Realizing the promise of precision oncology for all patients

Someday, the promise of precision oncology will be fully realized with access to timely and comprehensive cancer profiles for all patients. What's required? How might that look?

Fast and comprehensive results from local laboratories

Clinicians need earlier and more comprehensive insight about all relevant genomic cancer drivers to make the most fully informed and appropriate first-line treatment decisions.

Maximized use of every patient sample

Small and sometimes low-quality samples are the reality in a routine clinical setting. It's necessary to use tests that do not require large sample amounts and can yield maximum information.

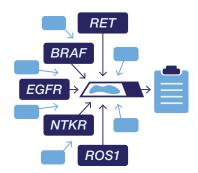
Next-generation sequencing (NGS) in-house

A fast, automated, and cost-efficient NGS workflow is required to enable local pathology laboratories to deliver a...



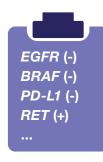
NGS instead of single-gene method triage

Only NGS can deliver multiple results at once, saving sample and time. NGS should be employed at the time of diagnosis to...



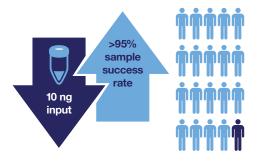
...complete cancer profile

This will enable clinicians to receive comprehensive information about the genomic cancer profile and choose the most appropriate treatment from all available options and...



...increase testing success rate

But not all NGS methods are the same, and some require large amounts of sample, leading to 1 in 4 patient samples not producing a genomic profile. Choosing a test requiring less sample input will...



...speed up consultation

Reduce the clinical deterioration risk, an issue observed in up to 20% of advanced-stage cancers within the first weeks.



...reduce the risk of rebiopsy

and save patient suffering and resources by decreasing side effects, clinical operations, and hospitalization, as well as time to initialization of the most optimal treatment.



Changing the diagnostic and treatment paradigm

Having all relevant genetic insights quickly available at once will enable clinicians to choose among more therapeutic options for first-line treatment, helping to improve outcomes. Let's explore what that world could look like.

Current diagnostic and treatment paradigm

EGFR (-)

PD-L1 (-)

Week 1*

 Histological and limited single-gene test results

are available



Week 2

- Non targeted, first-line therapy cycle is started
- Remaining sample is submitted to reference lab for NGS



Week 6+

- First-line treatment cycle is completed
 - Second-line targeted therapy is considered

Potential in-house NGS diagnostic and treatment paradigm

Week 2

Week 1*

BRAF (-)

PD-L1 (-)

RET (+)

 Histological and genomic profile results are available

 The best therapy from a full spectrum of options can be chosen



 First-line therapy cycle, potentially targeted, is started



Targeted therapies can lead to better clinical outcomes, with patients potentially put on the right course of treatment much earlier based on their specific genomic makeup

 * Week 1 in this infographic is the week when the oncologist receives the first biomarker report from the local laboratory

