Sci Rep.* 2022;12(1):17818.