DID YOU KNOW?

More than 1.8 million Americans will face a new cancer diagnosis this year (i). Each of these cases is unique, but there’s one thing everyone has in common: the right to personalized care.

When you get tested for biomarkers, your provider will use either new or existing biopsy material collected as part of diagnosing disease, and send the sample to a laboratory for analysis. There, experts examine your DNA or RNA to look for actionable biomarkers.

These findings are shared in a report, which you and your doctor can review. This information can be used to inform a personalized treatment plan. In some cases, a targeted therapy — designed for your specific gene alteration — may be available.

WHAT IS COMPREHENSIVE BIOMARKER TESTING?

Comprehensive Biomarker Testing includes the use of next-generation sequencing (NGS) technologies which can detect many genomic alterations in a single test in order to potentially provide more accurate diagnosis and therapy guidance to your doctors.

WHEN IT COMES TO CANCER TREATMENT, ONE SIZE DOESN’T FIT ALL – What can you do?

TAKE ACTION

If you or a loved one are diagnosed with cancer, ask your doctor about biomarker testing.

SPREAD THE WORD

Help make biomarker testing common knowledge.


About Comprehensive Biomarker Testing

Increasingly, cancer is being approached with precision medicine methods. Biomarker testing plays an important role in ensuring that a patient gets matched to the right treatment at the right time, based on the patient’s biomarker status.¹

What is biomarker testing?
The best way to know if a cancer has a treatable alteration is to talk to a doctor about getting tested for all treatable biomarkers.²

Next-generation sequence (NGS) testing is a method to look at multiple genes in a tumor sample all at the same time to test for genomic biomarkers.³

Why is it important to test for all treatable biomarkers?
It is important for patients to speak with a doctor about testing for all treatable biomarkers. Knowing what is driving a certain type of cancer may help in the selection of a treatment.²

When is biomarker testing appropriate?
- When the doctors suspect cancer and have recommended a biopsy
- When a patient is already diagnosed with cancer
- When a patient’s cancer recurs (comes back) after treatment¹

Are other testing options available?
If NGS is not available, other detection testing methods may be used.

In a time when there are many cancer treatments available, comprehensive biomarker testing may help patients and doctors find the right treatment option.

Lung cancer is a cancer that starts in a person’s lungs. Metastatic cancer means cancer cells have spread to other parts of the body. Lung cancer may spread to other parts of the body, including bones, adrenal glands, the brain, and the liver. People with lung cancer whose cancer cells have spread to these places likely have metastatic cancer.

There are two main types of lung cancer: small cell lung cancer (SCLC) and NSCLC. About 85% of people with lung cancer have NSCLC.

Metastatic NSCLC can be driven by a gene in a person’s body. One of those genes is RET (rearranged during transfection). We all have something called RET in our bodies, similar to how we have faucets in our homes. When a person has a RET alteration, it’s like that faucet gets stuck in the “on” position, allowing water to spread, just as RET alterations allow cancer to grow.

The best way to know if a cancer has an alteration that can be treated is to talk to a doctor about getting tested for all treatable biomarkers. A biomarker test is a type of genomic test that can tell the doctor a lot about the cancer’s DNA. Certain biomarker tests require a doctor to biopsy the tumor, which means removing some tissue or blood for testing.

#RETHINK TESTING

Metastatic RET Fusion-Positive Non-Small Cell Lung Cancer (NSCLC)

About METASTATIC LUNG CANCER

Lung cancer is the:• 2nd most common cancer• Leading cause of cancer death among both men and women, accounting for almost 25% of all cancer deaths.

Every year, more people die of lung cancer than of colon, breast, and prostate cancers combined.

THE AMERICAN CANCER SOCIETY ESTIMATES THAT IN 2021, THERE WILL BE:

About

235,760
new cases of lung cancer in the U.S.

About

131,880
deaths from lung cancer in the U.S.

ABOUT METASTATIC NSCLC

There are two main types of lung cancer: small cell lung cancer (SCLC) and NSCLC.

About 85% of people with lung cancer have NSCLC.

The main subtypes of NSCLC are adenocarcinoma, squamous cell carcinoma, and large cell carcinoma. These subtypes start from different types of lung cells, but are grouped together as NSCLC because they usually have a similar treatment and prognosis.

WHAT IS METASTATIC NSCLC?

Metastatic NSCLC can be driven by a gene in a person’s body. One of those genes is RET (rearranged during transfection).

We all have something called RET in our bodies, similar to how we have faucets in our homes. When a person has a RET alteration, it’s like that faucet gets stuck in the “on” position, allowing water to spread, just as RET alterations allow cancer to grow.

The two main types of these cancer-promoting RET gene alterations are mutations and fusions.

RET fusions can drive cancer growth of several tumor types, and are most commonly found in NSCLC and certain types of thyroid cancer.

RET fusions have been identified in approximately 2% of NSCLC cases.

HOW ARE GENOMIC ALTERATIONS IN CANCER IDENTIFIED?

These tests help oncologists develop a treatment plan for their patients. Knowing what is driving the cancer can help the patient and his or her doctor choose the right treatment.

* A tumor has been diagnosed previously, some tissue may already be available for testing.

** No tumor has been diagnosed previously, no tissue may be available for testing.