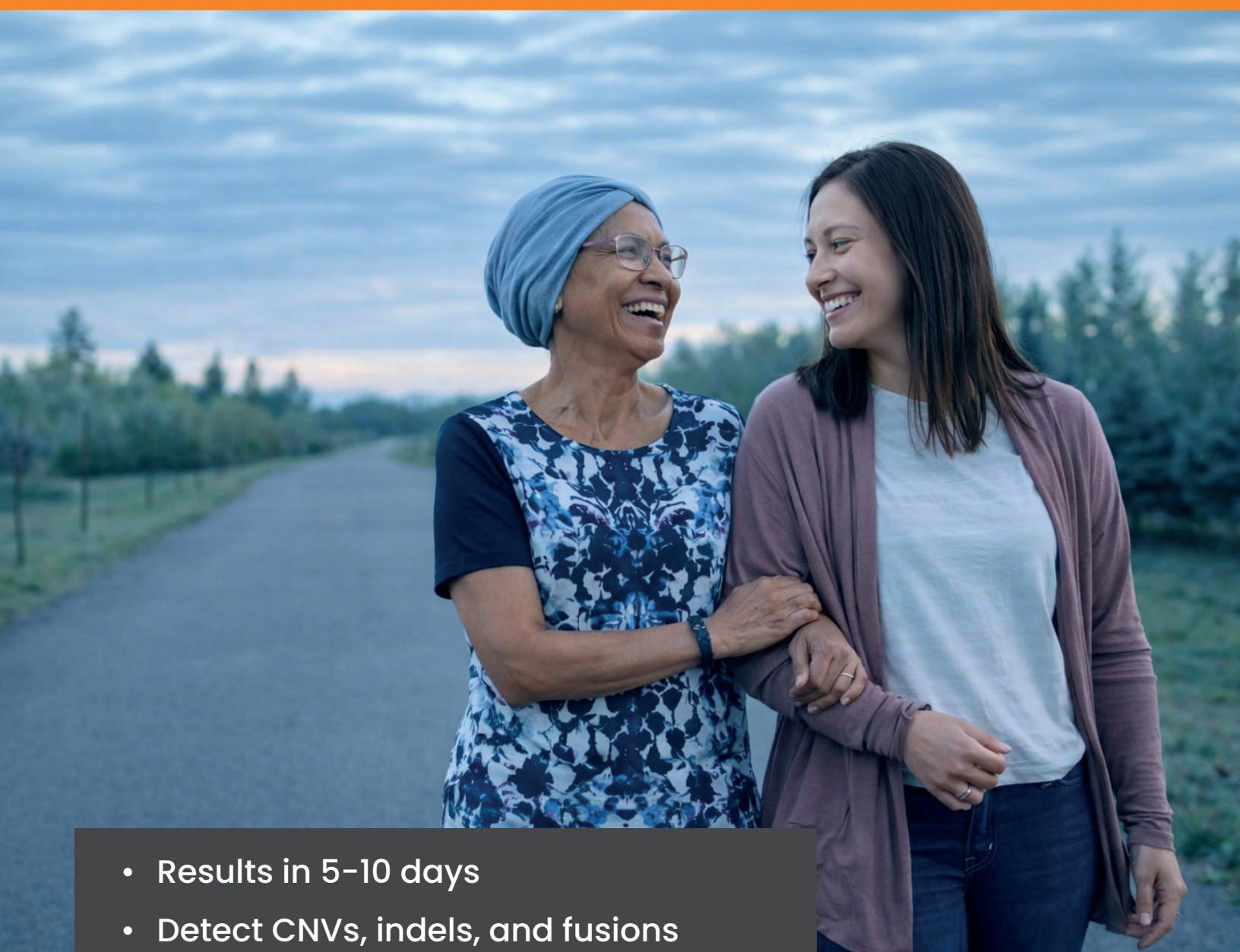


# Solid Tumor DNA/RNA Profiling

## Targeted and Immunotherapy Matching



- Results in 5–10 days
- Detect CNVs, indels, and fusions
- Low QNS rate of <1%
- Expression Profiling





# The Leader in RNA Innovation

Don't accept partial results. DNA and RNA provide a complete picture for comprehensive answers.

- **GTC's RNA goes beyond just fusion detection;** it can also provide immunophenotyping, molecular IHC, and molecular karyotyping.
- **Sophisticated AI systems** help interpret and report data to enable more accurate diagnoses.
- Detect **Cancer of Unknown Primary** (CUP)



The solid tumor profiles provide:

- Targeted and immunotherapy matching
- DNA and RNA profiling
- Tumor Mutation Burden (TMB)
- Microsatellite Instability (MSI)
- Fusion/translocations
- Copy number variations and deletion detection
- HRD/HRR
- Viral EBV, HPV, TTV, HTLV-1 testing
- IHC for PD-L1, FOLR1, CLDN.18, and MET
- T-cell & B-cell clonality analysis
- HLA genotyping
- Gene expression
- DPYD genotyping

## Solid Tumor Tests

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GTC-Solid Tumor  
Profile PLUS™  
DNA/RNA

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Liquid Trace®  
Solid Tumor  
First in class cfDNA/cfRNA

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GTC-Solid Tumor  
Profile™  
DNA

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## GTC-Solid Tumor Profile PLUS™

GTC-Solid Tumor Profile Plus™ tests for abnormalities in **>400 DNA** genes and **>1600 RNA** genes

- A pan-tumor assay that **can detect all types of cancer**
- Includes detection of single nucleotide variants, copy number variation, expression, known and novel fusions, exon skipping, alternative splicing, T-cell & B-cell clonality analysis
- **HLA genotyping**
- Detects microsatellite instability (**MSI**), tumor mutation burden (**TMB**) and homologous recombination deficiency (**HRD**)
- Immunohistochemistry (IHC) testing for PD-L1, FOLR1, CLDN.18, and MET can be ordered as an add-on
- Detects the presence or absence of **EBV, HPV, TTV, and HTLV-1**

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## Liquid Trace® Solid Tumor

Liquid Trace® Solid Tumor **is a pan-cancer highly sensitive test** evaluating **cfDNA and cfRNA**

- Can be used for diagnosis, evaluating the host immune response, and identifying biomarkers for predicting response to various therapies
- Can reduce the need for tissue biopsies for certain cancer patients, especially when obtaining tissue from the tumor is difficult
- T-cell & B-cell clonality analysis
- **HLA genotyping**
- Detects the presence or absence of **EBV, HPV, TTV, and HTLV-1**

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## GTC-Solid Tumor Profile™












GTC-Solid Tumor Profile™ detects the molecular abnormalities in various solid tumors by analyzing the DNA of **>400** genes, covering all exons

- Detects microsatellite instability (**MSI**), tumor mutation burden (**TMB**) and homologous recombination deficiency (**HRD**)
- **Chromosomal abnormalities**
- Results provide prognostic insights, aid in therapeutic decision-making, and predict response to therapy.
- Useful for very small samples



**Affordable access  
to comprehensive molecular profiling**

# Solid Tumor Tests Comparison Table

Available Tests	GTC-Solid Tumor Profile PLUS™	Liquid Trace™: Solid Tumor	GTC-Solid Tumor Profile™
Genes	>400/>1600	>300/>1600	>400
TAT	 5-10 Days	 5-7 Days	 5-7 Days
Sample Type	 FFPE	 Peripheral Blood, Plasma, CSF	 FFPE
Sample Requirements	1 H&E slide and 6-10 unstained slides, 5-7 microns of tissue fixed with 10% NBF fixative	Peripheral blood: 8-10 mL. EDTA tube preferred* Plasma: 5 mL CSF: 7-10mL optimal (5 mL minimum)	1 H&E slide and 6-10 unstained slides, 5-7 microns of tissue fixed with 10% NBF fixative
Results Reported	 DNA +  RNA	 DNA +  RNA	 DNA

\*Important: cfRNA stability is optimal 48-72 hours from blood draw. cfDNA stability is 7 days from blood draw.

Samples received beyond 72 hours may include only cfDNA results.

For CSF Do not use collection devices with anti-coagulants.

\*\*See specimen requirements for details



Enhanced reporting providing clinical utility of DNA and RNA insights

### Solid Tumor Profile Plus

Sample Report Page

Patient Name:	Ordering Physician:
Date of Birth:	Physician ID:
Gender (M/F):	Accession #:
Client:	Specimen Type: TISSUE
Case #:	Specimen ID:
Body Site: BLADDER	

MRN:	Indication for Testing: C67.9 Malignant neoplasm of bladder unspecified
Collected Date:	Time:
Received Date:	Time:
Reported Date: 05/10/2025	Time: 01:45 PM

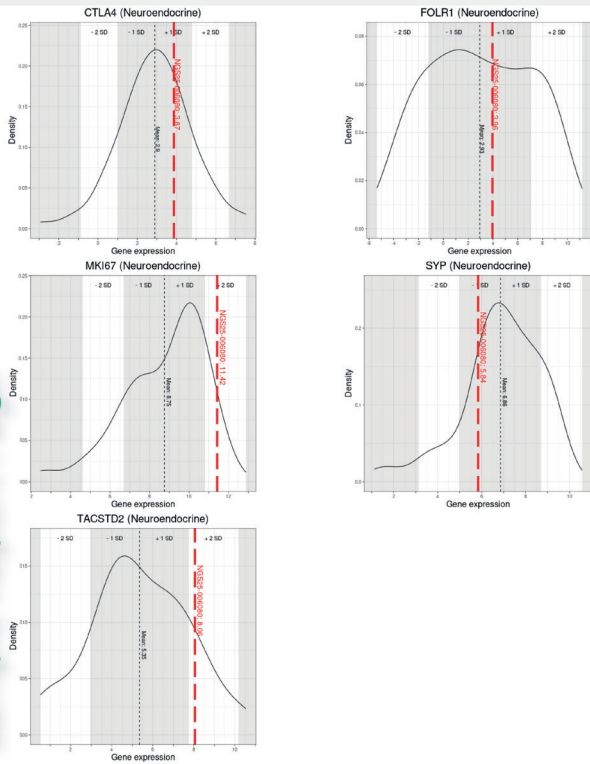
#### Detected Genomic Alterations

Level 1 (FDA-Approved)	Level 2 (Standard of Care)	Level 3 (Clinical Evidence)	Level 4 (Biological Evidence)	Other
No evidence of microsatellite instability	-Homologous recombination deficiency (HRD): Positive-High -Tumor Mutation Burden Low: 8 Mut/Mb	MAP3K1, TP53, PDGFRA, MITF, MAP2K2, NTRK3, MAP2K1, ARID1A, GRIN2A, MAPK1, TSC2	TERT, KDM5A (2 mutations), IRF2, AXL, TCIRG1	-t(5;8)(q12;p11) CWC27::TACC1 fusion -Autosomal chromosomes show: +1, 2q-, 4, 5p+, 5q-, 8p-, 8q+, 10q+(proximal), 10q-(distal), 13q-, +18, 21q-, and -22.

#### Results Summary

- Mutations in MAP3K1, TP53, TERT, PDGFRA, MITF, MAP2K2, KDM5A (2 mutations), IRF2, NTRK3, MAP2K1, ARID1A, AXL, GRIN2A, MAPK1, TCIRG1, and TSC2 genes
- t(5;8)(q12;p11) CWC27::TACC1 fusion
- Homologous recombination deficiency (HRD): Positive-High
- No evidence of microsatellite instability
- Tumor Mutation Burden Low: 8 Mut/Mb

#### Additional Report Information RNA Expression Plots

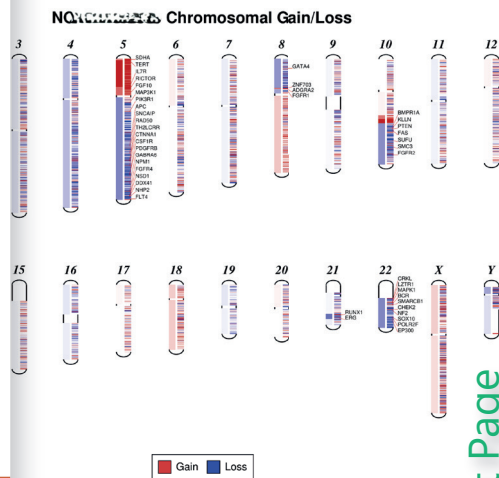


Sample Report Page

proximal), 10q-(distal), 13q-,

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#### Additional Report Information Chromosomal Abnormality Graph



Sample Report Page

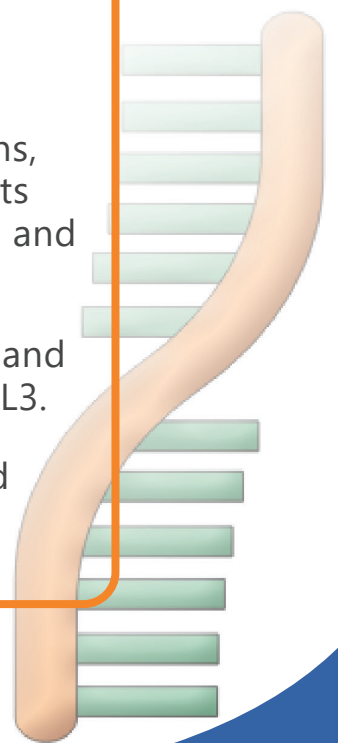


Every patient should be tested for fusion, alternative splicing and expression levels to get a complete picture of their tumor.

## Advantages of RNA

GTC RNA results are compared against thousands of cases with expression levels, then run through our sophisticated AI systems that provide a summary of the findings for each patient.

- RNA can detect all possible translocations that may involve ALK, ROS1, RET, NTRK, FGFR and other genes.
- Detects gene alterations included in NCCN guidelines, such as MET exon 14 skipping, for therapeutic matching.
- With RNA testing, we can evaluate the microenvironment, immune response, PD-L1, PD-L2, PD-1, CD8, etc., detect exon skipping, various alternative splicing, expression and amplification of ERBB2 (HER2), MET and EGFR.
- Our NGS can detect NTRK1, NTRK2, and NTRK3 fusions, which are also in current NCCN guidelines and patients will be eligible for NTRK inhibitors such as entrectinib and larotrectinib.
- Detects expression levels relevant to immunotherapy and antibody-drug conjugate (ADC) therapy, including DLL3.
- Detect the presence or absence of EBV, HPV, TTV, and HTLV-1



GTC provides a 5-10 day turnaround time for all our tests

GTC is committed to helping physicians and patients get answers fast.  
GTC consistently delivers results in 5-10 days.

### Low QNS/TNP

Innovative chemistry reduces QNS and TNP rates.

**GTC's QNS rate is currently below 0.5%**

### Assay Sensitivity

#### Hematology Profile Plus

- >1% On Everything in This Assay
- For Hotspots it's 0.1%
- On Cases With Prior History, it's 0.001%

**Read Depth 2,000-3,000X**

#### Liquid Trace Hematology

- >1% On Everything
- 0.001% On Cases With a Tissue/Cell History (Tumor Informed)

**Read Depth 25,000-30,000X**

### The Co-Op model

- Enables local labs to offer a comprehensive molecular testing menu to support their own communities.
- Provides economies of scale that large labs benefit from with sophisticated technology at a local level.
- Reduces overhead costs (staffing, capital equipment, billing, etc.)





## About GTC

GTC offers advanced genomic testing to communities everywhere at an affordable price.

Genomic Testing Cooperative (GTC) is a different kind of cancer diagnostic laboratory.

Our cooperative model allows us to partner with laboratories, hospitals, oncology practices, and medical professionals to share resources that create efficiencies in cost, turnaround time and quality. In creating a network of Co-Op partners, we help get results to physicians faster, share knowledge and generate better outcomes for patients.

Our testing is focused on comprehensive profiling of DNA and RNA in hematologic neoplasms and solid tumors, embracing the latest sequencing technology and informatics tools, thereby providing better insights into the patient's tumor signature. Our RNA sequencing capabilities go beyond just the detection of fusions and include alternative splicing, gene expression and prediction. Our RNA profiling can be used to complement flow cytometry and immunohistochemistry (IHC) testing. GTC's capabilities include liquid biopsy testing that gives physicians testing options when tissue or bone marrow specimens are not available. Our informatics tools utilize artificial intelligence with sophisticated algorithms to interpret complex data sets. These informatics tools are unmatched anywhere on the market today.

GTC was founded in 2018 by Maher Albitar, MD, who has held senior roles at numerous diagnostic laboratories and was a tenured professor at MD Anderson Cancer Center. He has committed his life to helping cancer patients by advancing cancer diagnostics and democratizing testing. Dr. Albitar founded GTC because he had a vision to revolutionize diagnostics and scientific discovery by improving access to comprehensive genomic profiling with next generation sequencing to all patients. He believes every cancer patient should have access to comprehensive genomic profiling. Dr. Albitar is regularly published in the top medical journals in oncology with over 300 publications to date, and has authored over 50 patents.

