

Circulogene has the only **plasma based mRNA PD-L1 test** in the United States.

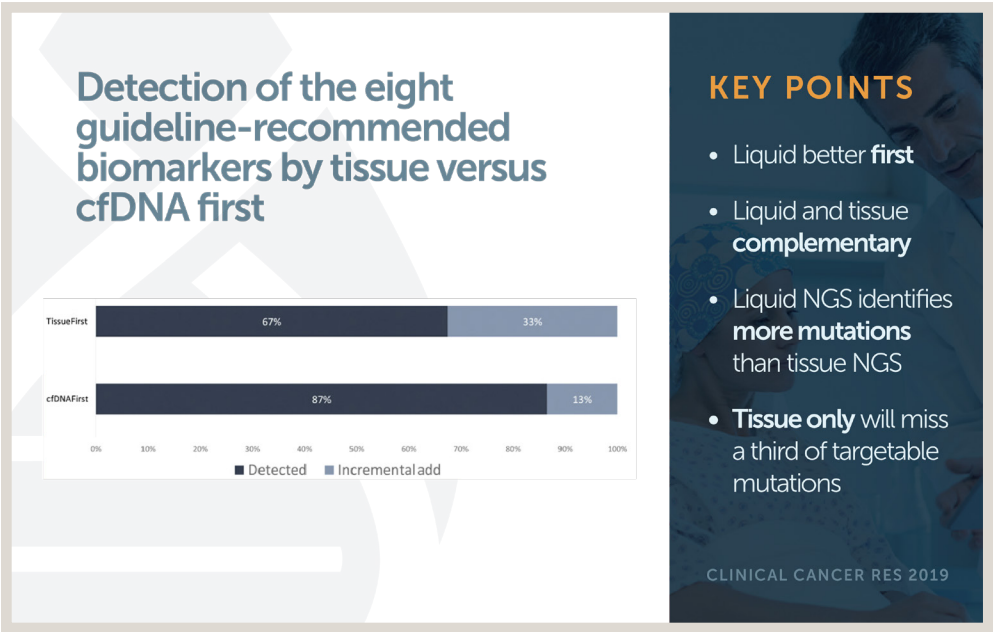
As a Medical Oncologist, it can be very difficult to explain to a patient at their Initial Consultation whether an Immune Checkpoint Inhibitor can/will be used and its potential efficacy without having PD-L1 and mutational results up front, before the patient arrives. Upstream testing is the ability to have a **Proceduralist** order the blood test at the same time of tissue biopsy to help expedite the results and minimize delays in treatment options.

There are several key challenges an Oncologist faces when deciding on front line treatment which can have significant impact on patient outcomes.

1

Tissue heterogeneity and lack of molecular testing results itself is a huge challenge in expediting treatment options and overall patient care.

Liquid biopsy has been proven to detect more mutational results up front than tissue and is complementary to tissue testing.

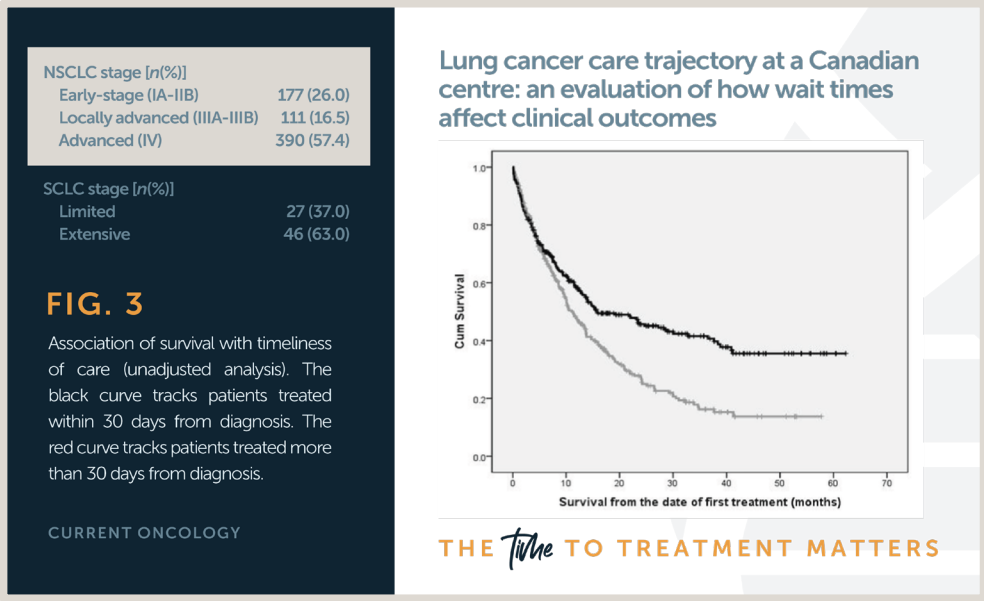


Leight et al Clinical Cancer Research 2019;25:4691-4700

2

One of the most important factors in helping extend overall patient survival is decreasing the time from diagnosis to the implementation of treatment.

It is critical to begin the most appropriate treatment as soon as possible for each patient, but it is often hindered by delayed tissue testing results, which in turn can delay the Initial consult or lead to empirical treatment.



Kasymjanova et al Current Oncology 2017;5:302-309

Biomarker Discovery and Outcomes for Comprehensive Cell-Free Circulating Tumor DNA Versus Standard-of-Care Tissue Testing in Advanced Non-Small-Cell Lung Cancer

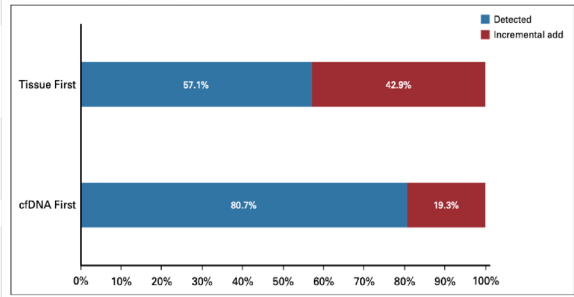


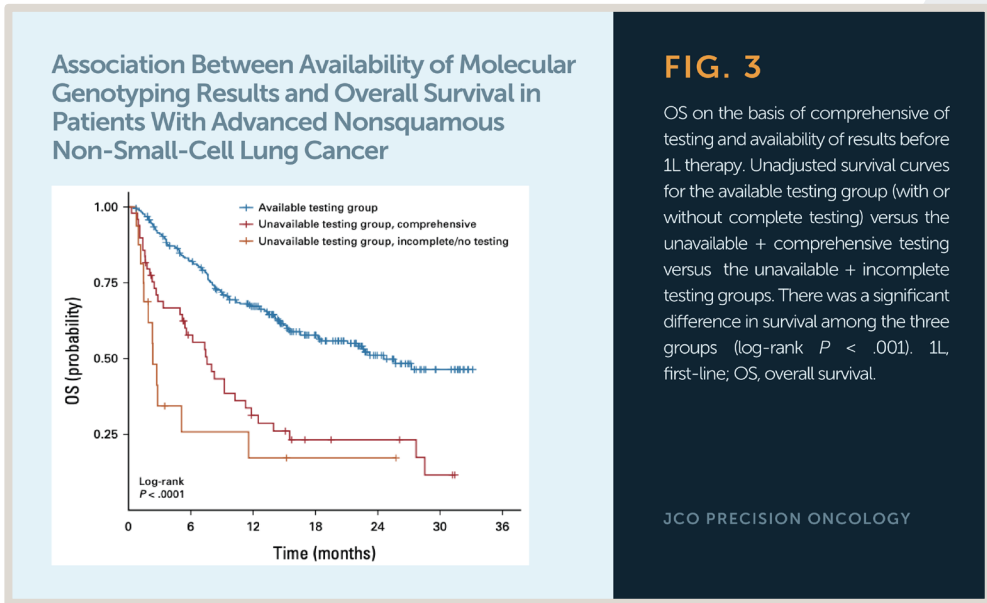
FIG. 3

Biomarker detection rate for eight actionable biomarkers plus KRAS in 119 patients who were positive for at least one of these biomarkers. Upper bar shows the biomarker detection rate if tissue was used first for genotyping (blue), with the incremental add provided by cfDNA (gray). Bottom bar shows the detection rate if cfDNA was the first assay (blue), with incremental add provided by tissue (gray), cfDNA, cell-free circulating tumor DNA.

JCO PRECISION ONCOLOGY

Palmero et al JCO Precision Oncology 2021;5:93-102

The clinical utility of ctDNA testing in NSCLC is evolving at a rapid pace. The use of upstream ctDNA and ctRNA testing has shown to significantly increase OS in NSCLC patients by ensuring a more complete molecular profile is available at the time of the patient's first visit to oncology. Circulogene upstream liquid biopsy provides the complete mutational status via NGS and PCR testing of 270 genes and fusions, including PD-L1 expression. Medical Oncologists can now determine and discuss the best first line therapy at the patient's first appointment, helping eliminate unnecessary treatment delays.



Aggarwal et al JCO Precision Oncology 2023;7:e2300191



WHY USE CIRCULOGENE FOR “Upstream” Molecular Testing

Our proprietary NGS panel allows us to provide you important information that other liquid biopsy companies just aren't able to provide. That, combined with the data reinforced and proven **Upstream** model, allows us to provide your cancer dx program with the most comprehensive information up front in less than a week.

Integrating an upstream approach with liquid biopsy can also help detect and improve key overall survival and complex elements like clonal progression and evolution, because NGS tissue testing alone just doesn't provide the answers. An Upstream testing program does not interfere with the Oncologist being able to order any additional testing they deem clinically necessary as well.

Contact your local representative to learn more about Circulogene's proprietary panel and how Upstream testing helps the Oncologist, patient and everyone involved with your Multi-Disciplinary Team.

Empowering *Precision Care.*

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Time matters. *Every day counts.*

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