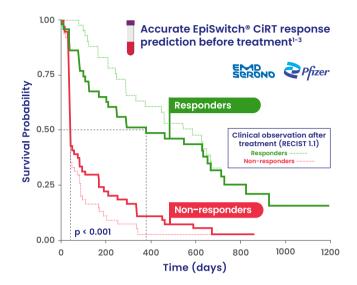
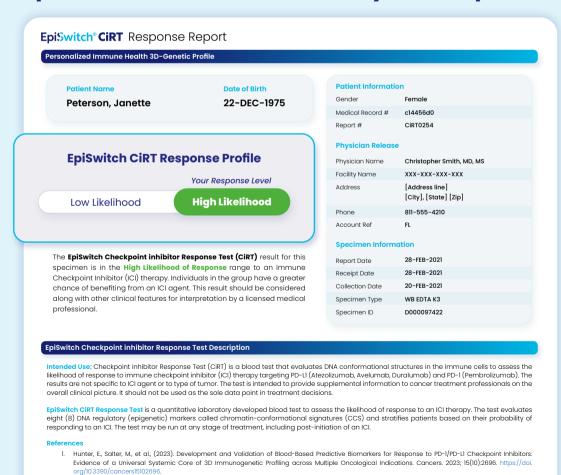


Accurately predict clinical response to immune checkpoint inhibitor (ICI) therapy from blood

- Blood test detects epigenetic markers to accurately identify which patients will respond to an ICI
- Supports first-line treatment planning, navigating adverse events, and identifying ICI candidates in patients where other options have been exhausted
- Run before or during ICI treatment, and anytime before, during or after basic standard of care
- CiRT validated with widely used anti-PD-(L)1 ICIs
 Pembrolizumab, Atezolizumab, Durvalumab,
 Nivolumab, Avelumab across 14+ broad oncological indications¹ including breast, lung, prostate, stomach, liver (HCC), kidney (RCC), pancreas, bladder, head & neck, bile duct, cervix, vulva, colon, brain



EpiSwitch CiRT results are easy to interpret







1. Hunter, E. et al. (2023) Cancers 2023. doi.org/10.3390/cancers15102696

Interpretation of the CiRT result

High Likelihood of response

EpiSwitch CiRT Response Profile

Your Response Level

Low Probability

High Probability

Low Likelihood of response

EpiSwitch CiRT Response Profile

Your Response Level

Low Probability

High Probability

TREATMENT PLANNING

- > Good candidate for ICI therapy
- > Likely candidate for neo-adjuvant treatment before surgery
- > Consider for ICI monotherapy to avoid toxicity related to BSC
- Strong indication that patient will not respond to ICI therapy
- > Consider more aggressive treatment; 3 or 4 agents + the ICI
- Option: Proceed with limited cycles (3-5) and evaluate for response – stop if response/benefit is not observed

ADDRESSING IMMUNE-RELATED ADVERSE EVENTS

- Reinforces that patient should be reset and placed back on the ICI
- Moderate Events: some may not be life threatening, but could impact quality of life – this result indicates that a patient's symptoms should be managed, and the patient remain on ICI
- Patients should be taken off ICI and symptoms managed; they should not be a candidate for return to treatment
- Moderate Events: if therapy is impacting the patient's quality of life, then consider removing the patient from ICI and seek alternate treatment

NEGATIVE IHC OR TMB CONTRAINDICATION

- High likelihood that the patient will respond to an ICI regardless of other test results, like IHC and TMB
- CiRT predicts the host's response, not the tumor's
- Taken in conjunction with standard testing, the patient is not a likely candidate for ICI treatment – consider alternatives

PSEUDO-PROGRESSION

- Pseudo-progression RULE IN: confirmation by CiRT that pseudo-progression is being observed; continuation of ICI therapy will likely benefit the patient
- Pseudo-progression RULE OUT: Confirmation that this is not pseudo-, but actual disease progression; the treatment plan should potentially be reconsidered

Get Started with EpiSwitch® CiRT



Pre-authorise via the Bupa provider services team on 0345 755 3333. Send the completed requisition and patient consent forms by Egress encrypted email to **CiRT.TEST@myOBDX.com**, or by uploading them at **www.obdx.co/upload**.



Send a small blood sample (2 mL) to a CiRT testing lab using our Collection Kit. The test analyzes eight epigenetic biomarkers to predict a patient's response to an ICI.



Within a few days of receiving a sample, the CiRT result will be securely sent to the ordering physician.

Rapid results in days



Publications about CiRT

- Hunter, E., Salter, M., et al. (2023). Development and Validation of Blood-Based Predictive Biomarkers for Response to PD-1/PD-L1 Checkpoint Inhibitors: Evidence of a Universal Systemic Core of 3D Immunogenetic Profiling Across Multiple Oncological Indications. Cancers 2023; 15(10):2696 https://obdx.co/cit01
- Shah, P., Hunter, E., et al. (2019). Development and Validation of Baseline Predictive Biomarkers for Response to Avelumab In Second-Line (21) Non-Small Cell Lung Cancer (NSCLC) Using Episwitch Epigenetic Profiling. SITC, J. Immunotherapy Cancer 7(282) PI42. https://obdx.co/cirt03 Co-published by authors from Oxford BioDynamics, EMD Serono, Pfizer, and the Mayo Clinic
- Shah, P., Hunter, E., et al. (2019). Development And Validation Of Baseline Predictive Biomarkers for Response to Immuno-Checkpoint Treatments in the Context of Multi-Line And Multi-Therapy Cohorts Using Episwitch Epigenetic Profiling. SITC, J. Immunotherapy Cancer 7(282) PI43. https://bobx.co/cirt04
- Co-published by authors from Oxford BioDynamics, EMD Serono, Pfizer, and the Mayo Clinic
- 4. Genomic Biomarkers in Peripheral Blood From Patients Enrolled in the Javelin Bladder 100 Trial of Avelumab. Annals of Oncology | SEP 10, 2022. https://obdx.co/cirt02



EpiSwitch® CiRT Response Test Requisition Form (UK)

To order, submit the completed requisition and patient consent forms by fax to 01865 504691, or by Egress encrypted email to $\underline{CiRT.test@myOBDX.com}$, or upload at $\underline{www.obdx.co/upload}$. For any questions, please email <u>CiRT.test@myOBDX.com</u> or call 01865 504932.

For Lab Use Order#

For Lab Use Kit Barcode ID#

TESTING MAY BE DELAYED IF REQUIRED FIELDS ARE NOT PROVIDED

Patient Information								
						Day Month	Year	Gender: (option
First Name	MI	Last Name		NHS Nu	ımber # (optional)	DOB		F M
Address			City		Postal Code	Country	Primary	Phone
Patient Diagnosis & History								
Diagnosis								
Additional Case information (options	al)							
Treating Physician Informat	tion				Please	provide best conto	act information	for case follow-u
Facility or Practice Name				Treating Physician (full legal name)			GMC Re	gistration Number
Facility/Practice Address			City		Postal Code	Country	Phone	
Oxford BioDynamics Account # (option	onal)		Email				Fax (opt	
,								
Additional Physician to be Copied (or	ptional)		Facility Name (d	optional)	Email (optio	nal)	Fax (opt	ional)
Test Menu and Specimen Co	ollecti	on						
•	Descrip				Acce	pted Specimen Type	e Minimum	Volume Required
EpiSwitch CiRT Response Test	Predictiv	e test that identifi	es a cancer patient's lik	ely response to o	an Immune Whole	blood, EDTA Tube	3 mL	
(Checkpo	oint Inhibitor (Bloc	kade) Therapy.					
Intended Use and Technica	l Inforr	mation						
ntended Use: Checkpoint inhibitor Respondibitor (ICI) therapy targeting PD-L1 (
upplemental information to cancer tre	eatment	professionals on t	the overall clinical picture	e. It should not be	e used as the sole data p	point in treatment decis	sions.	·
piSwitch CiRT Response Test is a lab aboratory Improvement Amendment	ts (CLIA)	to perform high-	complexity clinical testir	ng. Decisions reg	garding patient care and	d treatment should not	be solely based o	on a single test such
his test, rather, on the independent mests, in accordance with the standard				into considerati	on all available informa	tion concerning the pa	tient's conditions,	including other clinic
Billing Information								
	ance co	ver)		 Email			Phone	
Mario (and contact for bining of mour	41100 00	voly		Email			THORIC	
Address				City		Postal Code	e Country	
Test Authorization and Phys	sician	Signature						
The undersigned certifies that he/she i	is license	d to order the test(s	s) listed above and that su	uch test(s) are me	dically necessary for the c	are/treatment of this pat	tient.	
							Day Month	Year
Treating Physician Signature			Printed Name (fu	ull legal name)			Date	

EpiSwitch® CiRT is the only test

that predicts how a patient will respond to immune checkpoint inhibitor (ICI) therapies



Order the CiRT test

The Checkpoint inhibitor Response Test (CiRT) can only be ordered by a physician using the CiRT Requisition Form

• Download the Requisition Form at https://myCiRT.co/order-test



Complete the Requisition Form

Work with your physician to complete the **Requisition and Patient Consent forms**

- Your physician will submit the completed forms by: fax to 01865 504691,
 Egress encrypted email to <u>CiRT.test@myOBDX.com</u>, or upload to <u>www.obdx.co/upload</u>
- For any questions, please email CiRT.test@myOBDX.com or call 01865 504932



Provide a small blood sample

- CiRT Customer Service will send you or your physician a Specimen Submission Kit to ship your blood sample
- Coordinate with your provider to schedule a blood draw



Receive your CiRT test result

Within 5 days of receiving the sample, your Checkpoint inhibitor Response Report will be sent to your physician

 Navigate the toughest challenges of immunotherapy by knowing your likelihood of response to ICI therapy

Questions? Email CiRT Customer Service at CiRT.test@myOBDX.com





EpiSwitch® Patient Consent Form (UK)

Service ordered:

EpiSwitch® CiRT (Checkpoint inhibitor Response Test)

Predicts your likely response to Immune Checkpoint Inhibitor (ICI) cancer therapy

EpiSwitch® PSE (EpiSwitch Prostate Screening Test)

Predicts a patient's current risk of prostate cancer from blood

Patient Information and Declaration of Consent to Processing of Personal Data

Your physician has recommended analysing your blood to perform the EpiSwitch test marked above ("Service").

The Service is provided by Oxford BioDynamics ("OBD") in conjunction with a 3rd-party laboratory as set out below:

- The Service is offered in your country by OBD, who is responsible for the processing of any personal data received from you in the context of providing the Service. OBD handles the central coordination and quality of the Service provision in your country and is also responsible for providing customer support.
- To provide the Service, OBD operates a clinical laboratory and also collaborates with a 3rd-party laboratory ("Partner Lab") in the US. Your sample may be sent to the Partner Lab to perform the laboratory services for this test. If so, your personal data will remain in the UK and will not be sent to or stored by the Partner Lab.

This Patient Information and Declaration of Consent ("Patient Consent Form") informs you about the processing of your personal data by your physician and OBD and serves as the basis for obtaining and documenting your consent to the processing of your personal data.

Section 1 - Consent to the Processing of your Personal Data for Providing the Service

Your consent to the processing of your personal data pursuant to Section 1 is required to provide the Service. To give your consent, please provide your signature at the end of this form.

A. Assignment of Sample ID by OBD (Pseudonymisation Process)

OBD will review your physician's order and upon receipt of your sample assign a pseudonymised identifier ("Sample ID") to your case. OBD will make that Sample ID available to the Partner Lab, if they are required to provide the Service. The Sample ID is a unique central identifier of your case that does not reveal your identity but allows the Partner Lab to exchange test results with OBD in pseudonymised form. Under no circumstances will the Partner Lab receive any information to attribute the Sample ID to your person.

B. Laboratory Analysis and Report Creation

To start the provision of the Service, your physician will complete a test requisition form and provide it to OBD. The form must include the following ("TRF Data"): patient information (e.g., name, date of birth, gender, contact information), physician contact information, and billing information. In addition, the physician may provide a unique identification number (such as a National Health Service number) which may be required by your physician to directly identify you and may also provide details of your case history (your diagnosis).

If the Partner Lab performs the services for the test, they will not receive your TRF Data from either OBD or from your physician. The TRF Data will be stored by OBD on systems and applications operated in the UK. As necessary to provide the Service, OBD may engage technical service providers located in the UK and the US for the hosting and operation of its databases, portals, and applications.

OBD will process TRF Data only for the purpose of providing the Service and not for research and scientific purposes.

If the Partner Lab processes the test, the Medical Director ("Partner Doctor") in the US will be granted view-only access to your report to verify and release the final report to OBD, as required for compliance with regulatory requirements. The report will then be transferred to your physician. Other than as necessary to provide the Service, the Partner Lab will not further analyse or process your sample. The 3D-genomic data obtained during the analysis by the Partner Lab will not contain any directly personal identifiable data. For the avoidance of doubt, OBD does not perform genetic sequencing on your DNA/RNA.

For more details about the roles of OBD, the Partner Lab and Partner Doctor in the context of your Service, please contact your physician or OBD at the contact details set out in Section 2.

Pseudonymised data may be transmitted to the Partner Lab in the US, and thus to another country, the laws of which may not provide for the same level of data protection as considered adequate in the UK. This triggers certain risks, including that it may be more difficult to enforce your data protection rights as a data subject and that your pseudonymised personal data may be subject to access requests under applicable US law by public authorities who may have more extensive powers than the authorities in the UK. To ensure that your data are adequately protected as required by UK data protection laws, OBD and the Partner Lab have implemented supplementary measures, including a privacy by design concept that ensures that only data necessary for the processing of the Service will be transferred to the Partner Lab.

C. Central Coordination of Services, Quality of Service Provision and Customer Service by OBD

OBD will manage access to TRF Data and will also track the status of the provision of the Service based on the Sample ID. OBD's processing is for the purpose of central coordination of the Service, ensuring the quality of the Service provision, and handling of customer service requests. To the extent necessary for these purposes, OBD receives the relevant information from the physician (TRF Data) and Partner Lab (test results and information about the status of Service). OBD will ensure by implementing appropriate technical and organisational measures that the Partner Doctor will be granted view-only access to your report to veri fy and release the final report to OBD.

D. Term of Storage and Deletion

OBD will store and retain your data in accordance with the following processes. The TRF Data and report will be archived by OBD for a maximum of 6 years from the date of the release of the report to your physician ("Completion of the Service") and discarded thereafter. Samples will be discarded by the laboratory once no longer required for the Service and at the latest upon Completion of the Service.

-- continued on reverse



Section 2 - General Data Protection Information

The following general data protection information applies to all data processing activities described in Section 1.

A. Contact Details

The Data Protection Officer of OBD is your point of contact regarding any questions, suggestions or complaints concerning the processing of your personal data. All requests or complaints must be in writing, addressed to the Data Protection Officer at OBD:

E-mail: privacy@oxfordbiodynamics.com Fax: 01865 504691

Mail: 3140 Rowan Place, John Smith Drive, Oxford Business Park, Oxford, OX4 2WB

B. Security

OBD takes appropriate technical and organisational measures to protect your personal data against accidental or unlawful destruction, loss, alteration, unauthorised disclosure of, or access to, personal data transmitted, stored or otherwise processed.

C. Your Rights

You have the right, in accordance with applicable data protection law:

- to request information about the data processed about you, and to obtain a copy of such data (right of access);
- to obtain the rectification of inaccurate data or, taking into account the purposes of the processing, request the completion of incomplete data (right to rectification);
- to obtain the erasure of personal data to the extent one of the grounds provided for by statutory law applies (right to be forgotten);
- to the extent the statutory requirements are fulfilled, to obtain the restriction of processing of your data (right to restriction of processing);
- to the extent the statutory requirements are fulfilled, to receive any personal data you provided to OBD in a structured, commonly used and machine-readable format and to transmit those data to another controller or, where technically feasible, have the data transmitted (right to data portability); and
- not to be subject to an automated individual decision making if the statutory requirements are not fulfilled. Automated individual decision-making is not taking place.

You further have the right to object, on grounds relating to your particular situation and in accordance with applicable law, to any processing of your personal data (right to object). You further have the right to withdraw your consent at any time without affecting the lawfulness of processing based on consent before its withdrawal.

To exercise your rights, please contact your physician. You may also contact OBD through the contact details in Section 2. You further have the right to lodge a complaint with a data protection authority competent for your place of habitual residence or place of the alleged infringement.

Section 3 - Patient Information and Declaration of Consent to the Processing of Personal Data

IMPORTANT: Please provide your consent on two original copies of this document and return one to your physician; the other copy is for your record. Please do not return a copy of this document to OBD.

Consent to Processing of my Personal Data in accordance with Section 1 – I hereby consent to the processing of my personal data, including my health data, as specified in Section 1 for the purpose of providing the requested Service (as indicated at the top of this form), including transfer of my personal data to OBD and potential for visibility to a Partner Doctor in the US. I am aware that I am not obliged to provide this consent, however if my consent is not granted, Service cannot be provided. I may withdraw this consent at any time by contacting my physician or OBD as set out in Section 2. If I withdraw my consent, the Service will be deemed to be terminated and will be stopped at its then current stage.

Patient's signature:	Patient's name (PRINT):	Date (DD-MMM-YYYY)

Patient Agreement of Financial Responsibility

Signature of Patient / Legal Representative

Send by fax to 01865 504691, or by Egress encrypted email to <u>CiRT.test@myOBDX.com</u>, or by uploading them at <u>www.obdx.co/upload</u>. For any questions, please email <u>CiRT.test@myOBDX.com</u> or call 01865 504932

FINANCIAL AGR	EEMENT				
doctor and contacting services is	I have agre me to obtai provided be	ed to procee n payment in	d with testin formation. F	ng. A billing represent Furthermore, I under	gning this form, I acknowledge that my cative from Oxford BioDynamics will be stand that my responsibility for these all payment in advance of testing as
EpiSwitch £1,950	nº CiRT				
BILLING INFORM	MATION				
Indicate if you	have confirme	d that your heal	th insurer will b	e covering the test	
Self-pay	Bupa	Aviva	AXA	Other insurer	
Patient Name ((Please write cl	learly)			Best Phone Number to Call

Date

If signed by legal representative, describe relationship to the patient and authority to act on behalf of the patient