

# There are two sides to every cancer.

# Understand both.



MORE COMPLETE GENOMIC & PROTEOMIC TESTING



SWIFT 72 HOUR TURNAROUND TIME



MOLECULAR RESULTS FROM A SIMPLE BLOOD DRAW



PERSONALIZED APPROACH TO LUNG CANCER CARE



# **Uncover Both Sides of Lung Cancer**

with integrated blood-based genomic and proteomic results



The genes in the **GeneStrat**<sup>®</sup> test and the **VeriStrat**<sup>®</sup> proteomic test are covered by Medicare and many private payers. No out-of-pocket expense for covered Medicare or Medicaid patients.

## WHEN DO I ORDER BIODESIX LUNG REFLEX?

### **AT DIAGNOSIS**

- At time of biopsy or surgery\*
- Upon confirmed lung cancer diagnosis
- At the first oncology visit

### AT PROGRESSION

- For longitudinal monitoring of resistance mutations and changes in disease state
- At oncology visit for lung cancer progression

## WHO IS ELIGIBLE FOR TESTING?









## WHY IT MATTERS?

It is recommended that all physicians caring for patients with lung cancer should begin conversations about the patient's prognosis and goals of care at the time of the diagnosis and continue these throughout the course of the illness."

CHEST Grade IB Recommendation⁴

\*testing is performed upon confirmed diagnosis of NSCLC

# **Expediting Time To Treatment**

with swift, blood-based molecular results

**2** Hour Results

Percent of patients with molecular test results prior to start of front-line treatment<sup>5</sup>





## **TISSUE-BASED MOLECULAR TESTING**



## **BIODESIX LUNG REFLEX® BLOOD-BASED TESTING SOLUTION**

EXPEDITING TIME TO TREATMENT WITH SWIFT AND ACTIONABLE RESULTS

# **Complementing Tissue Testing**



of NSCLC patients have insufficient tissue for molecular testing<sup>6</sup>



Capture tumor heterogeneity with blood-based testing

## SAVE TISSUE FOR DIAGNOSTIC EVALUATION, PD-L1 TESTING AND BROAD GENOMIC PROFILING<sup>7</sup>



# **Identify Your Patient's Lung Cancer Mutations** with guideline-recommended mutation results

	Clinical	Clinical		
Available Mutations	Sensitivity	Specificity	Concordance	Treatment Implications <sup>8-19</sup>
<b>EGFR Sensitizing</b> Exon 19 ΔΕ746-Α750   Exon 21 L858R	96%	100%	99%	May benefit from treatment with osimertinib, afatinib, erlotinib, gefitinib, or dacomitinib
Exon 18 G719A, G719C, G719S Exon 20 S768I   Exon 21 L861Q				May benefit from treatment with afatinib
<b>EGFR Resistance</b> T790M	87%	100%	96%	May benefit from treatment with osimertinib if previously treated with 1st or 2nd generation EGFR- TKIs
<b>ALK Fusions</b> EML4	85%	100%	92%	May benefit from treatment with alectinib, brigatinib, ceritinib, crizotinib or lorlatinib
<b>KRAS</b> G12C   G12D   G12V	88%	100%	96%	KRAS mutations are associated with poorer prognosis
<b>ROS1*</b> CD74   SDC4   SLC34A2   EZR   TPM3		100%		May benefit from treatment with crizotinib, ceritinib or lorlatinib
<b>RET*</b> KIF5B   CCDC6   TRIM33		100%		May benefit from treatment with cabozantinib or vandetinib
<b>BRAF*</b> V600E		100%		May benefit from dabrafenib + trametinib, vemurafenib, or dabrafenib
<b>GeneStrat</b> Combined variants results	91%	100%	97%	See implications listed above for each variant

\* Clinical sensitivity and specificity were not calculated for ROS1, RET, and BRAF due to availability of samples with rare mutations (ROS1, RET) and treatment-naive samples (BRAF).



THE GENES IN THE GENESTRAT TEST ARE COVERED BY MEDICARE AND MANY PRIVATE PAYERS.

- Not restricted by stage of NSCLC or recurrence
- Multiple tests per patient per cancer when medically necessary

# Measure Your Patient's Immune Response

to provide a personalized view of their disease state

VeriStrat<sup>®</sup> testing measures acute phase proteins and the acute phase response which indicates chronic inflammation and a more aggressive cancer.<sup>20</sup>



PATIENT BLOOD DRAW FOR BIODESIX LUNG REFLEX



MALDI-TOF MASS SPECTROMETRY MEASURES A PATIENT'S CIRCULATING PROTEOME



ALGORITHM INTERPRETS MULTIVARIATE PROTEOMIC SIGNATURE



PERSONALIZED VERISTRAT TEST RESULT

VeriStrat is predictive of outcomes, independent of ECOG performance status, mutation status, PD-L1 expression, and treatment choice<sup>21,22,23,24</sup>

### **VERISTRAT GOOD**

Results indicate a disease state that is more likely to respond to standard of care treatment.

#### **VERISTRAT POOR**

Results indicate a chronic inflammatory disease state. These patients may benefit from an alternative treatment strategy,<sup>21,25</sup> including:

- Clinical trials and novel combination therapies
- Broad genomic profiling for rare mutations
- Faster time to treatment, if active therapy is being considered
- Palliative care

# **Predictive of Outcomes** independent of PD-L1 expression

## Interim analysis from the INSIGHT observational study<sup>24</sup>

## WITHOUT VERISTRAT TESTING

**Real-world data** demonstrate advanced NSCLC patients treated with front-line immunotherapy (ICI) do not have significant overall survival benefit compared with platinum-based chemotherapy that does not include ICI.

#### ALL FRONT-LINE IMMUNOTHERAPY VS. CHEMOTHERAPY



## WITH VERISTRAT TESTING

VeriStrat results are predictive of overall survival for patients treated with immunotherapy, even when adjusted for PD-L1 expression (p<0.0001).

Incorporating VeriStrat as part of your initial patient assessment provides clinically meaningful information when choosing a front-line treatment for patients with NSCLC

#### FRONT-LINE IMMUNO-MONOTHERAPY



#### FRONT-LINE IMMUNOTHERAPY + CHEMOTHERAPY



# Predictive of Outcomes independent of treatment choice

Data demonstrate Veristrat Good patients survive 2–3 times longer than Verisrat Poor patients, independent of treatment choice



VERISTRAT IS A ROBUST, BLOOD-BASED TEST VALIDATED ACROSS **70+ STUDIES WITH OVER 6,600 PATIENTS** 

# PERSONALIZED

# **Predictive of Outcomes** independent of ECOG performance status

VeriStrat testing, provides more complete information about a patient's performance status



Patients with a VeriStrat Good result and ECOG PS 1 have significantly better survival outcomes than patients with a VeriStrat Poor result and ECOG PS 0.

994 patients with an ECOG PS of 0 or 1 treated with erlotinib +/- tivantinib. Includes patients with and without EGFR mutations.  $^{\rm 21}$ 

# **Identifying Treatment Strategies** for the VeriStrat Poor disease state

## Patients may benefit from novel therapeutic combinations in clinical trials



Patients who were VS Poor benefitted from the addition of the clinical trial agent (erlotinib +/- tivantinib). Patients who were VS Good (n=101) performed similarly in both study arms.



Patients who were VS Poor significantly benefited from the addition of a clinical trial agent (gefitinib+/- ficlatuzumab). VS Goods did not derive additional benefit from ficlatuzumab (n=182).



# We Are Here To Help

## BIODESIX ASSIST<sup>™</sup> FINANCIAL SUPPORT PROGRAM FOR PATIENTS

- We are committed to making **Biodesix Lung Reflex** available to all patients
- The Biodesix Assist Financial Support Program is available to all patients who qualify to reduce or eliminate potential patient financial responsibility
- Patients may apply to pre-qualify for financial assistance at any time, including before the test is performed

## **CONTACT US**

Please contact Biodesix Customer Care to order test kits and receive access to the online Biodesix Physician Portal.

Call: 1.866.432.5930

Visit: biodesix.com/order-test-kit/

## We are committed to solving complex diagnostic challenges in lung cancer





#### Designed to help identify likely benign lung nodules with a simple blood-based test.

Uncover both sides of lung cancer with integrated blood-based genomic and proteomic results

**biodesix** lung

in 72 hours.

#### REFERENCES

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