ONCOTYPE MAP™ PAN-CANCER TISSUE TEST

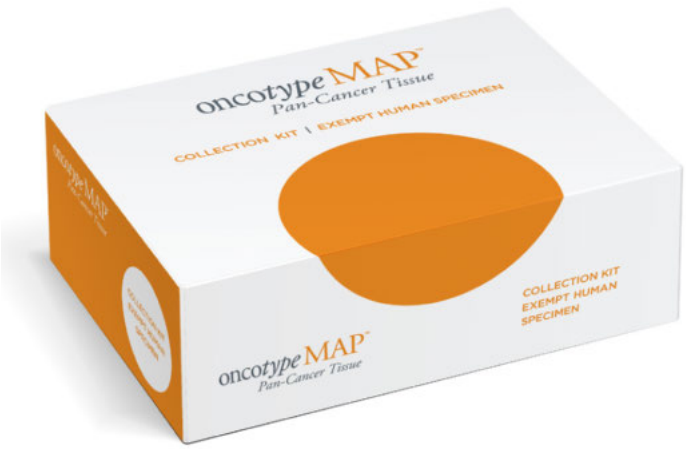
RAPID COMPREHENSIVE GENOMIC PROFILING TO AID THERAPY SELECTION

Every day matters. Why wait?

Oncotype MAP Pan-Cancer Tissue test delivers rapid, comprehensive tumor profiling to aid therapy selection for patients with advanced, metastatic, refractory, relapsed or recurrent cancer. The test identifies actionable genomic alterations within 3-5 business days**† to guide timely treatment decisions, usually before the next follow-up visit.

Utilizing next generation sequencing (NGS) and a broad array of immunohistochemical (IHC) stains and panels, the Oncotype MAP Pan-Cancer Tissue test identifies clinically-relevant genomic alterations from minimal amounts of tissue. The NGS test can be run on patient specimens as small as 3 mm^2 of tissue with ≥15% tumor content (20% optimal for MSI), allowing you to identify appropriate patient therapy based on tumor characteristics.

Results are provided in an easy-to-interpret report with NCCN® actionable indications for therapy, along with potential evidence-based therapies and clinical trials, to guide treatment options for a breadth of solid tumor types.



Answers you need at the speed your patients deserve

Fast
- Results reported in 3-5 business days
- Quantity Not Sufficient (QNS) results typically reported within 48 hours

Comprehensive
- 257 genes, 11 select fusions
- 21 IHC stains including PD-L1 (22C3, SP142)
- 30+ tumor-specific panels
- Copy number variants, tumor mutation burden, microsatellite instability, and protein expression

Actionable
- 100+ therapies, 45+ combination therapies, 650+ clinical trials
- NCCN Compendium recommendations

Accurate
- Leverages a proprietary method designed for small specimens (3 mm^2 with tissue with ≥15% tumor content), enabling a low failure rate on both FNA and FFPE samples*
- >99% sensitivity for SNVs and Indels, detection down to ≥7.5% mutant allele frequency (MAF) with >99% specificity*

Oncotype MAP Pan-Cancer Tissue test helps guide therapy selection for today and captures emerging markers that may find their way into guidelines tomorrow.

Order now for your patients with solid tumors

oncotype MAP™ Pan-Cancer Tissue

EXACT SCIENCES

Oncotype MAP™ Pan-Cancer Tissue Test Markers

Immunohistochemistry

Single IHC Stains

ALK	PD-L1 (22C3)
AR	PD-L1 (SP142)
CAIX	PR
ER	PTEN
hENTI	ROS1
HER2	TOP1
IDO	TP
MET	TRKpan
MGMT	TS
PD1	TUBB3

MMR Panel

MLH1	MSH6
MSH2	PMS2

Tumor-Specific Panels

Anal Carcinoma: PD-L1 (22C3), PD-1, TS, TUBB3
Appendix: HER2, PD-L1 (22C3), TOP1, PTEN
Bladder: PD-L1 (22C3), PD-L1 (SP142), hENTI, TUBB3
Bone Cancer: TOP1, MGMT, CAIX, HENTI
Breast: AR, PD-L1(SP142), PD-L1 (22C3), TP
CNS/Brain Cancers: MGMT, CAIX, TUBB3, TOP1
Cervical: PD-L1 (22C3), CAIX, hENTI, TOP1
Colorectal: HER2, PD-L1 (22C3), TOP1, PTEN, TS
Gastric/Esophageal: HER2, PD-L1 (22C3), PTEN, TS
GIST: PD-L1 (22C3), MET
Head and Neck: PD-L1 (22C3), CAIX, TUBB3, PTEN
Head and Neck Salivary Gland: HER2, AR, CAIX, PTEN
Hepatobillary/Cholangiocarcinoma: hENTI, HER2, TP, PD-L1 (22C3)
Hepatobillary/Gallbladder: hENTI, HER2, PD-L1 (22C3), TOP1
Hepatobillary/Hepatocellular: hENTI, PD-L1 (22C3), CAIX, MET
Kidney: PD-L1 (22C3), MET, CAIX, hENTI
Melanoma: PD-L1 (22C3), MGMT, PTEN, TUBB3
Mesothelioma: PD-L1 (22C3), TS, hENTI, TUBB3
MMR: MLH1, MSH2, MSH6, PMS2
Neuroendocrine: PD-L1 (22C3), MGMT, PTEN, TP
NSCLC: PD-L1 (22C3), ALK, PD-L1 (SP142), PTEN, TS
Ovarian: ER, HER2, TOP1, TUBB3
Pancreatic: hENTI, PTEN, TP, TOP1
Penile Cancer: PD-L1 (22C3), TP, CAIX, TUBB3
Prostate: AR, PTEN, TUBB3, PD-L1 (22C3)
Sarcoma: CAIX, TUBB3, TOP1, MGMT
SCLC: PD-L1 (22C3), TOP1, MGMT
Small Bowel: TOPO1, CAIX, TUBB3, hENTI
Testicular Cancer: PD-L1 (22C3), TUBB3, hENTI
Thyroid: PD-L1 (22C3), ALK, TUBB3, CAIX
Thymoma/Thymic Carcinoma: PD-L1 (22C3), TUBB3, hENTI, TS
Uterine: PD-L1 (22C3), HER2, MGMT, TUBB3
Uveal Melanoma: PD-L1 (22C3), MGMT, TUBB3
Vulvar Cancer: PD-L1 (22C3), CAIX, TUBB3, hENTI
Other Solid Tumors: PD-L1 (22C3), HER2, TOP1, PTEN, TS

257 Gene NGS Panel

ABCB1	AREG	BUB1B	CYP19A1	EWSR1	GAS6	KEAP1	MYC	PIK3R1	RPTOR	TGFB2
ABCC1	ARID1A	CALR	CYP1A1	EZH2	GATA3	KIT	MYCN	PIM1	RRMI	TGFB3
ABCC2	ARID1B	CBL	CYP2D6	FAM175A	GLI1	KRAS	MYOD1	PLCB4	SDHB	TGFBR1
ABL1	ARID2	CCND1	CYP3A4	FANCA	GNA11	MAF	NBN	PLCG1	SDHC	TGFBR2
ACVR1	ATM	CCND2	CYSLTR2	FANCC	GNAQ	MAP2K1	NF1	PMS2	SETD2	TNFA1P3
ACVR1B	ATR	CCND3	DCK	FANCD2	GNAS	MAP2K2	NF2	POLD1	SF3B1	TNK1
ACVR2A	ATRX	CCNE1	DDR2	FANCE	GSTP1	MAP3K1	NFE2L2	POLE	SMAD1	TOP2A
ACVR2B	AURKA	CD274	DICER1	FANCF	HAMP	MAPK1	NOTCH1	PP2R1A	SMAD2	TP53
ACVRL1	AURKB	CDA	DNMT3A	FANCG	HDAC2	MAPK3	NOTCH2	PTCH1	SMAD4	TSC1
ADAMTS1	AXIN1	CDC73	EGFR	FANCM	HGF	MAPKAPK5	NOTCH3	PTEN	SMAD5	TSC2
ADAMTS6	AXL	CDH1	EMSY	FAT1	HNF1A	MDM2	NPMI	PTPN11	SMAD9	TSHR
ADAMTS9	B2M	CDK4	EP300	FBXW7	HRAS	MDM4	NRAS	RAD50	SMARCA4	TYMS
ADAMTS16	BAP1	CKD6	EPCAM	FCGR2A	HSD3B1	MED12	NTRK1	RAD51C	SMARCB1	VEGFA
ADAMTS18	BARD1	CDK12	EPHA5	FGD4	IDH1	MEN1	NTRK2	RAD51D	SMO	VHL
ADAMTSL1	BCOR	CDKN2A	EPHA7	FGF3	IDH2	MET	NTRK3	RAF1	SOCS1	WTI
AKT1	BMP6	CHEK1	ERBB2	FGF4	IGF1R	MGMT	PALB2	RB1	SPOP	XRCC1
AKT2	BMPR1A	CHEK2	ERBB3	FGFR1	IKZF1	MLH1	PBRM1	RBM10	STAG2	YES1
AKT3	BMPR1B	CHFR	ERBB4	FGFR2	IL6R	MPL	PDCD1LG2	RECQL	STAT3	
ALK	BNIP3	CHKA	ERCC1	FGFR3	JAK1	MRE11A	PDGFRA	RET	STAT5A	
AMER1	BRAF	CIC	ERCC2	FGFR4	JAK2	MSH2	PDGFRB	RHEB	STAT5B	
APC	BRCA1	CREBBP	ERCC3	FLT3	JAK3	MSH6	PIK3CA	RICTOR	STK11	
APLNR	BRCA2	CSF1R	ERRFI1	FLT4	KDM5C	MTHFR	PIK3CB	RIT1	SUFU	
AR	BRIP1	CTLA4	ESR1	FOXL2	KDM6A	MTOR	PIK3CD	RNF43	TERT-p	
ARAF	BTK	CTNNB1	ESR2	FUBP1	KDR	MUTYH	PIK3CG	ROS1	TGFB1	

Genetic Structures Tested: Single nucelotide variants (SNVs) and insertions/deletions in coding regions of genes listed above; UTRs and splice junctions when actionable (e.g. MET exon 14 skipping and EGFRvIII). MSI; mutation burden (SNV's, insertions, deletions) based on ~1 megabase; select fusions involving ALK, BRAF, FGFR1, FGFR2, FGFR3, MET, RET, ROS1, NTRK1, NTRK2, NTRK3 (ETV6); and copy number variants.

Turnaround time is based on when qualified sample is received. Mutation calls may not be available from some regions due to pseudogenes or sequence context. Select IHCs may not be run if already performed within the last six months unless indicated in the notes section. HER2 equivocal by IHC will be reflexed to FISH testing in select tumor types. Reflex testing will exceed standard turnaround time for results. MMR includes the following IHCs: MLH1, MSH2, MSH6, PMS2.

Clinical Laboratory Improvement Amendments

CAP ACCREDITED

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About Exact Sciences

A leading provider of cancer screening and diagnostic tests, Exact Sciences helps people get the answers they need to make more informed decisions across the cancer continuum. Building on the success of the Cologuard® and Oncotype DX® tests, Exact Sciences is investing in its product pipeline to take on some of the deadliest cancers and improve patient care. Through an innovative, rigorous approach, and with the support of visionary collaborators, we're helping advance the fight against cancer.

References:
* Data on file, in-house assay optimization protected by trade-secret/patent regulations.
† Turnaround time is based on qualified sample receipt.
‡ Morris S, Subramanian J, Gel E, Runger G, Thompson E, Mallery D, et al. Performance of next-generation sequencing on small tumor specimens and/or low tumor content samples using a commercially available platform. PLoS ONE. (2018); 13(4): e0196556. https://doi.org/ 10.1371/journal.pone.0196556.

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