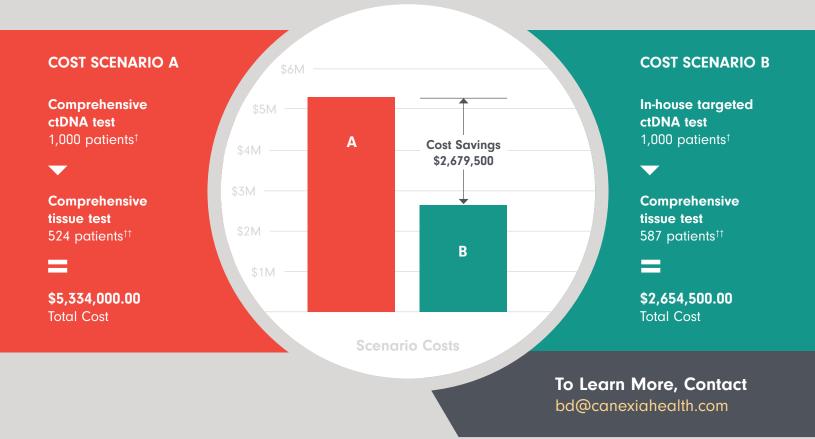
SAVE \$2.7M ON CANCER CARE FOR YOUR HEALTHCARE ORGANIZATION

Success under value-based reimbursement models requires oncologists to deliver high-quality, patient-centered care while sustaining meaningful cost savings. Initial efforts have lowered costs in areas such as hospital admissions and ED visits.¹ We can help you identify substantial incremental cost savings.

Conducting targeted circulating tumor DNA (ctDNA) testing inhouse provides comparable patient benefit as outsourcing to a comprehensive ctDNA test provider, but at a significantly lower cost. The following model assumes \$600 for running targeted ctDNA testing in-house vs. \$3,500 for sending out comprehensive ctDNA or tissue tests, with 70% concordance between ctDNA and tissue tests. This is based on 1,000 patients with nonsmall cell lung cancer (NSCLC).



[†] Non-Small Cell Lung Cancer (NSCLC) Patients

^{††} Patients with negative ctDNA tests results are reflexed for comprehensive tissue testing. Patient cohort B has more patients (587) that are reflexed to comprehensive tissue testing than patient cohort A (524). The difference is due to 63 more patients out of 1,000 NSCLC patients that receive an actionable variant with comprehensive ctDNA testing than targeted in-house ctDNA testing.



Health