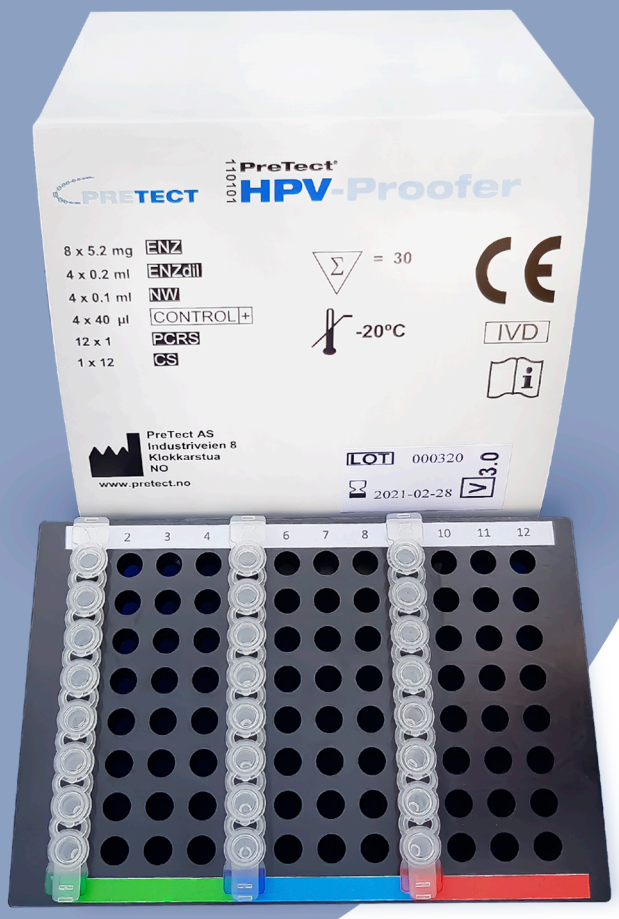
ADVANCES IN CERVICAL CANCER PREVENTION



PreTect® HPV-Proofer

Finding clinically relevant answers!

HPV infections are common but > 90% are harmless[1]

THE CHALLENGE IS ON: FIND THE INFECTIONS THAT MATTE

CLINICAL BENEFITS OF USING PreTect® HPV-Proofer

- Risk stratification and direct genotyping
- E6/E7 mRNA expression from HPV 16, 18, 31, 33, and 45
- Identification of cervical precursors most likely to progress to invasive cancers
- Accurate patient management, triaging HPV DNA-positive women/low grade cytology
- Enhanced identification of cervical adenocarcinoma
- Minimization of unnecessary referrals and over-treatment
- Suitable even in young women

PreTect®
HPV-Proofer

Background

Cervical Cancer is caused by the continuous overexpression of the E6/E7 oncogenes from high-risk HPV virus types [2)]

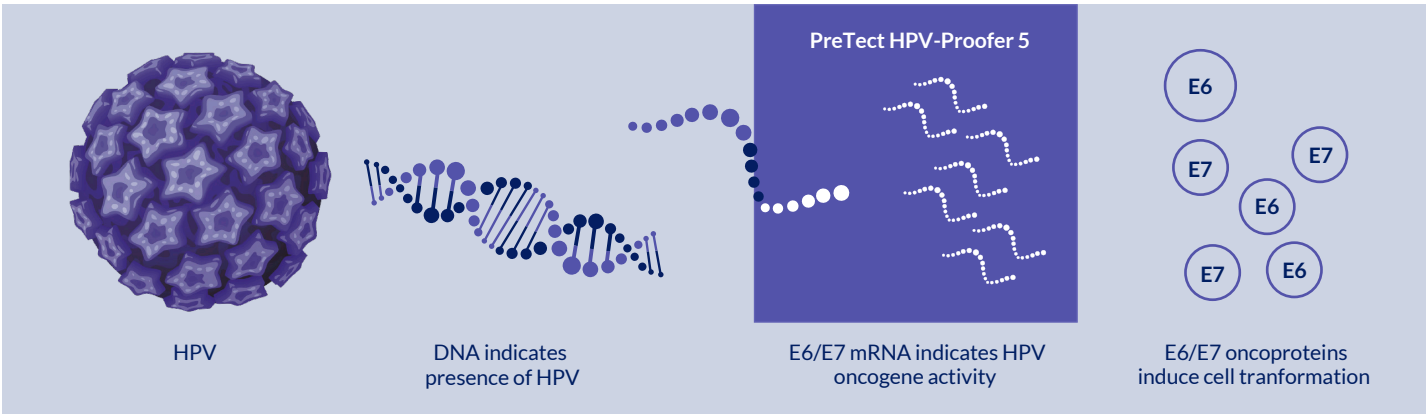
Almost 80% of women have an HPV infection during their life, but most infections are harmless and resolve spontaneously

More than 100 HPV types are known but only a few lead to high-grade precancerous lesions and cervical cancer

Screening needs high specificity and accurate patient management to minimize the risk of unnecessary follow-up of false positive cases

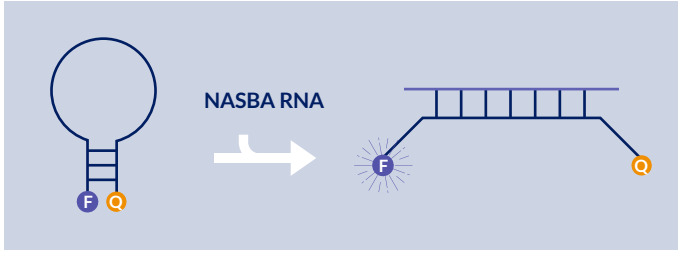
TEST INFORMATION	
Individual HPV genotyping	E6/E7 mRNA HPV 16, 18, 31, 33, and 45
Intrinsic Sample Control (ISC):	Targeting mRNA from housekeeping gene
Sample type	Cervical samples
Storage media	PreTect TM (PreTect AS); PreservCyt; SurePath
Input material:	Isolated Nucleic Acid (DNA/RNA)*
Technology	Real-time NASBA isothermal amplification (41°C) with four specific molecular beacon probes
Format	96-well PCR plate pre-filled with reagents n=94
Assay time	~ 150 minutes
Instrumentation	Fluorescence reader / RT-PCR (CFX-96/QuantStudio5)

* DNA/RNA isolation reagents not included.



Key facts

- A qualitative CE-IVD kit to identify the few women who are at highest risk for cervical disease
- Selective mRNA amplification; identification of carcinogenic activity, not viral presence
- HPV mRNA positive cases are at high 10-year risk of CIN3+ [3)]
- HPV mRNA negative cases are at low 10-year risk of CIN3+ [3)]
- Unique risk stratification and genotyping



References:
1) Elfgren et al (2000) Am J Obstet Gynecol **183** (3):561-567
2) Zur Hausen H (2002) Nat Rev Cancer **2** (5):342-350. Review
3) Norwegian data presented at XIII International Workshop on Lower Genital Tract Pathology (Rome, April 12-13 2018)

Contact us for further information!

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