The Impact of Urinary Incontinence Related to Overactive Bladder on Long-Term Care Residents and Facilities in the U.S. Highlighted in New Survey

- ***Survey of 71 Directors of Nursing (DONs) highlights a need for improved awareness, education, and management of urinary incontinence (UI)*** *related to overactive bladder (OAB) in long-term care (LTC) settings, according to this peer-reviewed journal paper.*
- ***Surveyed DONs reported an average of 62% of their residents had UI,*** *with 81% of these residents managed using incontinence products.*
- ***UI is a substantial burden to LTC facilities, residents, and staff****. DONs surveyed reported that UI management protocols contribute to staff turnover, quality measures, and resident safety – with an average of 36% of resident falls occurring while trying to get to a bathroom.*
- ***Despite a high prevalence of UI, only 14% of residents with UI were being treated with medication****– the majority of those treated were on anticholinergic medications.*
- ***Of the DONs surveyed, 75% were unaware of the potential link between anticholinergic medications and an associated risk of cognitive side effects.***

IRVINE, Calif. & BASEL, Switzerland – July 13, 2022 – Urovant Sciences, a wholly-owned subsidiary of Sumitovant Biopharma Ltd., today announced the peer-reviewed journal publication of the findings from a survey of Directors of Nursing (DONs) in U.S. long-term care settings. The results highlight the need for improved awareness, education, and management of urinary incontinence (UI) related to overactive bladder (OAB) in the long-term care population.

The paper is titled "Impact of Urinary Incontinence Related to Overactive Bladder on Long-Term Care Residents and Facilities: A Perspective from Directors of Nursing," and was published in the *Journal of Gerontological Nursing*.

"The survey emphasizes the need for improved OAB awareness and education in the long-term care provider community. A significant unmet need remains among long-term care residents with incontinence related to OAB," said Sef Kurstjens, M.D., Ph.D., Executive Vice President and Chief Medical Officer of Urovant Sciences. "Urovant remains committed to improving the dignity and quality of life of these residents through the development and commercialization of additional OAB treatment options."

The survey of 71 DONs revealed that the impact and management of UI related to OAB is a substantial burden to long-term care facilities, as well as to their residents and staff, and it contributes to staff turnover:

- 62% of residents had UI
- 40% of residents with UI were always incontinent
- Nearly 36% of resident falls occurred while trying to get to the bathroom

Few residents were treated with medication to lessen the impact of their condition, and most were left to cope with their symptoms, using adult hygiene products:

- 81% of residents with UI used incontinence products
- Only 14% of residents with UI were treated with medication

While anticholinergics remain the most-used treatment for residents with incontinence due to overactive bladder, most nursing directors surveyed (75%) were unaware of data suggesting a possible link between anticholinergic therapy and risk of cognitive side effects, signaling a potential opportunity for improved education and training on the appropriate ways to treat the symptoms of OAB in the long-term care community.

The 70-question quantitative online survey – conducted from February 27, 2020, to May 11, 2020 – received 71 complete responses from directors of nursing employed by a wide variety of organizations, who had all worked for one year or more at a skilled nursing facility with 100 or more beds (≥80% LTC beds).

"Our survey suggests that long-term care residents with mobility issues, especially those requiring staff help for toileting, may benefit from safe and efficacious medication to control urgency, allowing more time to access the toilet," said lead author Richard Stefanacci, D.O., of the Jefferson College of Population Health, Thomas Jefferson University, Philadelphia, Pennsylvania. "For these patients, drug therapy that does not add to anticholinergic burden may be most appropriate."

About Overactive Bladder
Overactive bladder (OAB) is a clinical condition that occurs when the bladder muscle contracts involuntarily. Symptoms may include urinary urgency (the sudden urge to urinate that is difficult to control), urgency incontinence (unintentional loss of urine immediately after an urgent need to urinate), frequent urination (usually eight or more times in 24 hours), and nocturia (waking up more than two times in the night to urinate).[1]

Approximately 30 million Americans suffer from bothersome symptoms of OAB, which can have a significant impairment on a patient's day-to-day activities.[1, 2]

About Urovant Sciences
Urovant Sciences is a biopharmaceutical company focused on developing and commercializing innovative therapies for areas of unmet need, with a dedicated focus in Urology. The Company's lead product, GEMTESA®(vibegron), is an oral, once-daily (75 mg) small molecule beta-3 agonist for the treatment of adult patients with overactive bladder (OAB) with symptoms of urge urinary incontinence, urgency, and urinary frequency. GEMTESA was approved by the U.S. FDA in December 2020 and launched in the U.S. in April 2021. GEMTESA is also being evaluated for the treatment of OAB in men with benign prostatic hyperplasia. The Company's second product candidate, URO-902, is a novel gene therapy being developed for patients with OAB who have failed oral pharmacologic therapy. Urovant Sciences, a wholly-owned subsidiary of Sumitovant Biopharma Ltd., intends to bring innovation to patients in need in urology and other areas of unmet need. Learn more about us at www.Urovant.com and follow us on LinkedIn and Twitter.

About GEMTESA
GEMTESA is a prescription medicine for adults used to treat the following symptoms due to a condition called overactive bladder:

- urge urinary incontinence: a strong need to urinate with leaking or wetting accidents
- urgency: the need to urinate right away
- frequency: urinating often

It is not known if GEMTESA is safe and effective in children.

IMPORTANT SAFETY INFORMATION
Do not take GEMTESA if you are allergic to vibegron or any of the ingredients in GEMTESA.
Before you take GEMTESA, tell your doctor about all your medical conditions, including if you have liver problems; have kidney problems; have trouble emptying your bladder or you have a weak urine stream; take medicines that contain digoxin; are pregnant or plan to become pregnant (it is not known if GEMTESA will harm your unborn baby; talk to your doctor if you are pregnant or plan to become pregnant); are breastfeeding or plan to breastfeed (it is not known if GEMTESA passes into your breast milk; talk to your doctor about the best way to feed your baby if you take GEMTESA).

Tell your doctor about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Know the medicines you take. Keep a list of them to show your doctor and pharmacist when you get a new medicine.

What are the possible side effects of GEMTESA?
GEMTESA may cause serious side effects, including the inability to empty your bladder (urinary retention). GEMTESA may increase your chances of not being able to empty your bladder, especially if you have bladder outlet obstruction or take other medicines for treatment of overactive bladder. Tell your doctor right away if you are unable to empty your bladder. The most common side effects of GEMTESA include headache, urinary tract infection, nasal congestion, sore throat or runny nose, diarrhea, nausea, and upper respiratory tract infection. These are not all the possible side effects of GEMTESA. For more information, ask your doctor or pharmacist.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Please click here for full Product Information for GEMTESA.

About Sumitovant Biopharma
Sumitovant is a technology-driven biopharmaceutical company accelerating development of new potential therapies for patients with high unmet medical need. Through our subsidiary portfolio and use of embedded computational technology platforms to generate business and scientific insights, Sumitovant has supported development of FDA-approved products and advanced a promising pipeline of early-through late-stage investigational assets for other serious conditions. Sumitovant's subsidiary portfolio includes wholly-owned Enzyvant, Urovant, Spirovant and Altavant, and majority-owned Myovant (NYSE: MYOV). Sumitomo Pharma is Sumitovant's parent company. For more information, please visit www.sumitovant.com.

1. Reynolds, W. S., Fowke, J., & Dmochowski, R. (2016). The Burden of Overactive Bladder on US Public Health. Current bladder dysfunction reports, 11(1), 8–13. https://doi.org/10.1007/s11884-016-0344-9
2. Coyne, K. S., Sexton, C. C., Vats, V., Thompson, C., Kopp, Z. S., & Milsom, I. (2011). National community prevalence of overactive bladder in the United States stratified by sex and age. Urology, 77(5), 1081–1087.

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