**3 VERSIONS** available

22 RNA genes

MSI



HRD



# Deliver on the promise of precision medicine

Identify the most relevant treatments for your cancer patients

**Protein** biomarkers

When your patients are diagnosed with any cancer type including aggressive cancer or rare cancer type, at diagnosis, after resection or when chemotherapy doesn't work or when cancer comes back, **OncoDEEP** can provide you with **clear clinical guidance**.

**OncoDEEP** covers the widest panel of clinically relevant genes existing today and offers a unique comprehensive and flexible offer with 3 new OncoDEEP types based on biological and/or scientific evidence.

Depending on your OncoDEEP formula (see table below), this 360-degree approach has proved to maximize the clinical benefits for patients and has matched patients with:





### Why choose OncoDEEP?

- Map out the cancer treatment options that match your patient's tumor profile
- Reveal early indication of treatment resistance and spare non-responders toxicity of a treatment with no therapeutic benefit
- **Reduce cost of testing** as comprehensive testing is more cost-effective than sequential biomarker testing and delivers faster results
- Uncover opportunities to access drugs and clinical trials by leveraging OncoDNA proprietary, curated and up to date database and OncoDNA networks with pharma and clinical trial platforms
- Increase patients' understanding and access to clinical trials
- Publish patient case studies and develop academic papers with us

## In what scenarios is OncoDEEP useful?

- Available for all solid tumors in adults and glioblastoma in children
- Recommended for stage IA-IIIA for NSCLC after complete resection and adjuvant chemotherapy
- Recommended for maintenance Treatment of Patients with Advanced Ovarian Cancer
- Recommended for stage 3 or stage 4 cancer patients:
  - > At initial diagnosis
  - > At disease progression after first-line treatment
  - > In case of a highly aggressive cancer or rare cancer type
  - > When primary location of the tumor is unknown

#### A **35-year-old man** was diagnosed with **metastatic NSCLC**.

Due to the nature of NSCLC, the biopsy obtained was of limited quantity and questionable quality. With this in mind, his oncologist suggested to run a biomarker test and decided on OncoDEEP. The test confirmed the poor RNA quality and also revealed a METex-14 skipping, highlighting patient eligibility to be treated with capmatinib or tepotinib.

#### A **treatment-naive 40-year-old man** patient was diagnosed

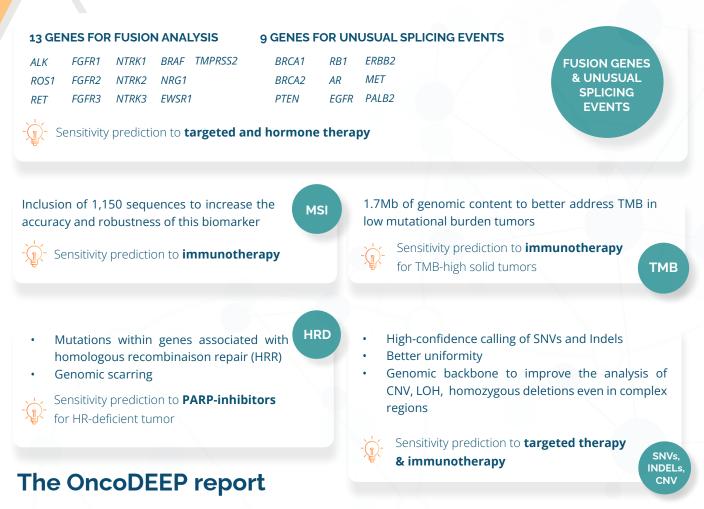
with **pancreatic cancer** without any familial predisposition.

The oncologist requested to perform a routine 45-gene NGS test in his local hospital suspecting that the likelihood to find an actionable mutation was very low. After a discussion with his patient, he decided to try OncoDEEP. The test revealed a positive HRD status recombination (homologous deficiency) in the absence of a BRCA mutation, highlighting the patient's eligibility to a clinical trial in the USA for irinotecan, rucaparib, fluorouracil and leucovorin; into which his oncologist succeeded in getting him recruited.

#### A 65-year-old woman was diagnosed with a Cancer of Unknown Primary.

She underwent an OncoDEEP test, which did not decipher the primary origin of the cancer but highlighted a microsatellite instability (MSI-high) and a high tumor mutational burden (TMBhigh). Based on these insights, the oncologist enrolled this lady onto a clinical trial focused on an innovative combination of immunotherapies (tiragolumab + atezolizumab). In just one month, the patient showed a partial response with a 25% decrease in the tumor size.

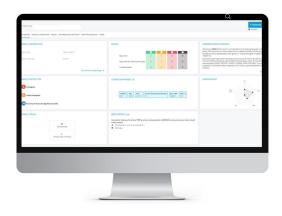
## A unique combination of leading-edge tests



The OncoDEEP report helps oncologists understand how likely it is that an individual patient will respond to a specific treatment and flag potential resistance mechanisms.

#### Each report:

- Summarizes result in one page with clear indication of patient sample information and genomic findings
- Presents detected variants with clinical significant associated with potential therapeutic impact (or lack of) according to FDA/ EMA/NCCN/ESMO guidelines and/or based on our proprietary database
- Is actionable, concise and help inform therapy decisions according to the most recent clinical guidelines
- Aids in fueling research, by contributing and building clinical evidences, uncovering potential targets for cancer drug development



## **OncoDEEP** step by step

Our teams are at hand to assist you every step of the way – from discussing the relevance of the test for your patient and easing the sample collection to understanding the clinical recommendations listed in the report.



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Test selection based on patient's case

Cancer sample collection and test order confirmation Sample shipment to OncoDNA testing laboratory and confirmation of receipt Sample processing

Final report available on a secured online platform in **10 days** 

## Choose your OncoDEEP formula

	OncoDEEP NGS	OncoDEEP I+	OncoDEEP P +				
Features							
Therapeutic prediction	At <b>DNA and RNA</b> level according to international guidelines and or scientific evidence	At <b>DNA, RNA and protein level</b> (Immunotherapy only) according to international guidelines and or scientific evidence	At <b>DNA, RNA and protein level</b> according to international guidelines and or scientific evidence				
NGS panels	638 genes DNA + 22 genes RNA	638 genes DNA + 22 genes RNA	638 genes DNA + 22 genes RNA				
Genomic signatures (MSI, TMB, HRD)	Included	Included	Included				
TERT promotor	Included	Included	Included				
MGMT promotor methylation	Not included	Not included	Included for specific cancer types				
Additional Biomarkers	Not included	Included for immunotherapy response (PD-L1, CD8)	<ul> <li>Included</li> <li>Tumor-specific IHC supported by clinical and/or scientific evidence for targeted chemotherapy and immunotherapy</li> </ul>				
Clinical Utility		:					
Targeted therapy	Based on NGS	Based on NGS	Based on NGS + IHC				
Immunotherapy	Based on NGS (TMB & MSI)	Based on NGS <b>(TMB, MSI)</b> + Based on IHC : PD-L1, CD-8	Based on NGS <b>(TMB, MSI)</b> + Based on IHC : PD-L1, CD-8				
Hormone therapy	Based on NGS ( <i>ESR1/AR</i> genes and ARv7)	Based on NGS ( <i>ESR1/AR</i> genes and ARv7)	Based on NGS ( <i>ESR1/AR</i> genes and ARv7) + IHC markers				
Clinical trials (II,III,IV)	Based on NGS	Based on NGS + IHC markers	Based on NGS + IHC markers				
Chemotherapy	Toxicity based in NGS	Toxicity based in NGS	Toxicity based on NGS + potential treatment responsiveness based on chemotherapy IHC panel				
Sample Requisitions							
Sample type	<b>Block</b> or if not possible, 7 slides of 10 µm Non-Superfrost™ Plus	Block or if not possible 10 slides (7 slides of 10 μm Non-Superfrost™ Plus and 3 slides of 5 μm Superfrost™ Plus)	slides of 10 µm Non-Superfrost™				

#### PRODUCT SPECIFICATIONS Conversion Conve

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CD8																			
c-ERBB2																			
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MGMT methylation																			
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*CUP male : AR + standard IHC panel for histological diagnosis				*CUP female: ER + PR + standard IHC panel for histological diagnosis ONLY Uterine sarcoma															

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