

BRAF STATUS

Test early for informed
treatment decisions

BRAF testing is essential following melanoma diagnosis

Knowing a patient's BRAF mutation status is critical in devising a personalized treatment plan¹

- Molecular testing is becoming an essential workup for most tumors²
- Patients with BRAF-mutant metastatic melanoma appear to have poorer survival compared to those without BRAF mutations³

Patients with advanced melanoma who are positive for BRAF mutations have treatment options specific to their disease¹

Test patients with melanoma as early as possible to determine their BRAF status

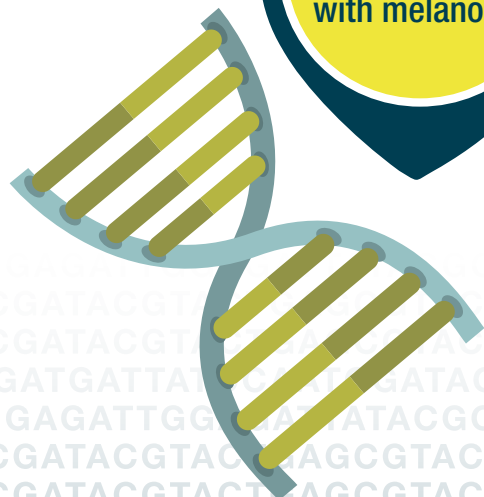
Having BRAF status results available in advance of treatment planning may contribute to¹:

- Earlier treatment decisions
- Reduced costs
- Increased patient satisfaction
- Increased physician efficiency
- Overall superior care

~50%
of melanomas have a
BRAF mutation⁴

- V600E is the most common mutation⁴
- V600K is the second most common mutation, comprising up to 30% of BRAF mutations⁴
- Other less common mutations include V600D, V600G, V600M, and V600R⁵

Test BRAF
earlier in patients
with melanoma



Test BRAF status early in disease progression

Identifying BRAF mutations in earlier stage melanoma can help:

- Avoid delays in determining appropriate treatment⁶
 - Testing in advance, and as early as stage IIC, can eliminate the need to wait for test results⁶⁻⁸
- Avoid delays and costs due to release of archived tissue samples⁶
- Allow for more rapid initiation of treatment⁶
 - If a primary tumor is BRAF-mutation positive, the same is usually true of metastatic tumors⁶
- Provide valuable information, should the standard of treatment change

European Society for Medical Oncology (ESMO) guidelines strongly recommend BRAF testing⁸

Advanced disease

- Unresectable stage III
- Stage IV

BRAF MUTATION TESTING MANDATORY

High-risk resected disease

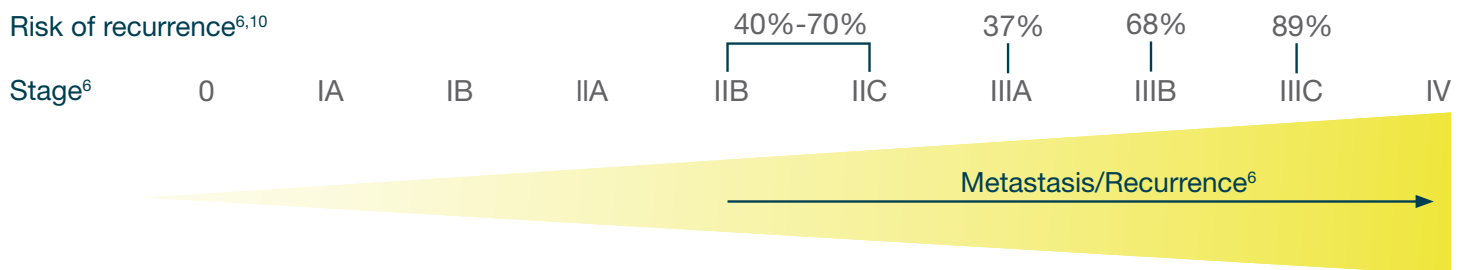
- Stage IIC
- Stage IIIB
- Stage IIIC

BRAF MUTATION TESTING HIGHLY RECOMMENDED

In many countries, the number of BRAF tests in melanoma exceeds the number of patients with stage III/IV disease, suggesting that some testing occurred at earlier stage⁹

BRAF mutation testing is highly recommended as early as stage IIC⁸

Risk of recurrence^{6,10}



Test BRAF early

More information can help drive decisions

References: 1. Mounajjed T, Brown CL, Stern TK, et al. Preappointment testing for *BRAF/KIT* mutation in advanced melanoma: a model in molecular data delivery for individualized medicine. *Hum Pathol.* 2014;45:2240-2246. 2. Cree IA, Deans Z, Ligtenberg MJL, et al; the European Society of Pathology Task Force on the Quality Assurance in Molecular Pathology and the Royal College of Pathologists. Guidance for laboratories performing molecular pathology for cancer patients. *J Clin Pathol.* 2014;67:923-931. 3. Long GV, Menzies AM, Nagrial AM, et al. Prognostic and clinicopathologic associations of oncogenic *BRAF* in metastatic melanoma. *J Clin Oncol.* 2011;29:1239-1246. 4. Klein O, Clements A, Menzies AM, O'Toole S, Kefford RF, Long GV. BRAF inhibitor activity in V600R metastatic melanoma. *Eur J Cancer.* 2013;49:1073-1079. 5. Lovly CM, Dahlman KB, Fohn LE, et al. Routine multiplex mutational profiling of melanomas enables enrollment in genotype-driven therapeutic trials. *PLoS ONE.* 2012;7:e35309. doi:10.1371/journal.pone.0035309. 6. Gonzalez D, Fearfield L, Nathan P, et al. *BRAF* mutation testing algorithm for vemurafenib treatment in melanoma: recommendations from an expert panel. *Br J Dermatol.* 2013;168:700-707. 7. Marchant J, Mange A, Larrieux M, Costes V, Solassol J. Comparative evaluation of the new FDA approved THxID™-*BRAF* test with high resolution melting and sanger sequencing. *BMC Cancer.* 2014;14:519. doi:10.1186/1471-2407-14-519. 8. Dummer R, Hauschild A, Lindenblatt N, Pentheroudakis G, Keilholz U; the ESMO Guidelines Committee. Cutaneous melanoma: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up. *Ann Oncol.* 2015;26(suppl 5):v126-v132. 9. dos Santos MT, Atkey N, Aita E, Clark, J. International comparison of *BRAF* testing in melanoma. 2016 ASCO Annual Meeting. *J Clin Oncol.* 2016;34(suppl: abstr e21053). 10. Romano E, Scordo M, Dusza SW, Coit DG, Chapman PB. Site and timing of first relapse in stage III melanoma patients: implications for follow-up guidelines. *J Clin Oncol.* 2010;28:3042-3047.