Multi-platform molecular profiling of 1,180 patients increases median overall survival and treatment decision in 53% of cases

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Amended Abstract

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Background

A significant unmet need to improve outcomes of patients with refractory cancer lies in the current ability of oncologists to select appropriate treatments for patients. While multiplatform tumor profiling is well recognized as a valuable tool to help physicians make informed decisions, the ultimate clinical translation of this approach to routine practice is challenging.

Methods

1,180 patients with solid cancers were included in Caris, and 1,068 (92%) patients who were matched to treatment recommendations. Tumor biomarker panel was sequenced by Next Generation DNA sequencing (Illumina MiSeq platform). Specific regions of 45 genes of the genome were amplified using the Illumina TruSeq Amplicon Cancer panel (Covers 45 oncogenes, 45 tumor suppressors, 50 genes involved in mismatch repair, 25 microsatellite markers, 13 DNA repair, and 17 common cancer associated genes as well as their copy number).

Results

- Overall Survival from Time of Tumor Profiling Grouped by Treatment Treated and Matched: Patients who received only treatments associated with potential benefit according to the CMI report (n=534) had a significant increase in median overall survival (OS) from the time of profiling compared to those in the unmatched cohort (n=493) (median OS 1068 vs 646 days, HR = 0.68, p=0.0006).

Conclusions

- Comprehensive tumor profiling provided in the Caris Molecular Intelligence™ platform can be used to guide individualized treatment decisions and improve patient outcomes.

References


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