CANCER IMMUNOTHERAPY: WILL IT WORK FOR MY PATIENT?

Tumor Mutational Burden (TMB) is a validated, quantitative genomic biomarker associated with response to immunotherapy.

WHICH PATIENTS ARE MOST LIKELY TO RESPOND TO IMMUNOTHERAPY?

In certain patients, cancer immunotherapy has been shown to be effective, with outcomes like:

- ✓ Durable Response
- ✓ Manageable Side Effects

Other patients do not respond well to cancer immunotherapy and can experience:

- ✗ High Treatment Costs
- ✗ Potential Toxic Side Effects

Immunotherapy response varies widely, making it difficult for physicians to know whether immunotherapy will be effective for a given patient. Comprehensive genomic profiling using FoundationOne can help to predict immunotherapy response through the measurement of your patient’s Tumor Mutational Burden (TMB).

PREDICT BETTER WITH INCREASED CONFIDENCE

Increased TMB levels have shown to be a promising indicator for response to immunotherapy.

Using whole exome sequencing, higher TMB was correlated with prolonged progression-free survival:

- In NSCLC patients treated using anti-PD-1 therapy (TMB measured by whole exome sequencing)

TMB was shown to be higher in patients who responded compared with non-responders:

- In metastatic urothelial carcinoma patients (TMB measured using FoundationOne)

Patients with >100 mutations identified experienced improved survival:

- In melanoma patients treated using anti-PD-1/PD-L1 therapy (TMB measured by whole exome sequencing)
FOUNDATIONONE: A RELIABLE AND ACCURATE MEASUREMENT FOR TMB

TUMOR TYPES WITH HIGH TMB ACROSS FOUNDATION MEDICINE DATABASE

For your cancer patients, you only have so much tissue to get it right. So use the best method up front.

High TMB = ≥20 mutations per megabase (Mb)

TMB using FoundationOne is a quantitative approach to predicting response to immunotherapies.

1. SAME FOUNDATIONONE PIPELINE
2. IMMUNE CHECKPOINT RESPONSE PREDICTION
3. ONE, EASY-TO-INTERPRET REPORT

REFERENCES:

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• To help identify targeted therapies.
• To help predict a greater likelihood of benefit from immunotherapy.
• To help identify clinical trials.