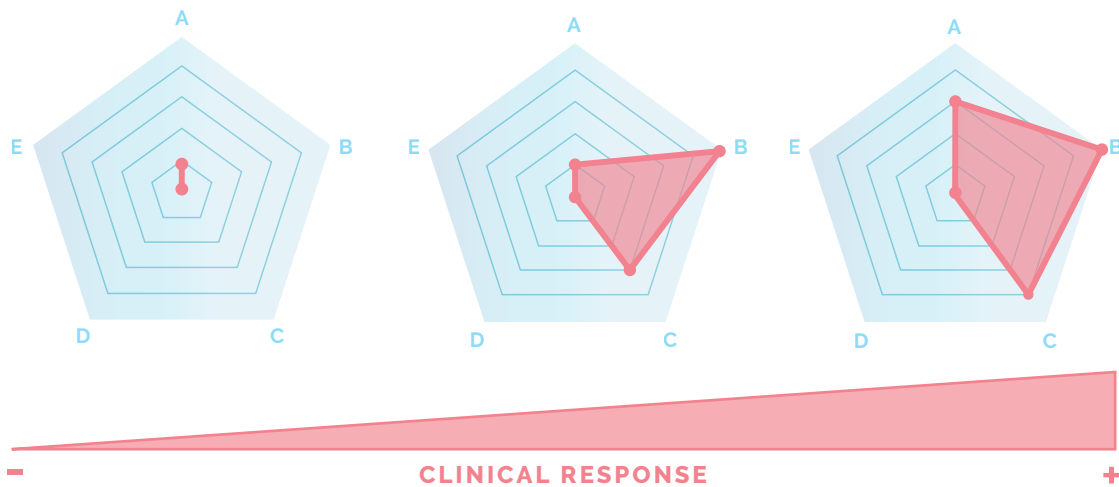


Choose the best therapy for Urothelial carcinoma (Bladder Cancer)

PERSONALIZED IMMUNOGRAM



A *MSI high (FDA) / About 13% of Bladder Cancer*

For patients with metastatic Bladder cancer that have progressed following prior treatment and who have no satisfactory alternative treatment options.

B *TMB (Tumor Mutational Burden; ASCO 2017) / 15% of TMB are MSI-*

Overall, TMB has been shown to be a predictive biomarker for immunotherapy. High, intermediate, and low TMB were defined as ≥ 20 mut/Mb, ≥ 6 and < 20 mut/Mb, or < 6 mut/Mb, respectively. It has been reported that a minimum of 1.1 Mb of coding genome can accurately assess this TMB compared with sequencing of the whole exome.

C *PD-L1 (%) (FDA)*

For patients with locally advanced or metastatic urothelial carcinoma who have disease progression during or following platinum-containing chemotherapy or within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy.

D *CD8 T cell infiltrate (ASCO 2017)*

Tumor infiltrating T lymphocytes CD8+.

E *Resistances (ASCO 2017)*

Mutations in JAK1, JAK2, POLE, STK11, PD-L1, higher number of CNVs have been associated with resistance to immunotherapy.