

Strata Select[™] provides more insights, for more patients

Smarter precision-matched cancer treatment

Strata Select is a pan-solid tumor molecular profiling test for patients with advanced cancer. Strata Select combines simultaneous DNA and quantitative RNA sequencing from a single small tumor tissue sample to provide treatment selection guidance for immunotherapy as well as other classes of therapy.

Immunotherapy response prediction is based on the Immunotherapy Response Score (IRS), a proprietary, validated pan-solid tumor predictive biomarker for anti- PD-1/PD-L1 checkpoint inhibitor monotherapy benefit. Strata Select also provides genomic signatures – tumor mutational burden (TMB) and microsatellite instability (MSI) – and comprehensive genomic profiling (CGP) results.

Proven performance

The Strata Oncology platform is optimized to provide results from small and challenging tumor tissue specimens, including:

- diagnostic and metastatic biopsies
- fine needle aspirations
- fluid cytology

10x less tissue

Ultra-low tumor tissue requirements (compared to conventional CGP) allow informative results for more than 94% of patients¹.

Strata Select specimen requirements

≥2mm²

surface area

≥20%

tumor content

≤2

years since
specimen collection

A commitment to patients

The Strata Select specimen requirements were designed to be maximally flexible to ensure almost every patient can receive information that can guide their care.

Quality control assessment of every sample before analysis ensures that results delivered can be relied upon for clinical decision making.

In some cases, certain alterations or molecular signatures may not be reportable, due to every specimen requirement not being met. In particular, the quantitative RNA profiling component of IRS can be adversely impacted by specimen age due to the well-established lability of RNA.

Strata Oncology encourages providers to supply the best possible sample for profiling, but makes an attempt to profile all samples received, regardless of size, tumor content or specimen age.

Reference: 1. Tomlins SA, et al. *JCO Precis Oncol.* 2021;5:1312-1324.