



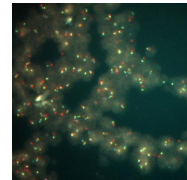
What is GoProDx[™]?

GoProDx[™] is a prostate cancer prognostic test that uses fluorescence in situ hybridization (FISH) technology to analyze critical biomarkers that are most indicative of a patient's outcome for prostate cancer.

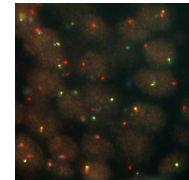
By testing for PTEN/ERG mutations, GoProDx[™] provides clinicians with important data about a cancer's aggressiveness. Furthermore, GoProDx[™] can be an essential tool for risk stratification and treatment selection for patients with Gleason scores of 6 or 7, an atypical prostate cancer diagnosis, and HGPINs.

Why order GoProDx[™]?

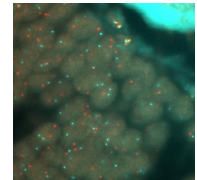
- **Two Biomarkers Are Better Than One:** Analyzing PTEN and ERG together gives the clearest picture regarding prognosis including clinical outcome and prediction of recurrence.
- **Rapid Turnaround:** 3-5 day TAT allows for quicker decisions for patients with a more aggressive cancer.
- **Low QNS Rate:** GoProDx[™] can be run with as few as 50 cancer cells, which makes our QNS rate significantly lower than our competitors' rate.
- **GoPath's FISH Expertise:** We have several years of experience in FISH testing, which is why GoPath offers the most comprehensive and accurate diagnostics available.
- **Guides Treatment Decisions:** GoProDx[™] provides insight on a cancer's responsiveness to treatments. For example, prostate cancer patients with ERG overexpression have shown radiotherapy resistance in early studies and patients may benefit with the addition of androgen deprivation therapy.^{1,2,3} Also, when PTEN loss is exhibited, a patient may respond to Rapamycin (p13K-pathway targeted) therapy.^{4,5}
- **Helps Predict Prognosis:** Knowing PTEN/ERG status can help when determining a prognosis. For example, in one study, patients with ERG rearrangement and PTEN deletion demonstrated significantly worse relapse-free survival rates compared to those with ERG or PTEN wild type.¹
- **Disease Progression:** GoProDx[™] gives clinicians an assessment of how their patient's cancer is progressing. (See Risk Stratification Chart below).



Normal Pattern



Hemizygous Loss



Homozygous Loss

These images show normal PTEN patterns and hemizygous and homozygous deletions, which are associated with more aggressive tumors and increased risk of metastasis.



"GoProDx[™] gives us insight into a cancer's genetic makeup, which leads to better informed treatment decisions."

GoProDx[™] Risk Stratification Chart:

PTEN and ERG by FISH Scenarios Low Grade Gleason Score: 6 and 7 in Needle Biopsies	
Scenarios	Prediction
PTEN intact ERG not rearranged	Favorable (slow) progression
PTEN deletion and/or ERG rearrangement	Unfavorable prognosis/aggressive
PTEN intact and ERG rearranged	Intermediate to less than favorable outcome
PTEN deleted and ERG not rearranged	Intermediate to aggressive outcome



Why GoPath?

- **Cutting Edge Lab:** We are a state-of-the-art, CAP-accredited, CLIA-certified laboratory staffed by molecular diagnostic-trained specialist pathologists.
- **Billing:** We treat ALL patients as in-network regardless of their insurance company's contracted status. **Cancer does not only affect the well-insured.** For this reason, we have created a comprehensive indigent and financial hardship plan to ensure that your patients have access to the tests they need.
- **In-House Pathology:** On-site pathologists available for consultation on any case.
- **Specimen Handling:** We are experienced at retrieving tissue blocks (FFPE) from in-house facilities or the hospital where the specimen was stored. Simply indicate the facility name and address/city/state on the test requisition and GoPath will do the rest.
- **Connectivity:** Customizable access to test results via fax, e-mail, online and interface.
- **Comprehensive Test Menu:** We offer an extensive list of molecular diagnostics including liquid biopsy, FISH, ddPCR, flow cytometry and microarray analysis.



Comprehensive Reporting

With each GoProDx™ report, you will receive:

- An easy-to-read, color-coded prognosis/risk stratification
- Interpretation of results from our on-site pathologist
- High-resolution PTEN & ERG FISH images
- Separate charts indicating percentages of abnormal & cutoff

GoProDx™- Specimen Requirements

FFPE tissue blocks are preferred. Blanks at 4µm for 10 slides or at 8 µm for 5 slides are acceptable when blocks cannot be provided. Specimen types include: endoscopic biopsies, excisional biopsies, core needle biopsies, surgical resections and cell blocks (pleural effusions, ascites).

GoProDx™ Sample Report and Requisition

Molecular Diagnosis Report
1351 Barclay Blvd., Buffalo Grove, IL 60089
Toll Free 855-467-2849

Doe, John | GH17-000000
DOB: 01-10-1963 | Age: 64 | Gender: Male | James Andrews, MD
Collection: 02-18-2017 | Received: 02-18-2017 | GoPath Laboratories LLC
Tissue: Prostate Biopsy | 1351 Barclay Blvd
Buffalo Grove, IL 60089
Phone: 855-467-2849 | Fax: 224-588-6941

Test Ordered: GoProDx™

GoProDx™ (PTEN/ERG FISH) Prostate Report

Prognosis: Unfavorable	
PTEN Homozygous Deletion	
% AB	Cutoff %
Homozygous deleted	12% > 20%
PTEN not rearranged	88% > 80%

Positive ERG Rearrangement	
% AB	Cutoff %
ERG rearranged	18 > 11%
ERG not rearranged	82 > 89%

INTERPRETATION OF RESULT

PTEN results are assessed as described above. PTEN and ERG FISH (PTEN/ERG FISH) functions as a tumor suppressor gene to prevent abnormal cell division and growth. PTEN deletions in one (heterozygous) or both (homozygous) alleles occur in 20-40% of localized prostate cancer and up to 80% of metastases. This alteration is reported to be associated with biochemical recurrence.

The Break Apart ERG FISH test is positive for ERG rearrangement. This result is evidence of an ERG fusion through rearrangement (translocation or deletion). ERG is often rearranged to form an ERG/PTEN fusion. This fusion is a result of translocation (t(8;11) or deletion (8q24). These changes correlate with prostate cancer specific survival and biochemical recurrence.

Risk Stratification

Scenario	Prediction
PTEN intact and ERG not rearranged	Favorable clinical prognosis
PTEN rearranged and ERG not rearranged	Intermediate prognosis
PTEN intact and ERG rearranged	Intermediate to high risk
PTEN rearranged and ERG rearranged	High risk to aggressive outcome

ASSAY DESCRIPTION AND METHODOLOGY

The PTEN Δ CTCT Fluor Color FISH probe is optimized to detect deletions of the PTEN (10q25) gene. The PTEN test probe is labeled in orange and detects deletions of the PTEN gene. Probe B (BAP) (MMP2K) is labeled centromeres to the test probe and is labeled in green. Probe B (BAP) is labeled centromeres to the test probe and is labeled in blue. These banking probes help determine translocation artifact, and also aid in detection of clonal populations. PTEN FISH is positive for homozygous deletion if 20% of nuclei have lost 1:1 PTEN/centromere. PTEN FISH is positive for heterozygous deletion if 20% of nuclei have lost 1:1 PTEN/centromere. These thresholds were determined in a blind parallel validation study with a CLIA laboratory.

The ERG (21q22) Break Apart FISH probe is a dual color design optimized to detect rearrangement involving the ERG related gene (ERG). The 21q22 is labeled probe flanks the centromeres and the 140kb green labeled probe flanks the centromeres and of the ERG gene. Probe hybridized to a normal diploid cell shows two fusion signals (F). Cells containing an ERG fusion through translocation (Erg) show one fusion signal and a separate red and green signal (1F1G). Cells containing an ERG fusion through an interstitial deletion (Erd) show one fusion signal and one single red signal (1F1R). Cells with more than one deletion (D-Erd), will show multiple red signals. Copy number increase (CN) indicates more than two copies of 7 and 5' ERG signals. FISH thresholds were determined in a blinded parallel validation study.

ASSAY DISCLAIMERS

The performance characteristics of this test were validated by GoPath Laboratories as a Laboratory Developed Test (LDT). The U.S. Food and Drug Administration (FDA) has not approved or cleared this test. However, FDA approval or clearance is currently not required for clinical use of this test. The results are not intended to be used as the sole means for clinical decision or patient management decisions. GoPath Laboratory is authorized under Clinical Laboratory Improvement Amendments (CLIA) and is by state to perform high-complexity testing.

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GU Pathology Requisition
1351 Barclay Blvd., Buffalo Grove, IL 60089
Toll Free 855-467-2849

PATIENT INFORMATION (Please print)

Checkboxes for: Urine FISH, CystoSnap™, FISH Reflex to CystoSnap™, PCA3 (see requirements)

MOLECULAR DIAGNOSIS

GoProDx™ Prostate Cancer Prognostic Panel
 PTEN-FISH ERG-FISH
 Urine FISH FISH Reflex to CystoSnap™
 CystoSnap™ PCA3 (see requirements)
 Other

CLINICAL HISTORY

PROSTATE HISTOLOGY

PRELIMINARY

PREPARING RESOURCES (Special)

Signature: _____ Date: _____

References

1. Fontugne J, Lee D, Cantaloni C, et al. Recurrent prostate cancer genomic alterations predict response to brachytherapy treatment. Cancer Epidemiol Biomarkers Prev. 2014 Apr;23(4):594-600. doi: 10.1158/1055-9965.EPI-13-1180. Epub 2014 Feb 10.
2. Han S, Brenner JC, Sabolch A, et al. Targeted radiosensitization of ETS fusion-positive prostate cancer through PARP1 inhibition. Neoplasia. 2013 Oct;15(10):1207-17.
3. Swanson TA, Krueger SA, Galoforo S, et al. TMPRSS2/ERG fusion gene expression alters chemo- and radio-responsiveness in cell culture models of androgen independent prostate cancer. Prostate. 2011 Oct 1;71(14):1548-58. doi: 10.1002/pros.21371. Epub 2011 Mar 10.
4. Fagone P, Donia M, Mangano K, et al. Comparative study of rapamycin and temsirolimus demonstrates superimposable anti-tumour potency on prostate cancer cells. Basic Clin Pharmacol Toxicol. 2013 Jan;112(1):63-9. doi: 10.1111/j.1742-7843.2012.00923.x. Epub 2012 Jul 26.
5. Bitting RL, Armstrong AJ. Targeting the PI3K/Akt/mTOR pathway in castration-resistant prostate cancer. Endocr Relat Cancer. 2013 May 20;20(3):R83-99. doi: 10.1530/ERC-12-0394. Print 2013 Jun.