NOTHING IS SIMPLE IN ONCOLOGY. NOTHING BUT THIS. idylla

Idylla™ A revolutionary, fully automated system that makes molecular testing convenient and exceptionally fast. Suitable for any lab.



BIOCARTIS' MISSION
IS TO OFFER RAPID & EASY
MOLECULAR DIAGNOSTIC SOLUTIONS
AIMED AT ENABLING
FASTER & MORE ACCURATE
TREATMENT DECISIONS FOR ONCOLOGY
PATIENTS ACROSS THE GLOBE.

THE NEED FOR IMPROVED, STANDARDIZED AND FAST DIAGNOSTICS

Cancer can hit anyone at any time and treatment remains a real challenge. Because cancer doesn't follow rules. It fights back against therapies. It adapts. It changes its path. It does whatever it can to stay ahead of us.

At the advanced edge of oncology, **rapid access** to **accurate data** about relevant cancer mutations and treatment resistance is vital and creates the opportunity for early disease interception^{1,2} reducing the anxiety while waiting for results and the time before starting the best possible treatment.

Current technologies in molecular oncology are complex, require a lot of hands-on time and are often difficult to implement in the local laboratory. As a consequence, most laboratories do not perform molecular tests in-house, but send them out to specialized centers, where samples are batched in order to optimize costs.³⁻⁵

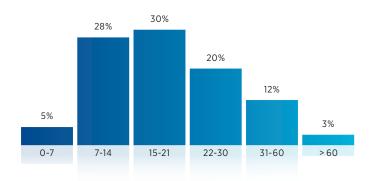
This causes delay to the fast delivery of results, preventing rapid initiation of correct therapy. In the meantime the tumor grows, which is detrimental in case of aggressively growing cancers.

THE NEED FOR A RAPID TREATMENT INITIATION RESPONSE TOWARDS PATIENTS

Fast initiation of immunotherapy or targeted therapy as first-line treatment is crucial for cancer patients, as it increases overall survival rates.⁶⁻¹⁰ Timely detection of biomarkers therefore is very important.

Today, turnaround times of reference technologies are on average 18 days, with 14% of patients waiting longer than a month to be able to start treatment. Ninety-five percent of the patients have to wait more than a week in order to receive the biomarker results.¹¹

This means that precious time is lost whereas treatment initiation could have been started and unnecessary use of chemotherapy with its side effects could have been avoided.



TOTAL TURNAROUND TIME OF REFERENCE TECHNOLOGIES

IDYLLA™, THE NEXT LEVEL IN DISEASE INTERCEPTION

Idylla $^{\text{m}}$, a **fully automated**, sample-to-result PCR based **molecular diagnostics** system, provides **same-day** results enabling physicians to make **timely decisions** on patients' therapy.

Idylla™ can be used with **multiple sample types**, including **solid** and **liquid biopsies**. This flexibility allows use of the system for **diagnostic**, **research**, and potentially future **monitoring** applications.

Idylla $^{\text{M}}$, with its **compact scalable design** and **outstanding ease of use**, overcomes the traditional barriers of molecular diagnostics, allowing it to be used in virtually **any laboratory setting**.



IDYLLA™ IS THE FIRST AND ONLY MOLECULAR DIAGNOSTIC SYSTEM THAT COMBINES



FAST RESULTS

- ± 2 minutes hands-on time
- Short turnaround time from 85 to 180 minutes



ACCURATE RESULTS

- High sensitivity
- Highly standardized technology
- Contamination-controlled design



ACCESSIBLE

 Access on demand - no need for pre-processing or batching



MULTIPLEXING CAPABILITY

- Detection of up to 51 relevant mutations in one cartridge
- Multiple genes and loci detection in one cartridge



EASE OF USE

- Fully automated sample-to-result process
- Walk-away system
 (no need for any intervention during the automatic process)
- All reagents integrated in a single cartridge
- Storage and shipment at room temperature



SAMPLE VERSATILITY

For solid and liquid biopsy



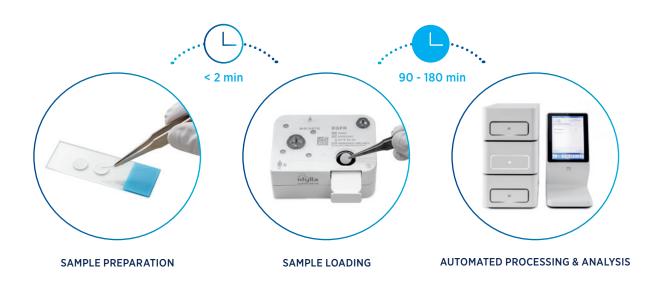
CONNECTIVITY

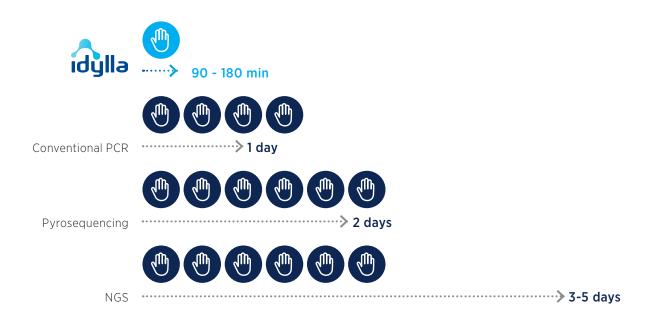
- Remote assistance, monitoring and upgrading
- Bi-directional LIS



THE REVOLUTIONARY IDYLLA™ WORKFLOW

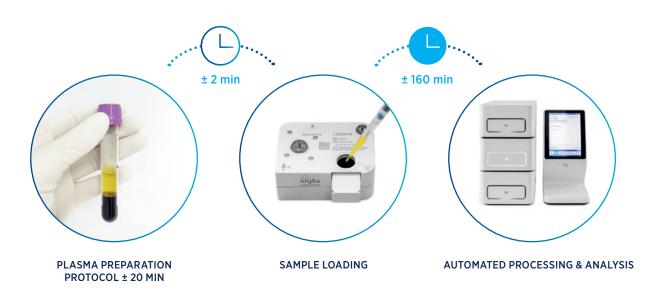
FFPE WORKFLOW





The Idylla™ system in combination with the Idylla™ Molecular Oncology Assays differs from other technologies in its outstanding **ease of use**, leading to an unsurpassed level of **standardization**, and its **short turnaround time**, allowing immediate access to the most appropriate therapy.

LIQUID BIOPSY WORKFLOW

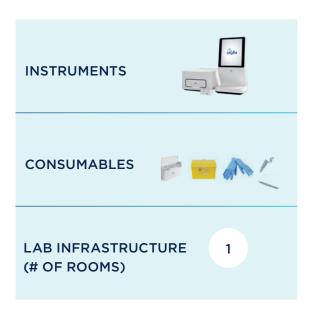




INSTRUMENTS AND CONSUMABLES









LAB INFRASTRUCTURE (# OF ROOMS)

3

PYROSEQUENCING

NEXT GENERATION SEQUENCING





4

LAB INFRASTRUCTURE (# OF ROOMS)

4

LAB INFRASTRUCTURE

(# OF ROOMS)

CURRENT ONCOLOGY ASSAYS



FFPE IN - REPORT OUT

6

PLASMA IN - REPORT OUT

Diagnostic products (CE IVD)

Idylla™ BRAF Mutation Test
Idylla™ KRAS Mutation Test
Idylla™ NRAS-BRAF Mutation Test
Idylla™ EGFR Mutation Test
Idylla™ MSI Test

Diagnostic products (CE IVD)

Idylla™ ctKRAS Mutation Test Idylla™ ctNRAS-BRAF Mutation Test

Research products (RUO)*

Idylla™ NRAS-BRAF-EGFR S492R Mutation Assay Idylla™ GeneFusion Assay

Research products (RUO)*

Idylla™ ctBRAF Mutation Assay
Idylla™ ctEGFR Mutation Assay
Idylla™ ctNRAS-BRAF-EGFR S492R
Mutation Assay

FUTURE ONCOLOGY ASSAY TARGETS



FFPE IN - REPORT OUT

Idylla™ GeneFusion Test IVD



^{*} Research Use Only (RUO), not for use in diagnostic procedures



IDYLLA™ EGFR MUTATION DETECTION ON SOLID AND LIQUID BIOPSIES

BACKGROUND INFORMATION*

Lung cancer is the most common cancer worldwide, contributing for 13% of all cancer types. 85% of lung cancers are non-small cell lung cancers (NSCLC), of which histologically adenocarcinoma is the most prevalent.

EGFR mutations are mainly observed in lung cancer. EGFR mutation testing in exons 18-21 is recommended in all patients with advanced NSCLC of a non-squamous subtype. Activating mutations in the EGFR gene have been associated with sensitivity and resistance to a number of targeted anti-cancer therapeutics.^{8,9} Exon 19 deletion and exon 21 (L858R, L861), exon 18 (G719X), and exon 20 (S768I) mutations are associated

with sensitivity to TKI's. Exon 20 insertion mutation may predict resistance to TKI's. EGFR T790M mutation is the main indicator of the patient's resistance to TKI therapy and has been reported in about 55% of patients with disease progression after initial response to 1st or 2nd generation TKI's.89

The prevalence of *EGFR* mutations in NSCLC adenocarcinomas is 10-15% of Western and up to 50% of Asian patients. Sensitizing *EGFR* mutations are predictive for response to *EGFR* tyrosine kinase inhibitors.^{8,9,12}

*Idylla™ EGFR Mutation Test is validated for metastatic NSCLC

DIAGNOSTIC PRODUCT

Idylla™ **EGFR** Mutation Test (CE IVD)



RESEARCH PRODUCT

Idylla™ ctEGFR Mutation Assay (RUO)

Research Use Only, not for diagnostic use



Diagnostic use















Directly on 1 FFPE tissue section (5 µm) from metastatic non-small-cell lung cancer



Directly on 2 ml plasma



Qualitative genotype call + Cq values



Qualitative genotype call + Cq values + Quality status



Mutation detection for treatment assessment



Applicable in NSCLC harboring EGFR mutations

"Today, EGFR testing is a cumbersome process and it often takes several weeks before results are analyzed. This may lead to the administration of anti-EGFR therapy as second-line agents, which is less efficient than their use in first-line therapy. The Idylla™ EGFR Mutation Test technology has the potential to change that: it is a cost-effective solution, ensuring reliable and fast detection of all relevant mutations"

Prof Giancarlo Troncone, University of Napoli Federico II, Naples

GeneFusion

IDYLLA™ GENEFUSION DETECTION ON SOLID BIOPSIES

BACKGROUND INFORMATION

Genetic rearrangements represent an important class of somatic alterations in cancer. Due to their inherent expression in tumor tissue alone, rearrangements like ALK, ROS1, RET, MET Exon 14 and NTRK1/2/3 have become important biomarkers for cancer diagnosis, prognosis, and targeted therapies. ¹³⁻¹⁵

Supporting this type of clinical research requires a robust and reliable detection technology. The Idylla™ GeneFusion Assay detects ALK, ROS1, RET, MET Exon 14 and NTRK1/2/3 mRNA expression using two different detection technologies. Fusion specific detection of the most prevalent ALK, ROS1 and RET fusions is combined with expression imbalance

detection (for ALK, ROS1, RET and NTRK1/2/3) which detects gene fusions irrespective of the fusion partner based on the 3' kinase overexpression caused by the partner gene. In addition, METex14 skipping transcripts are detected specifically.

Discovery and further understanding of fusion genes across multiple cancer types like NSCLC, CRC, thyroid cancer, pediatric cancers, ...may in the future provide more effective therapies for cancer patients.

RESEARCH PRODUCT

Idylla™ **GeneFusion** Assay (RUO)



Research Use Only, not for diagnostic use









Directly on 1-3 FFPE tissue sections (5-10 µm)



Qualitative genotype call for every biomarker



Fusion detection applicable in multiple cancer types



IDYLLA™ KRAS MUTATION DETECTION ON SOLID AND LIQUID BIOPSIES

BACKGROUND INFORMATION*

Activating mutations in the *RAS* genes are observed in 9-30% of all cancers and have been associated with sensitivity and resistance to a number of targeted anti-cancer therapeutics. ¹⁶ Cancers in which *KRAS* mutations are observed include: colorectal cancer, lung cancer and pancreatic cancer.

According to ESMO⁶, NCCN¹⁷, ASCO¹⁸ and CAP/AMP/ ASCO guidelines¹⁹, genotyping of clinically actionable mutations at a sensitivity of 5% in *RAS* genes exon 2 (codons 12 and 13), exon 3 (codons 59 and 61) and exon 4 (codons 117 and 146) is now mandatory on tumor tissue (either primary or metastasis) of all metastatic colorectal cancers, since the presence of these mutations correlate with the lack of response to certain anti-EGFR antibody therapies⁶. About 46% of all metastatic colorectal tumors harbor mutations in exons 2, 3 and 4 of the *KRAS* gene.²⁰ Several studies are ongoing to define the predictive impact of *KRAS* mutations on therapy decision for non-small-cell lung cancer (NSCLC) patients.²¹⁻²³ Currently there is evidence that *KRAS* in lung cancer has a prognostic value, indicating poor survival for patients with NSCLC, compared to the absence of *KRAS* mutations.⁸

Using liquid biopsies for *KRAS* testing is minimally invasive, fast and easy to perform and can be used as an alternative or complement to tissue testing to determine the *RAS* mutation status at diagnosis.

*Idylla™ RAS Mutation Tests are validated for use in mCRC

DIAGNOSTIC PRODUCT

Idylla™ **KRAS** Mutation Test (CE IVD)



DIAGNOSTIC PRODUCT

Idylla™ **ctKRAS** Mutation Test (CE IVD)



Diagnostic use





2 1 in codon 12, 13, 59, 61, 117, 146



Diagnostic use



+ Cq values

in codon; 12, 13, 59, 61, 117, 146



Directly on FFPE tissue sections (5-10 µm) from metastatic colorectal cancer



Directly on 1 ml plasma from mCRC patients



Qualitative genotype call



Qualitative genotype call



Mutation detection for baseline treatment



Mutation detection for baseline treatment

Beatriz Bellosillo Laboratori de Biologia Molecular, Hospital del Mar, Barcelona "Idylla" allows very quick results with little hands-on time"

NRAS-BRAF ctNRAS-BRAF

IDYLLA™ NRAS MUTATION DETECTION ON SOLID AND LIQUID BIOPSIES

BACKGROUND INFORMATION*

Activating mutations in the *RAS* genes are observed in 9-30% of all cancers and have been associated with sensitivity and resistance to a number of targeted anti-cancer therapeutics. ¹⁶ Cancers in which *NRAS* mutations are observed include colorectal, lung, thyroid cancers and melanoma. According to ESMO⁶, NCCN¹⁷, ASCO¹⁸ and the CAP/AMP/ASCO guidelines¹⁹, genotyping of clinically actionable mutations at a sensitivity of 5% in *RAS* genes exon 2 (codons 12 and 13), exon 3 (codons 59 and 61) and exon 4 (codons 117 and 146) is now mandatory on tumor tissue (either primary or metastasis) of all metastatic colorectal cancers, since the presence of these mutations

correlate with the lack of response to certain anti-EGFR antibody therapies. About 5% of all metastatic colorectal tumors harbor mutations in exons 2, 3 and 4 of the NRAS gene. In metastatic colorectal cancer BRAF mutation status should be assessed alongside the assessment of tumor RAS mutational status for prognostic assessment (the presence of a BRAF mutation indicates poor prognosis). Using liquid biopsies for NRAS-BRAF testing is minimally invasive, fast and easy to perform and can be used as an alternative or complement to tissue testing to determine the RAS mutation status at diagnosis.

*Idylla™ RAS Mutation Tests are validated for use in mCRC

Idylla™ **ctNRAS-BRAF** Mutation Test (CE IVD)

NRAS-BRAF

DIAGNOSTIC PRODUCT

Idylla™ **NRAS-BRAF** Mutation Test (CE IVD)

Diagnostic use





1 8 in NRAS codons 12, 13, 59 61, 117, 146 mutations



Diagnostic use

ctNRAS-BRAF

DIAGNOSTIC PRODUCT



18 in NRAS codons 12, 13, 59 61, 117, 146 mutations





Directly on FFPE tissue sections (5-10µm) from metastatic colorectal cancer





Directly on 1 ml plasma from mCRC patients



Qualitative genotype call + Cq values



Qualitative genotype call + Cq values



Mutation detection for **baseline treatment**



Mutation detection for **baseline treatment**



IDYLLA™ MSI DETECTION ON SOLID BIOPSIES

BACKGROUND INFORMATION*

Microsatellite instability (MSI) is defined as a length variation of DNA repeat regions found in microsatellites or homopolymers. MSI is caused by deficiency of the DNA mismatch repair system (dMMR) resulting in a distinct accumulation of insertions and deletions in microsatellite and homopolymeric regions.²⁴

MSI can be sporadic or hereditary. MSI-high (MSI-H) is detected in 15% of all colorectal cancers; 3% are associated with Lynch syndrome (LS), the other 12% have sporadic disease.²⁵

Clinical trials and pathophysiological studies indicate a wide distribution of MSI-H across tumor types.²⁶

In addition to CRC, high incidences are observed in endometrial cancer (20-30%), and gastric cancer (15-20%).²⁷

Guidelines recommend assessing the MSI status for all patients with colorectal or endometrial carcinomas for screening for Lynch syndrome as well as for prognostic stratification and potential response to certain immunotherapies.²⁸⁻³¹

Research studies have shown that MSI-H patients respond favorably to immune checkpoint inhibitors, and checkpoint blockade therapy has recently been incorporated into clinical care for gastrointestinal cancers. 32,33

*Idylla™ MSI Test is only validated for CRC

DIAGNOSTIC PRODUCT

Idylla™ **MSI** Test (CE IVD)



Diagnostic use









Directly on FFPE tissue sections (5-10 µm) from colorectal cancer. No need for paired normal tissue sections



Qualitative MSI call + MSI score



Determination of **MSI status** in **colorectal cancer**

*ACVR2A, BTBD7, DIDO1, MRE11, RYR3, SEC31A and SULF2

"We are delighted with the performance of the Idylla™ MSI Test providing high quality results from minimal amount of tissue. The ease of use allows even laboratories with minimal histopathology experience to perform MSI testing in-house."

Sarah L. McCarron Cancer Molecular Diagnostics, St. James' Hospital, Dublin, Ireland



IDYLLA™ BRAF MUTATION DETECTION ON SOLID AND LIQUID BIOPSIES

BACKGROUND INFORMATION*

Activating mutations in the *BRAF* gene are observed in about 8% of all cancers³⁴ and have been associated with sensitivity and resistance to a number of targeted anti-cancer therapeutics.

Cancers in which *BRAF* mutations are observed include: melanoma, colorectal cancer, thyroid cancer, lung cancer, hairy cell leukemia and ovarian cancer.

BRAF testing is recommended in all patients with metastatic melanoma and metastatic colorectal

cancer (mCRC). About 50% of all metastatic melanoma patients harbor mutations in the *BRAF* gene, making them eligible for BRAF or BRAF/MEK inhibitor therapy.³⁵ In mCRC, BRAF mutation status should be assessed alongside the assessment of tumor *RAS* mutational status for prognostic assessment (the presence of a *BRAF* mutation indicates poor prognosis). The prevalence of *BRAF* in mCRC is about 8-15%.⁶

*Idylla™ BRAF Mutation Test is validated for use in metastatic melanoma

DIAGNOSTIC PRODUCT

Idylla™ **BRAF** Mutation Test (CE IVD)



RESEARCH PRODUCT

Idylla™ **ctBRAF** Mutation Assay (RUO)

Research Use Only, not for diagnostic use



Diagnostic use





in codon 600 mutations





in codor 600 mutations



Directly on FFPE tissue sections (5-10 μ m) from metastatic melanoma



Directly on 1 ml plasma



Qualitative genotype call



Semi-quantitative genotype call + Cq values



Mutation detection for **baseline treatment**



Applicable in multiple cancers harboring BRAF mutations

Prof. B. Neyns, M.D., Ph.D Medical Oncology, UZ Brussels, Belgium "The Idylla" system has the potential to allow the start of targeted therapy within a time window of less than 24 hours following the diagnosis of metastasis, thereby saving precious time"





ADVANCED SERVICES TO ENSURE CONTINUITY IN YOUR LABORATORY WORKFLOW



AUTOMATIC SOFTWARE UPDATES

New releases of assay and console software are sent to your Idylla™ console and can be installed with a single touch on the screen.



IMMEDIATE AND REMOTE SERVICE AND SUPPORT

Idylla $^{\text{TM}}$ system parameters and error logs can be analyzed at anytime and anywhere to ensure swift actions and solutions.

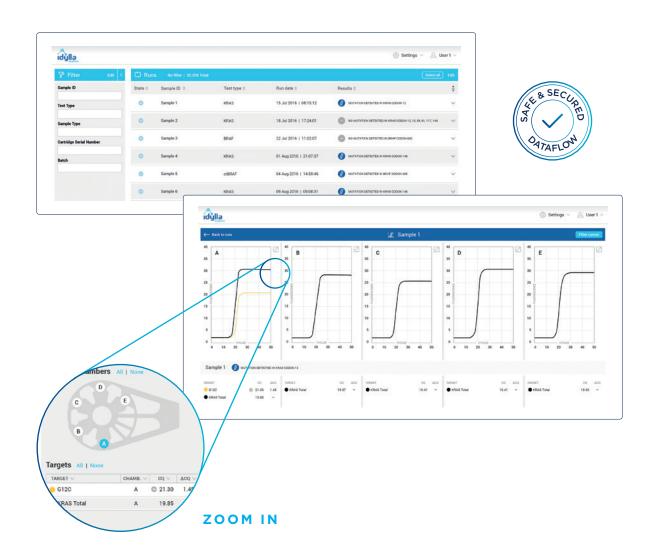
MORE INSIGHT INTO YOUR DATA WITH IDYLLA™ EXPLORE

Get connected and enjoy **the advantages of Idylla™ Explore,** a web-based application that allows you to analyze your data by providing

- Visualization of PCR curves from Idylla™Test Results
- Cq values per target
- Direct Access to Console result reports

Idylla™ Explore can be accessed anywhere and anytime from your PC or tablet through the following link: **https://idyllaexplore.biocartis.com**

Subscribe today and join the Idylla™ Explore community by sending an email to explore@biocartis.com



IDYLLA™: NOTHING IS SIMPLE IN ONCOLOGY. NOTHING BUT THIS.

There's a clear need for improved, standardized and fast diagnostics that allow faster initiation of targeted therapy for cancer patients.

Idylla™, Biocartis' fully automated molecular diagnostics system, is the first and only molecular diagnostic system that combines unsurpassed ease of use, speed and accuracy on multiple sample types. With its compact, scalable design and outstanding ease of use, Idylla™ overcomes the traditional barriers of molecular diagnostics, allowing it to be used in virtually any laboratory setting.

And by providing same-day-results, Idylla™ enables physicians to make timely decisions on patients' therapy.



IDYLLA™ ORDER INFORMATION

DIAGNOSTIC PRODUCTS (CE-IVD)

Idylla™ BRAF Mutation Test	6 cartridges/box	Catalog# A0010/6
Idylla™ KRAS Mutation Test	6 cartridges/box	Catalog# A0020/6
Idylla™ NRAS-BRAF Mutation Test	6 cartridges/box	Catalog# A0030/6
Idylla™ EGFR Mutation Test	6 cartridges/box	Catalog# A0060/6
Idylla™ ctKRAS Mutation Test	6 cartridges/box	Catalog# A0080/6
Idylla™ ctNRAS-BRAF Mutation Test	6 cartridges/box	Catalog# A0090/6
ldylla™ MSI Test	6 cartridges/box	Catalog# A0100/6

RESEARCH PRODUCTS (RUO)

ldylla™ BRAF Mutation Assay	6 cartridges/box	Catalog# A0011/6
Idylla™ KRAS Mutation Assay	6 cartridges/box	Catalog# A0021/6
Idylla™ NRAS-BRAF-EGFR S492R Mutation Assay	6 cartridges/box	Catalog# A0031/6
Idylla™ EGFR Mutation Assay	6 cartridges/box	Catalog# A0061/6
Idylla™ ctBRAF Mutation Assay	6 cartridges/box	Catalog# A0071/6
Idylla™ ctKRAS Mutation Assay	6 cartridges/box	Catalog# A0081/6
Idylla™ ctNRAS-BRAF-EGFR S492R Mutation Assay	6 cartridges/box	Catalog# A0091/6
ldylla™ MSI Assay	6 cartridges/box	Catalog# A0101/6
Idylla™ ctEGFR Mutation Assay	6 cartridges/box	Catalog# A0111/6
Idylla™ GeneFusion Assay	6 cartridges/box	Catalog# A0121/6

PLATFORM (CE-IVD)

ldylla™ Instrument	1 unit	Catalog# P0010
ldylla™ Console	1 unit	Catalog# P1010

customerser vice@biocart is.com

REFERENCES

- (1) Bratzman SV et al. Expert Rev Mol Diagn. 2015; 15(6): 715-719.
- (2) Siravegna G and Bardelli A. Genome Biol. 2014; 15(8): 449.
- (3) Janku F et al. Oncotarget. 2015; 6(29): 26886-2689.
- (4) Sam SS et al. Pathol Res Pract. 2015. pii: jclinpath-2015—203345.
- (5) Colling R et al. J Clin Pathol. 2015. pii: jclinpath-2015—203345.
- (6) ESMO consensus guidelines for the management of patients with metastatic colorectal cancer. Annals of Oncology 0: 1-37, 2016.
- (7) NCCN Clinical Practice Guidelines in Oncology Melanoma Version 3.2016
- (8) NCCN Clinical Practice Guidelines in Oncology NSCLC Version 6.2017
- (9) Novello S. et al. Metastatic non-small-cell lung cancer: ESMO Clinical Practice Guidelines for diagnosis, treatment and followup. Annals of Oncology 2016
- (10) AACR 2016: 5-Year Survival Rates for Patients With Metastatic Melanoma Treated With Nivolumab Much Higher Than Historical Rates. http://www.ascopost.com/News/39500
- (11) Accès aux tests moléculaires EGFR, RAS et BRAF/Résultats d'une enquête dans 5 régions françaises, appui à la décision, INCa, ianvier 2016
- (12) Wendy A. Cooper et al. J Thorac Dis 2013; 5 (S5): S479-490. Molecular Biology of lung cancer.
- (13) Stransky et al. The landscape of kinase fusions in cancer. Nat Commun. 5, 4846, 2014.
- (14) Schram et al. Fusions in solid tumours diagnostic strategies, targeted therapy, and acquired resistance. Nat Rev Clin. Oncol.14 (12), 735-748, 2017.
- (15) Mertens et al. The emerging complexity of gene fusions in cancer. Nat Rev Cancer 15, 371-381, 2015.
- (16) Adrienne D. Cox et al. Drugging the undruggable RAS: Mission Possible? Nature Reviews Drug Discovery Volume:13,Pages:828-851 Year published:(2014)DOI:doi:10.1038/nrd4389
- (17) NCCN Clinical Practice Guidelines in Oncology Colon Cancer Version 2.2016
- (18) Allegra C.J. et al. Extended RAS gene mutation testing in metastatic Colorectal Carcinoma to predict response to antiepidermal growth factor receptor monoclonal antibody therapy: American Society of Clinical Oncology Provisional Clinical Opinion Update 2015. Journal of Clinical Oncology 2016; 34(2):179-85
- (19) http://www.amp.org/committees/clinical_practice/CRCOpenComment.cfm
- (20) Jean-Yves Douillard, M.D., Ph.D., et al. Panitumumab-FOLFOX4 Treatment and RAS Mutations in Colorectal Cancer. N Engl J Med 2013;369:1023-34
- (21) ESMO @ ECC 2015: Response to EGFR Agents in Combination With Chemotherapy Demonstrated in Patients with Metastatic Colorectal Cancer of Rare KRAS Molecular Subtype. http://www.esmo.org/Conferences/Past-Conferences/European-Cancer-Congress-2015/News/Response-to-EGFR-Agents-in-Combination-With-Chemotherapy-Demonstrated-in-Patients-with-Metastatic-Colorectal-Cancer-of-Rare-KRAS-Molecular-Subtype. Sept 2015.
- (22) P A Janne et al. BJC 2015. Impact of KRAS codon subtypes from a randomised phase II trial of selumetinib plus docetaxel in KRAS mutant advanced non-small-cell lung cancer.
- (23) Alona Zer et al. J Thor Onco 2015. Pooled Analysis of the Prognostic and Predictive Value of KRAS Mutation Status and Mutation Subtype in Patients with NSCLC Treated with EGFR TKI's.
- (24) Aaltonen, L. A. et al. (1993) Clues to the pathogenesis of familial colorectal cancer. Science 260, 812-816.
- (25) Dudley JC et al. (2016) Microsatellite instability as a biomarker for PD-1 blockade. Clin Cancer Res. 22(4):813-820.
- (26) Cortes-Ciriano I et al (2017) A molecular portrait of microsatellite instability across multiple cancers. Nat Commun 8: 15180.
- (27) Sigurdis Haraldsdottir (2017) Microsatellite instability testing using next-generation sequencing data and therapy implications. JCO Precision Oncology 1, 1-4.
- (28) Van Cutsem et al. (2016) ESMO Consensus Guidelines for the management of patients with mCRC. Annals of Oncology 27, 1386.
- (29) NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines) for Colon Cancer V.2.2018. Accessed July 25,2018. To view the most recent and complete version of the guidelines, go online to NCCN.org.
- (30) NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines) for Rectal Cancer V.2.2018. Accessed July 25, 2018. To view the most recent and complete version of the guidelines, go online to NCCN.org.
- (31) NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines) for Uterine Neoplasms V.2.2018. Accessed July 25, 2018. To view the most recent and complete version of the guidelines, go online to NCCN.org.
- (32) Le DT et al. (2015) PD-1 blockade in tumors with mismatch-repair deficiency. N Engl J Med. 372:2509-2520.
- (33) Le DT et al. (2017) Mismatch repair deficiency predicts response of solid tumors to PD-1 blockade. Science 357:409-413.
- (34) Mutations of the BRAF gene in human cancer. Helen Davies et al; Nature 2002, 417, 949-954
- (35) Clinical Practice Guidelines Cutaneous melanoma: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up. Annals of Oncology 26 (Supplement 5): v126-v132, 2015.

NOTICE

Idylla™ BRAF Mutation Test

The MGB Probe contained in the BRAF Mutation Test is covered by applicable US patents and corresponding patents outside the US and is sold under a license from the ELITech Group. The purchase of this product includes a license to use only this amount of product solely for the purchaser's own use solely in the human in vitro diagnostic field (in accordance with applicable FDA and other regulatory requirements) and may not be used for any other commercial use, including without limitation repackaging or resale in any form (including resale by purchasers who are licensed to make and sell kits for use in the 5' Nuclease Process). No right under any other patent claim or for any other use is conveyed expressly, by implication, or by estoppel. Corresponding products conveying rights for use in all other fields may be obtained from Life Technologies under a separate catalog number. For information on obtaining additional rights, please contact outlicensing@lifetech.com or Out Licensing, Life Technologies Corporation, 5791 Van Allen Way, Carlsbad, California 92008.

Idylla™ BRAF Mutation Assay and Idylla™ ctBRAF Mutation Assay

The MGB Probe contained in the Idylla™ BRAF Mutation Assay and in the Idylla™ ctBRAF Mutation Assay is covered by applicable US patents and corresponding patents outside the US and is sold under a license from the ELITech Group.

The purchase of this product includes a license to use only this amount of product solely for the purchaser's own research use and may not be used for any other commercial use, including without limitation repackaging or resale in any form (including resale by purchasers who are licensed to make and sell kits for use in the 5' Nuclease Process). No right under any other patent claim or for any other use is conveyed expressly, by implication, or by estoppel. Diagnostic use rights for MGB may be obtained under a separate license from ELItech. Corresponding products conveying commercial and diagnostic use rights for MGB may be obtained from LTC only under a separate agreement. For further information contact outlicensing@lifetech.com or Out Licensing, Life Technologies Corporation, 5791 Van Allen Way, Carlsbad, California 92008.

Idylla™ KRAS Mutation Test, Idylla™ KRAS Mutation Assay, Idylla™ ctKRAS Mutation Test and Idylla™ ctKRAS Mutation Assay

These assays contain PlexZyme and PlexPrime technology covered by patents granted and pending in certain jurisdictions, which are supplied under licence of SpeeDx Pty Ltd. PlexZyme and Plexprime are trademarks of SpeeDx Pty Ltd.

Idylla™ NRAS-BRAF Mutation Test, Idylla™ ctNRAS-BRAF Mutation Test, Idylla™ NRAS-BRAF-EGFR S492R Mutation Assay and Idylla™ ctNRAS-BRAF-EGFR S492R Mutation Assay

The Idylla™ NRAS-BRAF Mutation Test, Idylla™ NRAS-BRAF-EGFR S492R Mutation Assay, ctNRAS-BRAF-EGFR S492R Mutation Assay and Idylla™ ctNRAS-BRAF Mutation Test contain PlexZyme and PlexPrime technology covered by patents granted and pending in certain jurisdictions, which are supplied under licence of SpeeDx Pty Ltd. PlexZyme and Plexprime are trademarks of SpeeDx Pty Ltd. The Idylla™ NRAS-BRAF Mutation Test and the Idylla™ NRAS-BRAF-EGFR S492R Mutation Assay contain Hilyte and QXL probes. QXL and Hilyte are licensed pursuant to an agreement with Eurogentec S.A. and these licensed probes can be used solely for the purchaser's own research use. Hilyte™ is a trademark of Anaspec, Inc. QXL® is a registered trademark of Anaspec, Inc.

Idylla™ EGFR Mutation Test, Idylla™ EGFR Mutation Assay and Idylla™ ctEGFR Mutation Assay

The Idylla™ EGFR Mutation Test contains PlexZyme and PlexPrime technology covered by patents granted and pending in certain jurisdictions, which are supplied under licence of SpeeDx Pty Ltd. PlexZyme and Plexprime are trademarks of SpeeDx Pty Ltd.

Idylla™ MSI Test

The Idylla™ MSI Test includes MSI biomarkers covered by patents granted and pending in certain jurisdictions, used under license from VIB-KU Leuven.

Idylla™ GeneFusion Assav

The Idylla™ GeneFusion Assay contains SuperScript™ III Reverse Transcriptase and is provided subject to a license under patents or patent applications owned by or licensed to Life Technologies Corporation, which license is limited to the human diagnostic field and research field and specifically excludes applications in forensics (including human identity testing). The SuperScript™ III trademark is owned by Life Technologies Corporation.

Patents US 7,700,339, 8,168,383, 8,481,279, 8,486,645, 8,232,060, 8,288,102, 8,377,642, 9,988,688, 9,523,130, 9,096,855, 10,526,661, 9,364,477, 9,539,254, 10,551,383 and pending US applications and all their respective foreign equivalents under license from Cell Signaling Technology, Inc.

Important information

Idylla™ platform and Idylla™ BRAF, KRAS, NRAS-BRAF, EGFR, ctNRAS-BRAF & ctKRAS Mutation Tests and Idylla™ MSI Test are CE-marked IVD's in Europe. Idylla™ BRAF, ctBRAF, KRAS, ctKRAS, NRAS-BRAF-EGFR S492R, ctNRAS-BRAF-EGFR S492R, ctEGFR & EGFR Mutation Assays and Idylla™ MSI & GeneFusion Assays are available for Research Use Only (RUO), not for use in diagnostic procedures. Idylla™ is available for sale in EU, USA and some other countries. Please check availability with the local Biocartis representative.

Copyright information

Biocartis and Idylla are registered trademarks in Europe, the United States and other countries. The Biocartis and Idylla trademarks and logos are used trademarks owned by Biocartis.

NOTES			

Biocartis NV Generaal de Wittelaan 11B 2800 Mechelen - Belgium T +32 15 632 888

customerservice@biocartis.com Ref: catalog # B2008 © Biocartis, March 2021



