

# CancerTYPE ID®

## To aid differential diagnosis

**CancerTYPE ID® can assist with troublesome differential diagnoses with 2 or more candidate tumour types - dramatically affecting therapeutic options<sup>1, 2, 3</sup>**

### Examples of Differential Diagnoses by CancerTYPE ID®

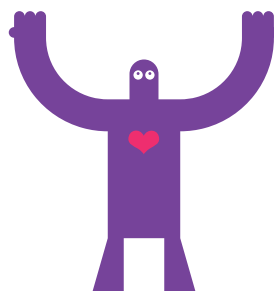
- lung (NSCLC) v.s breast
- lung squamous cell vs. head/neck squamous cell
- mesothelioma vs. lung
- lung adenocarcinoma vs. lung squamous cell
- upper GI vs. lower GI
- small intestine vs. colorectal
- renal cell carcinoma (kidney) vs. transitional cell carcinoma (bladder)
- ovarian vs. cervical
- melanoma vs. sarcoma cs. poorly differentiated carcinoma
- cholangiocarcinoma vs. pancreas vs. small intestine
- colorectal carcinoma vs. ovarian mucinous adenocarcinoma
- merkel cell carcinoma vs. other neuroendocrine
- ovarian vs. cervical vs. breast
- prostate adenocarcinoma vs. transitional cell or adenocarcinoma (bladder)
- lymphoma vs. colorectal
- ovarian vs. colorectal
- primary hepatocellular vs. metastatic adenocarcinoma

### Minimal sample requirement

CancerTYPE ID® requires only 300 to 500 viable tumor cells from an FFPE block for analysis. Laser micro-dissection is a routine part of the bioTheranostics evaluation to enrich and enhance poor sample quality.

### CancerTYPE ID® testing

The small amount of sample tissue required for testing is due to a very sensitive RT-PCR method used in CancerTYPE ID®. Testing is conducted at the CAP-accredited, CLIA-certified bioTheranostics laboratory in the US.



### References:

1. Ma, et al. Molecular Classification of Human Cancers Using a 92-Gene Real Time Quantitative Polymerase Chain Reaction Assay. Archives of Pathology and Laboratory Medicine, 130: 465-473, 2006.
2. Data based on 2206 samples, bioTheranostics file, available on request.
3. Bender and Erlander. Molecular classification of unknown Primary Cancer. Seminars in Oncology, 2009; 36: 38-43.