

PLASMASELECT-R™ APPROACH

PlasmaSelect-R™ analyzes circulating tumor DNA for genetic alterations in cancer, eliminating the need for an invasive biopsy or tumor tissue. PlasmaSelect-R™ may also be used to evaluate sub-clonal mutations in tumor tissue, when available. PlasmaSelect-R™ evaluates a targeted panel of 63 well-characterized cancer genes. Cell-free DNA is extracted from plasma and prepared using proprietary methods that accommodate low abundance sample DNA. Samples are processed using a proprietary capture process and high coverage next-generation sequencing to allow tumor-specific (somatic) mutations, amplifications, and translocations to be identified with a high sensitivity and specificity. Analyses for sequence mutations or rearrangements can be performed together or separately, depending on the specific alterations of interest.

PLASMASELECT-R™ HIGHLIGHTS

- Digital genomic sequencing combined with error correction methods enable discrimination of sequencing artifacts/errors from bona-fide somatic mutations with allele fractions as low as 0.10%
- DNA extraction and preparation methods that accommodate low abundance cell-free DNA samples
- Identification of mutated genes with biologic or clinical implications in human cancer
- Proprietary capture design and patented Digital Karyotyping analysis for high resolution analysis of copy number alterations with high sensitivity and specificity
- PARE (Personalized Analysis of Rearranged Ends) technology to identify structural changes in tumor-specific DNA, including translocations

PLASMASELECT-R™ ANALYSIS DELIVERABLES

- Sequence alterations (single base and small indel alterations), amplifications and translocations
- Functional impact of mutations (predicted protein alterations and domain consequences)
- Altered genes and pathways with biological or clinical implications
- Data summary statistics (read data and depth distribution across target regions)
- Integrated Analysis Report (incidences and frequencies of mutations identified)

PLASMASELECT-R™ SEQUENCING DELIVERABLES & ANALYSES

Analysis Metrics	PlasmaSelect-R™
Regions Analyzed	63 genes
Sample Prep and NGS Sequencing	✓
Sequence Mapping	✓
Somatic Mutation Analysis	✓
Amplification Analysis	✓
Translocation Analysis	✓
Integrated Project Analyses	✓

PLASMASELECT-R™ SEQUENCING KEY METRICS

Regions Analyzed	Coding regions of 58 genes and/or selected regions of 10 genes
Sequencing Method	Illumina next generation sequencing
Bioinformatics	Patented PARE methods
Assay Sensitivity	>0.10% (>0.2% for amplifications)
Target Sequencing Coverage	20,000x
Turn-around Time	4 weeks
Sample Requirements	Blood or tumor tissue
Sample Types	Plasma or frozen tumor, FFPE, cell lines, and xenografts
Plasma Sample Input Required	10 ml (minimum 6 ml)
Tumor Sample Input Required	1 µg (minimum 50 ng)

GENES EVALUATED IN PLASMASELECT-R™

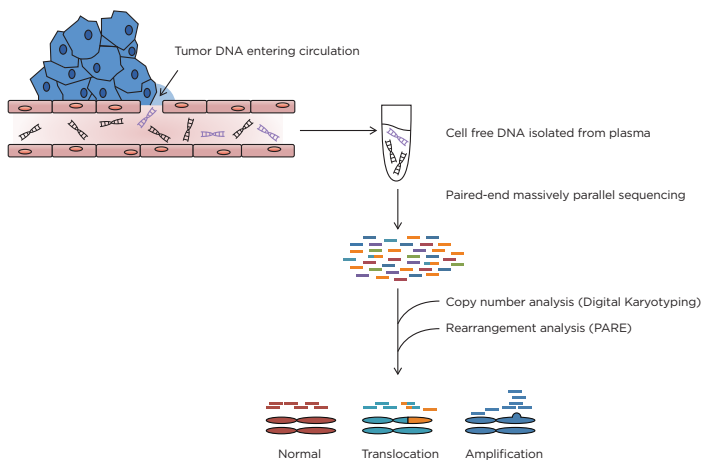
Full coding (*) and specific exon analyses for mutations in well-characterized cancer genes. Amplification analyses are performed for 57 genes († excluded), with 6 genes (°) evaluated using highly sensitive methods.

ABL1	BRAF*	CTNNB1	EZH2	GNA11	IDH2	MAP2K1	NRAS*	RB1	STK11*
AKT1	CDH1	DNMT3A	FBXW7	GNAQ	JAK2*	MET°	PDGFRA*	RET	TERT
ALK*	CDK4*°	EGFR*°	FGFR1°	GNAS	JAK3	MLH1	PIK3CA*	SMAD4	TP53*
APC	CDK6*°	ERBB2°	FGFR2	HNF1A	KDR	MPL	PIK3R1	SMARCB1	VHL
AR*	CDKN2A	ERBB4*	FGFR3	HRAS*	KIT*	MYC	PTEN*	SMO	
ATM	CSF1R	ESR1*	FLT3	IDH1	KRAS*	NPM1†	PTPN11	SRC	

Rearrangement analyses for selected regions of 10 well-characterized cancer genes.

ALK	BCR	BRAF	EGFR	NTRK1	PDGFRA	PGDFRB	RARA	RET	ROS1
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FIGURE 1. SCHEMATIC FOR DETECTING CHROMOSOMAL ALTERATIONS FROM PATIENT PLASMA. The methods use next-generation paired-end sequencing of cell-free DNA isolated from plasma to identify chromosomal alterations characteristic of tumor DNA. Such alterations include rearrangements resulting from translocations. (from Leary et al, Sci Transl Med. 2012)



Related References

Diaz et al. Oncotarget. 2013 Oct;4(10):1856-7.
 Leary et al. Oncotarget. 2013 Aug;4(8):1119-20.
 Leary et al. Sci Transl Med. 2012 Nov 28;4(162):162ra154.
 Leary et al. Sci Transl Med. 2010 Feb 24;2(20):20ra14.