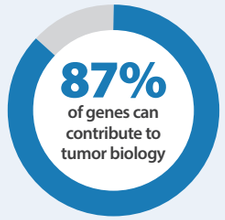
Every patient with advanced cancer deserves complete answers.

Why This Matters

Many NSCLC patients receive some biomarker testing — but not complete, high-quality testing. Missing or delayed information can affect:

- Treatment timing
- Treatment choices
- Treatment outcomes



You deserve testing that gives your care team the full picture — up front.

What "Complete" NSCLC Testing Should Include

- **Comprehensive biomarker profiling** looks broadly at the whole exome (DNA) — not just a small portion of the exome - to ensure critical information is discovered and not missed.
- **Whole transcriptome sequencing of mRNA** — not just a smaller RNA panel — will reveal important gene alterations, such as fusions and variant transcripts, that can be missed if testing looks at DNA alone. These alterations may be targeted with approved therapies or clinical trial drugs.
- **Option for tissue and blood concurrent testing** Helps identify the most clear picture of the patient's cancer biology and all possible treatment options
- **A blood-based molecular profiling option** To use when cancer tissue is not available and to look for development of resistance in the cancer over time
- **Done together, from one sample** Reduces delays, repeat testing, and unnecessary cost.

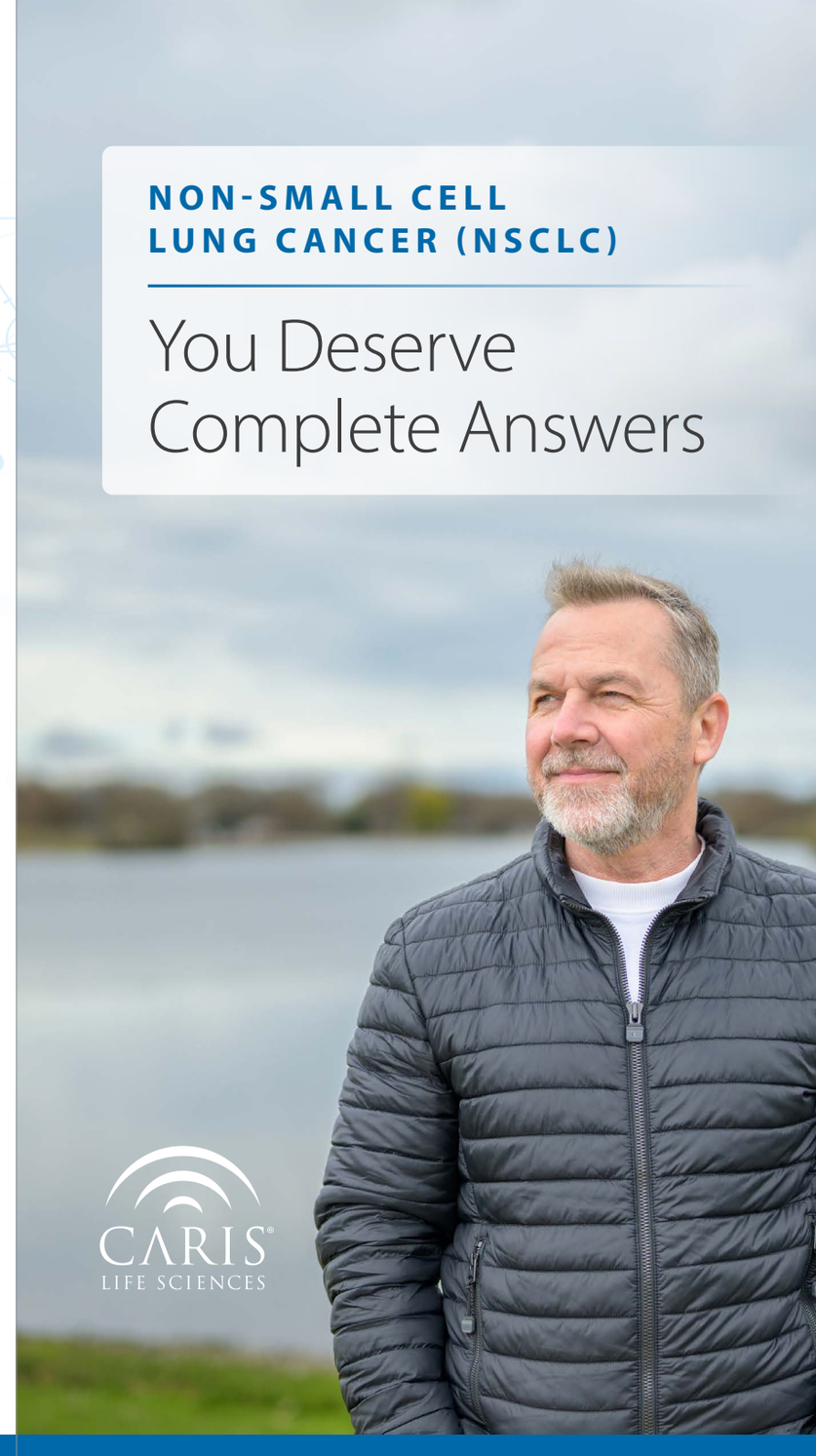
Scan to learn more, or visit CarisLifeSciences.com/Patients.

CARIS® LIFE SCIENCES

Where Molecular Science Meets Artificial Intelligence.

NON-SMALL CELL LUNG CANCER (NSCLC)

You Deserve Complete Answers



What Most NSCLC Patients *Get*

DNA-only testing
May miss certain critical biomarker information (e.g., NTRK fusions)

Sequential or add-on tests
Ordered over time, not together, causing unnecessary delays and stress

Tissue-only testing
Could miss alterations uniquely captured by ctDNA

Limited Panels
Potential for missed cancer causing alterations that may be targetable with approved therapies or trials

VERSUS

What Patients Actually *Need*

DNA + RNA testing
Captures fusions (a type of cancer-causing error in the cell) that DNA testing alone can miss

Everything at once
One test, one sample, one timeline, fewer delays when timing matters

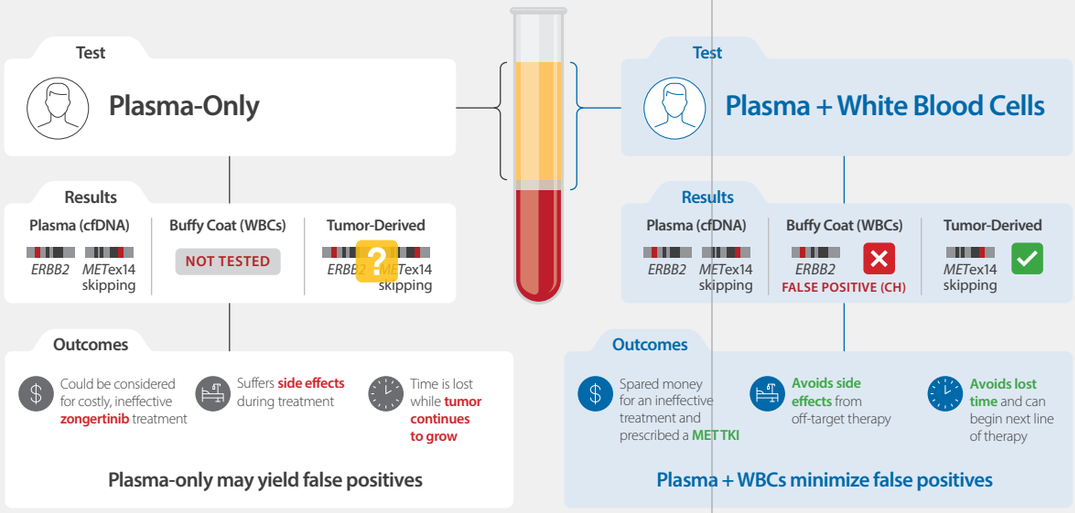
Tissue and Blood testing options
Can be ordered together to show the full picture of the tumor biology

Ability to monitor for changes in the patient's tumor over time using blood profiling

Presents an opportunity to obtain information from the blood, even if the tissue is limited or not accessible

Comprehensive DNA and RNA testing
Leaving no potential actionable information undiscovered

Real-World Consequences of False Positives In NSCLC



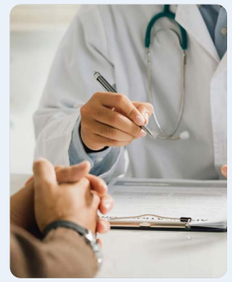
Plasma Only Assays May Mischaracterize Variants

- "False Positive" is a found mutation that could be interpreted as tumor-derived when it is not, leading to improper therapy selection. An example of a false positive is a mutation of clonal hematopoesis (CH) origin.
- Leading professional organizations (e.g., CAP, AMP, ESMO) recommend incorporating whole blood controls (white blood cells) to distinguish between CH from tumor-derived mutations.

Is My Non-Small Cell Lung Cancer Profiling Complete?

Bring This Checklist to Your Appointment. If you or a loved one has NSCLC, biomarker testing matters — but how it's done matters even more. Every patient with advanced cancer deserves complete answers.

About Testing



- Am I a good candidate for molecular profiling? Why or why not?
- If so, will you be ordering a tumor tested using **both DNA and RNA and protein testing?**

  Proteins: ALK, HER2, MET, PD-L1 [SP142, 22c3]

  DNA Testing: EGFR, KRAS, BRAF

  RNA Testing: MET exon14 skipping and Fusions (e.g., ALK, NTRK, RET, ROS1, NRG1, FGFR [emerging])
- Will you look broadly across many genes, such as the whole exome and whole transcriptome (not just a small panel)?
- Are you considering ordering both tissue- and blood-based profiling to get a broader picture of my cancer make-up? Why or why not? If so, will the blood test exclude non-cancer causing mutations to be sure we are getting the best quality results?

About Treatment Decisions

- Will you use my test results to guide **first-line treatment decisions as well as clinical trials, and how quickly can I get this testing?**

About Efficiency

- Were **all of these tests done together,** from one sample?
- If there is insufficient tissue, does the laboratory have other ways to get these test results (e.g., reflex protocols to other molecular tests or blood-based testing)?