

50 Cancers in 1 Blood Test  
**Earlier Cancer  
Detection Saves Lives**



**LucenceINSIGHT<sup>®</sup>**

Patient Information Leaflet

**LUCENCE**

# Why Screen for Cancer?

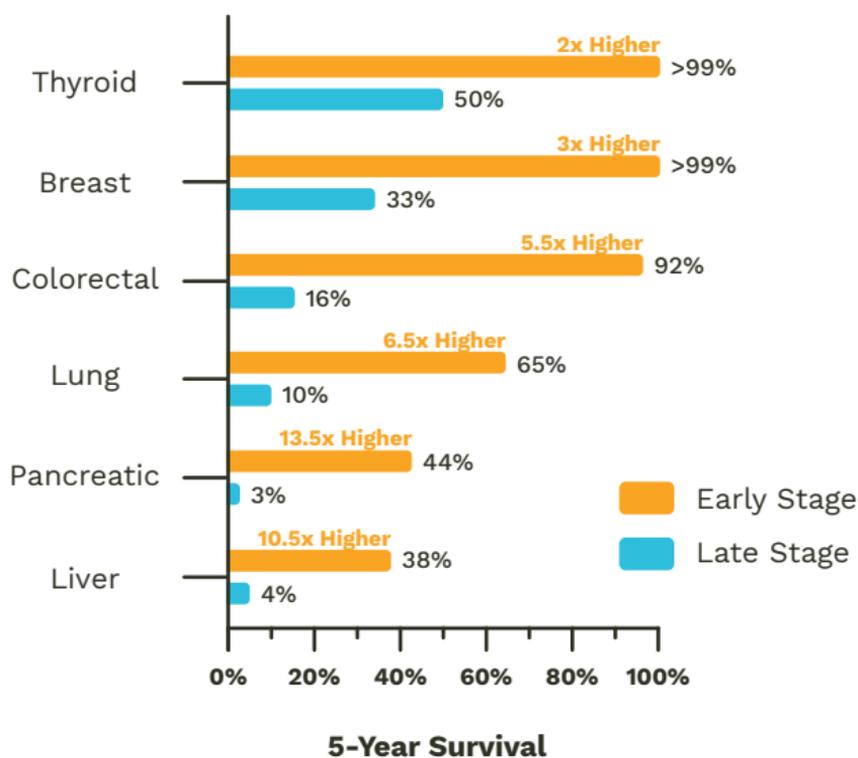
**#2 Cause of Death** globally<sup>1</sup>

**8 in 10** Cancer Deaths are not covered by conventional screening<sup>2\*</sup>

Approximately **1 in 4** develop cancer by age 75<sup>3</sup>

\*Only colorectal, cervical, and breast cancer are recommended for screening in Singapore (HealthHub. Screen for Life. Singapore Ministry of Health. <https://www.healthhub.sg/programmes/healthiersg-screening/screening-faq#home>. Accessed September 15 2025)

## Earlier Detection is Associated with Better Survival<sup>4</sup>



# What is LucenceINSIGHT®?

LucenceINSIGHT® is a multi-cancer early detection (MCED) test that detects and analyzes circulating tumor nucleic acids released from cancer cells.

LucenceINSIGHT® screens for the signal of up to **50** cancers in **1** blood draw.

	Other tumor marker screening <sup>6</sup>	LucenceINSIGHT®
 Number of Cancers	<b>1</b>	 <b>50</b>
 False-Positive Rate	<b>43%</b> <sup>5</sup>	 <b>1%</b> <sup>6</sup>

## Case Study Early Detection of Colorectal Cancer



A cancer signal was detected in a 60+ year-old asymptomatic patient



PET-CT scan and colonoscopy confirmed early stage colorectal cancer



The patient underwent surgery to remove tumors and was discharged

Disclaimer: The case study is for educational, scientific presentation purposes only, and individual case outcomes and results may vary. The case detail, or other descriptions of the case are provided directly by the treating physician/oncologist in a de-identified manner and reproduced with express permission of the treating physician/oncologist.

# Comprehensive Screening of 50 Cancers

## LucenceINSIGHT® 50

Eye cancer  
(Conjunctival melanoma; Uveal melanoma)

### **Head & Neck**

Nasopharyngeal cancer (EBV+)  
Oropharyngeal cancer  
(HPV-positive; HPV-negative)  
Laryngeal cancer  
Salivary gland cancer

Thyroid cancer  
Breast cancer  
Lung cancer  
Lung neuroendocrine tumor

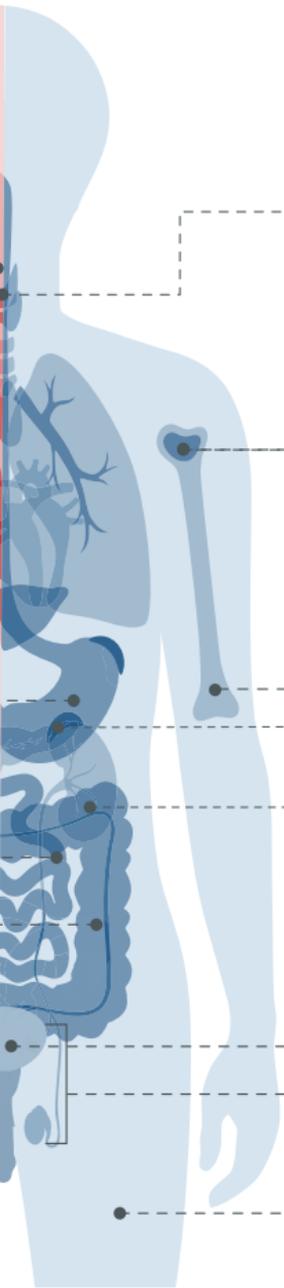
### **Digestive**

Esophageal cancer  
Liver cancer  
Stomach cancer  
Stomach neuroendocrine tumor  
Pancreatic cancer  
Biliary tract cancer  
(Intrahepatic, Extrahepatic, Gall bladder)  
Gastrointestinal stromal tumor  
Small intestine cancer  
Colorectal cancer  
Colorectal neuroendocrine tumor

### **Gynecologic**

Cervical cancer  
Endometrial cancer  
Ovarian cancer  
Ovarian germ cell & stromal tumors  
Vulvar cancer





**Lymphoid**

Non-Hodgkin lymphoma  
(Burkitt's lymphoma;  
Diffuse large B-cell lymphoma;  
Lymphoplasmacytic lymphoma)  
Hairy cell leukemia

**Myeloid**

Acute myeloid leukemia (AML)  
(myelodysplasia-related;  
*NPM1*-mutation;  
other defined genetic alterations)  
Myeloproliferative neoplasm  
Mast cell tumor  
Myeloma

**Musculoskeletal**

Bone cancer  
Soft tissue  
(Angiosarcoma;  
Smooth muscle sarcoma)

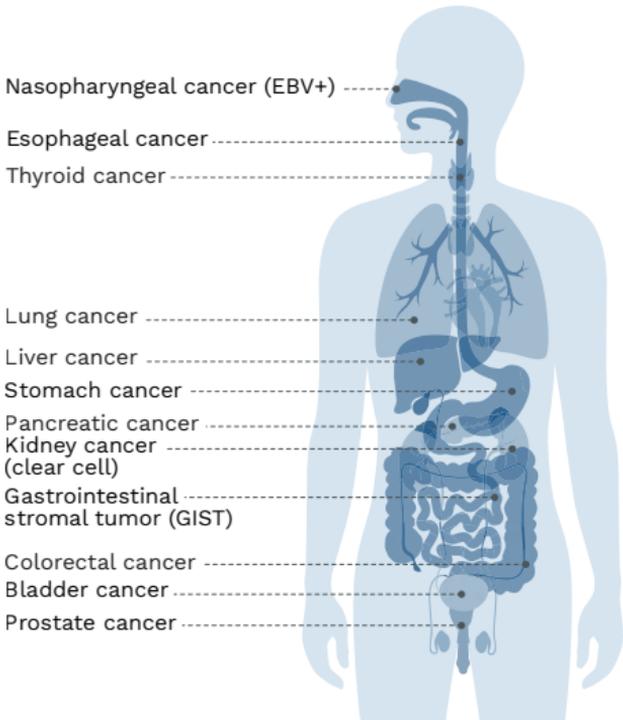
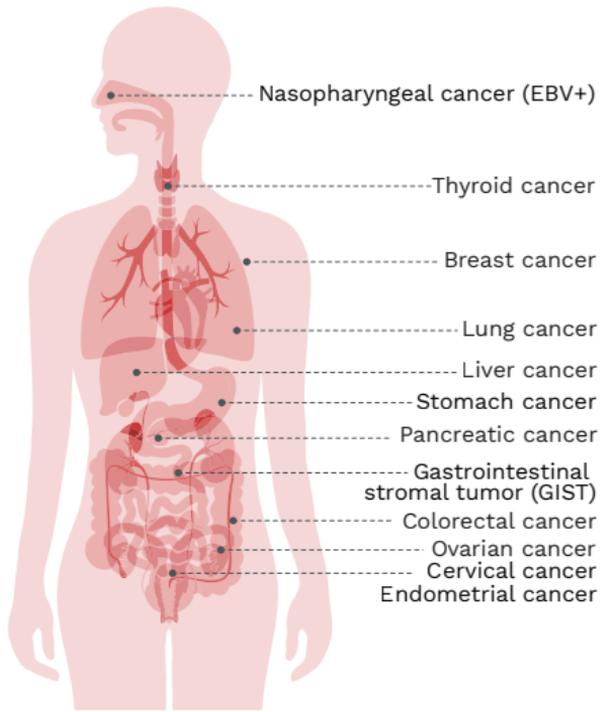
**Genitourinary**

Adrenal gland cancer  
[ Kidney cancer (clear cell)  
Adult Wilms tumor  
Bladder cancer  
[ Penile cancer  
Prostate cancer  
Testis cancer

Skin cancer  
(Melanoma; Non-melanoma)

# Essential Cancer Screening

LucenceINSIGHT® 12



## LucenceINSIGHT® Core

- Thyroid cancer
- Breast cancer
- Liver cancer
- Lung cancer
- Pancreatic cancer
- Colorectal cancer

# Who Can Benefit from LucenceINSIGHT®?

**Individuals Aged 40+**

**OR**

**Elevated Cancer Risk**  
(family history, diet, lifestyle)

Not recommended for patients who are:

- Pregnant
- In cancer remission for <3 years
- Had surgery, an allogenic bone transplant or a blood transfusion <2 weeks prior to sample collection

## Ordering Process



**Test is Requested by Your Healthcare Provider**



**Blood draw**  
Refrain from heavy meals prior to blood collection.



**Lab testing**



**Report**

**The report will be ready 15-18 working days after sample is accepted by the lab**



# LUCENCE

This pamphlet is not intended for the purpose of providing medical advice. All information, content, and material of this pamphlet are for informational purposes only and are not intended to serve as a substitute for the consultation, diagnosis, and/or medical treatment of a qualified physician or healthcare provider. Always seek the advice of your physician or other qualified healthcare provider for information you may need regarding a medical condition.

## References:

1. Cancer. World Health Organization. Accessed August 1, 2025. [https://www.who.int/health-topics/cancer#tab=tab\\_1](https://www.who.int/health-topics/cancer#tab=tab_1).
2. Calculated based on colorectal, cervical and breast cancer data (Bray, F. et al. CA Cancer J. Clin. 2024; 74(3): 229-263)
3. Health Promotion Board. Singapore Cancer Registry Annual Report 2023. [https://www.nrdo.gov.sg/docs/librariesprovider3/default-document-library/singapore-cancer-registry-annual-report-2023.pdf?sfvrsn=a4703e8e\\_2](https://www.nrdo.gov.sg/docs/librariesprovider3/default-document-library/singapore-cancer-registry-annual-report-2023.pdf?sfvrsn=a4703e8e_2)
4. Statistics derived from data reported in Cancer Stat Facts. NIH NCI SEER. Accessed July 28, 2025. <https://seer.cancer.gov/statfacts/>.
5. Cumulative risk of 43.1% false positives over 14 screening exams from other tumor marker screening methods including chest radiograph, flexible sigmoidoscopy, CA-125, and transvaginal ultrasonography for women, and chest radiograph, flexible sigmoidoscopy, PSA, and DRE for men. (Croswell, J. et al. Ann. Fam. Med. 2009; 7(3): 212-222.)
6. Poh, J. et al. J. Clin. Oncol. 2024; 42(16): e15042.

[www.lucence.com](http://www.lucence.com)

## Customer support:

Phone: +65 6592 5102

 Whatsapp: +65 8666 7493  
[sales.asean@lucence.com](mailto:sales.asean@lucence.com)

## Distributed by Parkway Laboratories

### Lucence Service Laboratory

211 Henderson Road #04-01/02,  
Henderson Industrial Park,  
Singapore 159552

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