illumina



Complete the portrait with CGP

Reveal more targeted treatment options shown to improve outcomes with Comprehensive Genomic Profiling.¹⁻⁴

Moving quickly toward a targeted therapy

Targeted therapies are associated with improved overall patient survival compared to nonmatched therapies.⁵ Unfortunately, relying on iterative genomic testing can burden patients and waste precious tissue and time.

Revealing more insights with CGP

CGP is an NGS-based assay that reveals genetic insights other testing methods can miss, all without sacrificing timely and reliable results.^{5,6}

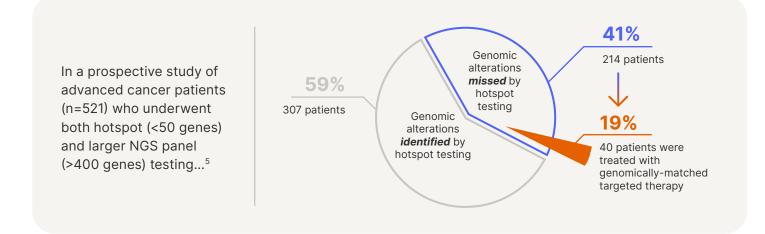


"The best advantage is knowing as many gene alterations as possible, and only a comprehensive genomic profiling approach can help us do this. In fact, we've been able to enroll patients in select clinical trials requiring specific molecular target agents only because we did CGP."

Fortunato Ciardiello, MD, PhD Director, Division of Medical Oncology Dean, School of Medicine and Surgery University of Campania Luigi Vanvitelli, Naples

Improving outcomes through targeted therapies

CGP has been shown to find more actionable gene alterations than small targeted panels, helping match patients with targeted therapies shown to improve outcomes. 5-7



Targeted treatments are linked to a statistically significant improved patient outcome^{3,7,8-10}



Longer overall survival (OS)



Reduced treatment-related adverse effects (AE)



Increases overall response rate (ORR)

Extended progression-free survival (PFS)

ELOOKING tO the future

The cancer treatment landscape is always evolving, and with in-house CGP, your patients' data will stay close at hand. Results from CGP tests can be reanalyzed, providing the information needed to match patients with therapies associated with new biomarkers and genomic signatures.

CGP for oncology. Informed therapies. Improved outcomes.

Learn more



https://ilmnmkt.illumina.com/2016012173

References

- Wei B, Kang J, Kibukawa M, et al. J Mol Diagn. 2022;24(6):600-608. doi:10.1016/j.jmoldx.2022.01.008 1.
- Tsimberidou A-M, Hong DS, Wheler JJ, et al. J Hematol Oncol. 2019;12(1):145. doi:10.1186/s13045-019-0835-1
- Singal G, Miller PG, Agarwala V, et al. JAMA. 2019;321(14):1391-1399. doi:10.1001/jama.2019.3241 Schwaederle M, Zhao M, Lee JJ, et al. J Clin Oncol. 2015;33(32):3817-3825. doi:10.1200/JCO.2015.61.5997 Kopetz S, Mills Shaw KR, Lee JJ, et al. JCO Precis Oncol. 2019;3. doi:10.1200/PO.18.00213 3.
- 4. 5.
- 6. Reitsma M, Fox J, Borre PV, et al. J Manag Care Spec Pharm. 2019;25(5):601-611. doi:10.18553/jmcp.2019.18309
- Zehir A, Benayed R, Shah RH, et al. Nat Med. 2017;23(6):703-713. doi:10.1038/nm.4333
- Soumerai TE, Donoghue MTA, Bandlamudi C, et al. Clin Cancer Res. 2018;24(23):5939-5947. doi:10.1158/1078-0432.CCR-18-0412 Gutierrez ME, Choi K, Lanman RB, et al. Clin Lung Cancer. 2017;18(6):651-659. doi:10.1016/j.cllc.2017.04.004 8.
- 9.
- 10. Kato S, Kim KH, Lim HJ, et al. Nat Commun. 2020;11(1):4965. doi:10.1038/s41467-020-18613-3