

Patient: <PtFirst and LastName>
 DOB: <Mon DD, YYYY>
 Gender: <Gender>
 Tumor: Lung
 Specimen Type: Dried Serum

VS Accession No: VSLC#####-xxx
 Date of Collection: <Mon DD, YYYY>
 Date Received: <Mon DD, YYYY>
 Date Performed/Reported: <Mon DD, YYYY>

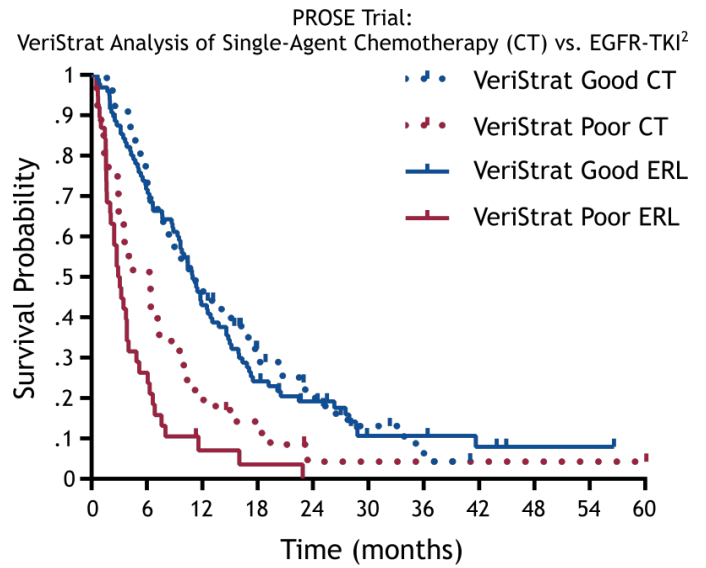
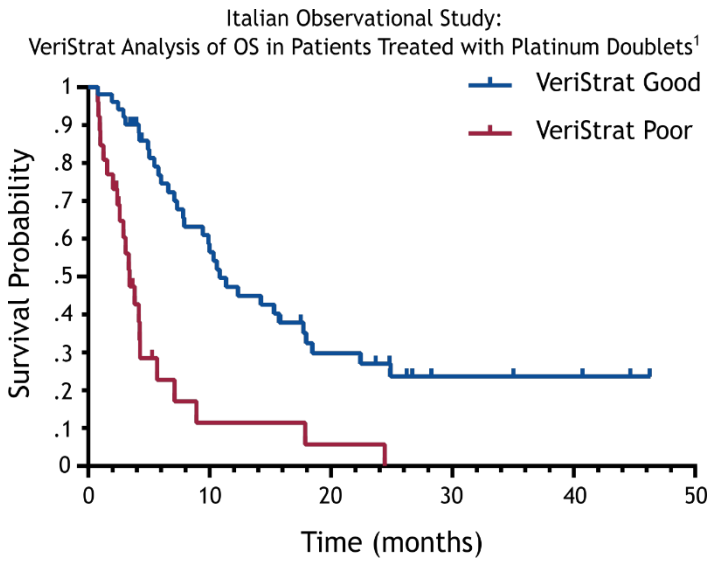
Physician: Dr. <PhysFirst and LastName>
 Facility: <Ordering Facility Name>
 Address: <Street Address>
 Address: <City, State Postal Code>
 Country: <Country Code>
 Phone: <Phone Number>
 Fax: <Fax Number>



Test Result: VERISTRAT GOOD

Result Interpretation: VERISTRAT GOOD

In treatment-naïve non-small cell lung cancer patients, published data demonstrate that VeriStrat is prognostic of survival outcomes, regardless of histology.^{1,2,6} A VeriStrat Good patient is likely to benefit from platinum doublet therapy. In previously-treated patients, VeriStrat is prognostic and predictive of therapeutic benefit from EGFR-TKI therapy in EGFR wild type patients⁵; A VeriStrat Good patient is likely to derive benefit from EGFR-TKI therapy.




Donald Joe Chaffin, M.D., CAP Accredited CLIA Laboratory Director

VeriStrat® Data Overview

	Study	Study Population (n)	Treatment	Median OS: VS-G	Median OS: VS-P	Hazard Ratio (95% CI)	P Value
Treatment Native	Grossi, et al ¹	Adenocarcinoma (76)	Platinum Doublet	10.8	3.4	0.26 (0.15-0.47)	< 0.0001
	Grossi, et al (Nexus) ²	Adenocarcinoma (202)	Platinum Doublet	14.7	6.3	0.41 (0.30-0.58)	< 0.001
	Amman, et al (ECOG3503) ³	Multiple histologies (88)	Erlotinib	10.8	3.9	0.36 (0.21-0.60)	0.001
Previously Treated	Carbone, et al (BR.21) ⁴	Multiple histologies (292)	Erlotinib	10.50	3.98	0.37 (0.28-0.48)	< 0.0001
	Carbone, et al (BR.21) ⁴	Multiple histologies (144)	Placebo	6.60	3.10	0.44 (0.31-0.63)	< 0.0001
	Gregorc, et al (PROSE) ⁵	Multiple histologies (134)	Erlotinib	11.0	3.0	0.28 (0.19-0.43)	< 0.0001
	Gregorc, et al (PROSE) ⁵	Multiple histologies (129)	Chemotherapy	10.9	6.4	0.50 (0.34-0.76)	0.0008
	Gadgeel, et al (LUX-Lung 8) ⁶	Squamous (336)	Afatinib	11.5	4.7	0.40 (0.31-0.51)	< 0.0001
	Gadgeel, et al (LUX-Lung 8) ⁶	Squamous (339)	Erlotinib	8.9	4.8	0.43 (0.34-0.55)	< 0.0001
	Grossi, et al ⁷	Multiple histologies (60)	Nivolumab	9.86	3.95	0.50 (0.25-1.00)	0.046

VeriStrat® Analysis Description: Protein expression analysis utilizing mass spectrometry and data algorithms was performed on the submitted serum sample. A test result of VeriStrat Good, VeriStrat Poor, or Indeterminate was assigned. Inadequate sample quality (evidence of hemolysis on spotting card) may limit ability to obtain a VeriStrat result.

VeriStrat proteomic test results are adjunctive to the ordering physician's workup and should be used in combination with the patient's clinical history, other diagnostic tests, and clinicopathological factors customarily evaluated by a qualified physician. VeriStrat results are to be used for clinical purposes and should not be regarded as research use only or investigational. Any questions regarding the use or interpretation of the VeriStrat test should be directed to the Biodesix Customer Support at 866-432-5930.

References*:

1. Grossi F et al. British Journal of Cancer (2016), 1-8.
2. Grossi, et al. Lung Cancer (2017). epub ahead of print. <https://doi.org/10.1016/j.lungcan.2017.12.007>
3. Amann, et al. J Thorac Oncol. 2010; 5(2):169-178.
4. Carbone DP et al. J Thorac Oncol. 2012;7(11):1653-1660.
5. Gregorc V et al. Lancet Oncol. 2014;15(7):713-721.
6. Gadgeel S, et al. Lung Cancer. 2017 Jul;109:101-108.
7. Grossi F, et al. Poster Presentation: IASLC 17th World Conference on Lung Cancer. Vienna, Austria; 2016.0.001

*For other tumor types, references and available data on file can be provided upon request.

VeriStrat was developed and its performance characteristics were determined by Biodesix, Inc. The laboratory meets the requirements for high complexity tests under the Clinical Laboratory Improvement Amendments of 1988, as amended, and its implementing regulations.

By accepting receipt of the VeriStrat Test Result Report or any content derived from it ("VS TRR"), the ordering physician, institution of ordering physician, or any third parties to whom the VS TRR is transferred, agree the VS TRR may only be used for the clinical management of the patient identified in the VS TRR by the physician. Any other use of the VS TRR including, without limitation, correlative studies, diagnostic development, derivative works or other analyses is expressly prohibited. The results of any unauthorized use of the VS TRR shall belong solely and exclusively to Biodesix, Inc. Additional terms and conditions related to this VS TRR can be found at www.biodesix.com.