LucenceINSIGHT®

Physician Brochure

LUCENCE

Earlier Cancer Detection Saves Lives

Conventional Cancer Screening is Limited

8 in 10
Cancer Deaths

occur in cancers not covered by conventional screening[1*]

4 in 10
Patients Encounter False-Positives

from other tumor marker screening[2]

LucenceINSIGHT®

Screens for Up to 50 Cancers

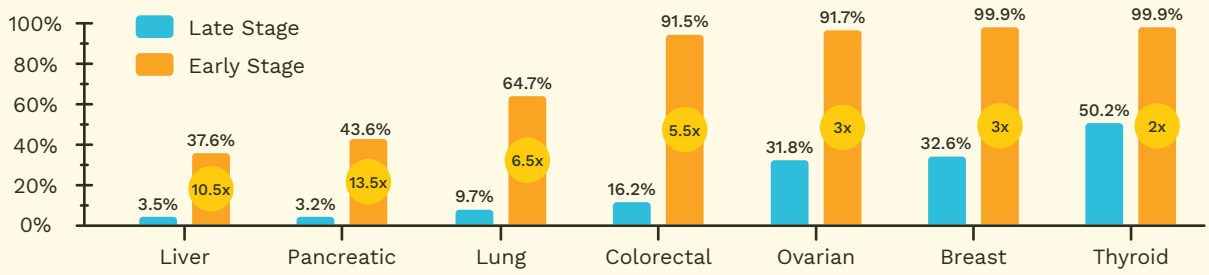
99% Specificity[3]

*Only colorectal, cervical, and breast cancer are recommended by public agencies for screening in Singapore and Hong Kong (HealthHub. Screen for Life. Singapore Ministry of Health. https://www.healthhub.sg/programmes/healthiersg-screening/screening-faq#home. Accessed September 15 2025; Hong Kong Cancer Registry. Prevention and screening. https://www.cancer.gov.hk/en/hong_kong_cancer/prevention_and_screening.html#3. Accessed September 15, 2025.)

References: [1] Calculated based on colorectal, cervical and breast cancer data (Bray, F. et al. CA Cancer J. Clin. 2024; 74(3): 229-263.) [2] 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.) [3] Poh, J. et al. J. Clin. Oncol. 2024; 42(16): e15042.

Earlier Cancer Detection Saves Lives

5-year survival is higher when cancer is detected earlier.[4]



References: [4] Cancer Stat Facts. NIH NCI SEER. Accessed July 28, 2025. https://seer.cancer.gov/statfacts/.

LucenceINSIGHT®

LucenceINSIGHT® is a multi-cancer early detection (MCED) next-generation sequencing blood test. The test uses Lucence's technology to detect and analyze circulating tumor DNA (ctDNA), circulating tumor RNA (ctRNA), and cancer-associated viral DNA. It then identifies potential tumor location(s) with machine learning.

99% Specificity#

81% Sensitivity#

88% Accuracy#
in Tumor Localization

Reported from a retrospective cohort of 601 patient samples in 2024.[5]

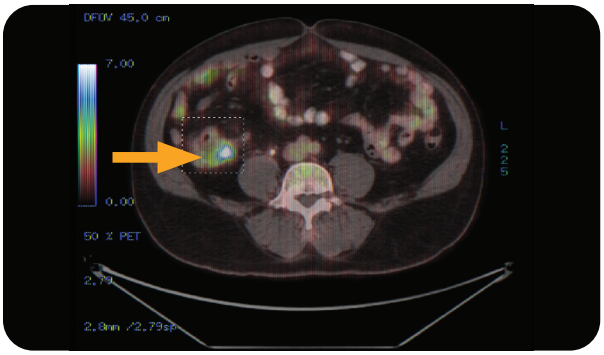
100% Positive Predictive Value

All of 3 positive cancer signals correlated with newly diagnosed cancer patients in a prospective real-world cohort of 264 asymptomatic individuals in 2023[6]

#The ctDNA-based LucenceINSIGHT® demonstrated a specificity of 99.0% (310/313 self-declared healthy donors) and an overall sensitivity of 80.9% (233/288 cancer patients). Across the 21 tissue-of-origin classes analyzed, a high confidence prediction could be made in 62.4% (mean 73.6%, range 26.7%-100%) of cases with an overall accuracy of 87.7% (mean 84.9%, range 33.3%-100%). Reference: [5] Poh, J. et al. J. Clin. Oncol. 2024; 42(16): e15042. [6] Tucker, S. et al. Ann. Oncol. 2023; 34: S1625-S1626.

Case Study:
Early Detection of Colorectal Cancer[6]

- A 60 year-old asymptomatic male underwent cancer screening.
- LucenceINSIGHT® detected *RHOA* G62E at 0.4% VAF.
- PET-CT showed right colon focal uptake (right figure) suspicious of malignancy.
- Colonoscopy confirmed adenocarcinoma.
- Subsequent surgery for curative intent confirmed Stage III colorectal cancer.

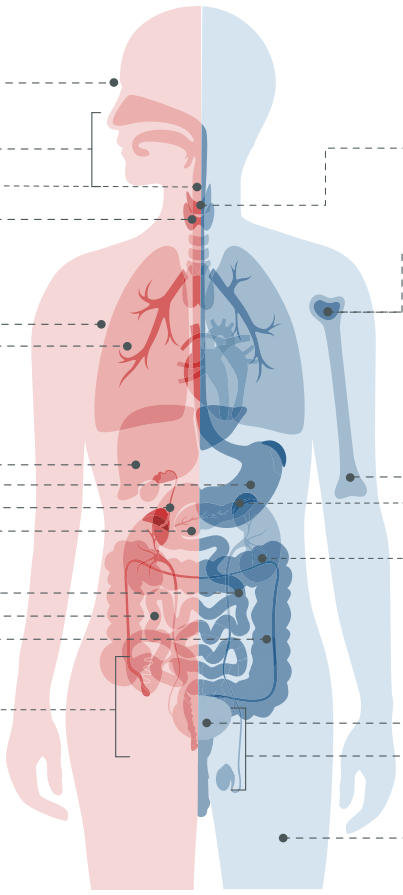


Focal uptake in the right ascending colon

Disclaimer: The case study is for educational, scientific presentation purposes only, and individual case outcomes and results may vary. The image, 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. Reference: [6] Tucker, S. et al. Ann. Oncol. 2023; 34: S1625-S1626.

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 neuroendocine 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)

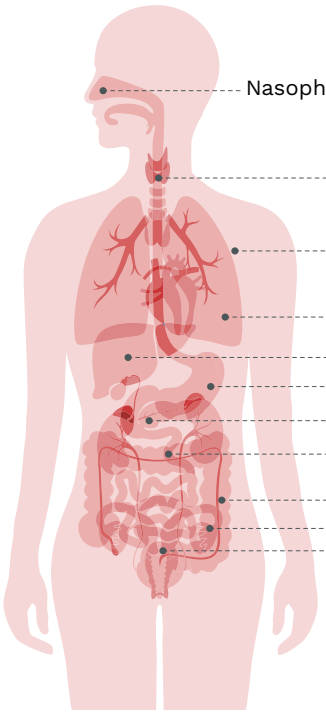
Genitourinary
Adrenal gland cancer
Kidney cancer (clear cell)
Adult Wilms tumor
Bladder cancer
Penile cancer
Prostate cancer
Testis cancer

Skin cancer
(Melanoma; Non-melanoma)

For Women

LucenceINSIGHT® 12
LucenceINSIGHT® Women's 7

Cancer coverage for LucenceINSIGHT® Women's 7

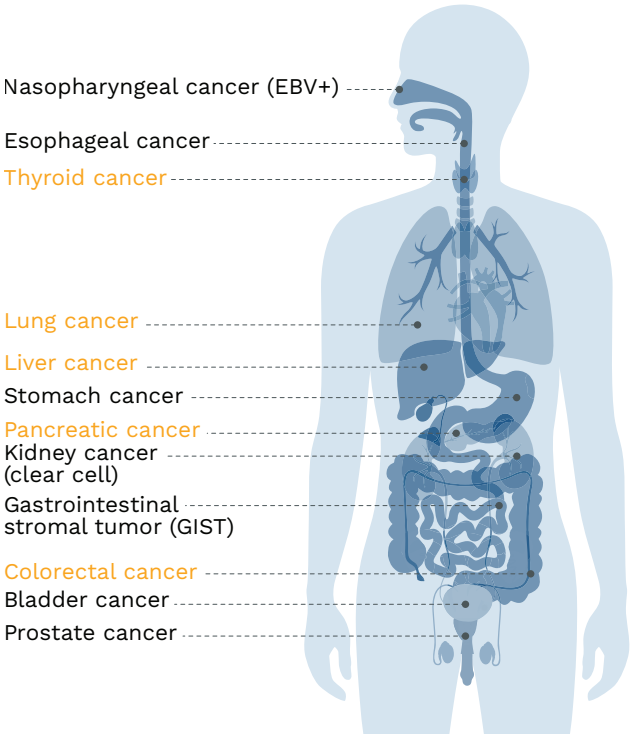


Nasopharyngeal cancer (EBV+)
Thyroid cancer
Breast cancer
Lung cancer
Liver cancer
Stomach cancer
Pancreatic cancer
Gastrointestinal stromal tumor (GIST)
Colorectal cancer
Ovarian cancer
Cervical cancer
Endometrial cancer

For Men

LucenceINSIGHT® 12
LucenceINSIGHT® 5

Cancer coverage for LucenceINSIGHT® 5



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Kidney cancer (clear cell)
Gastrointestinal stromal tumor (GIST)
Colorectal cancer
Bladder cancer
Prostate cancer

Boosting Detection with Circulating Tumor RNA (ctRNA) Tumor Markers

ctRNA are cancer signals shed into the blood by living cancer cells.[7]

The ctRNA tumor marker boost is useful for screening individuals at high-risk:

- Family history of lung, colon or breast cancer
- Heavy smokers

ctRNA tumor marker boost is included with LucenceINSIGHT® 50 and available as an optional add-on for LucenceINSIGHT® 5, Women's 7, and 12.

12.5%

Relative Increase in Sensitivity

for detection of lung, colon and breast cancers with ctRNA + ctDNA*

*Sensitivity increase calculated as relative improvement over a ctDNA-only approach, based on an initial training dataset of three cancer types (breast, lung, colon) and independently validated on an internal dataset. Magnitude of increase varies by cancer type (data on file). References: [7] Stejskal P, et al. Mol Cancer 2023; 22(15).

LucenceINSIGHT®	5	Women's 7	12	50
ctDNA tumor markers	✓	✓	✓	✓
ctRNA tumor marker boost#	Optional add-on	Optional add-on	Optional add-on	✓
Enhanced sensitivity* for lung, colon, breast (recommended for high-risk individuals†)	With optional ctRNA add-on	With optional ctRNA add-on	With optional ctRNA add-on	✓
Number of Cancer Types Screened	5	7	12	50
Turnaround Time (Working Days)	18	18	18	15
Number of Streck Tubes (10ml each) Required	2 (3 with ctRNA)	2 (3 with ctRNA)	2 (3 with ctRNA)	3

#ctRNA stable at room temperature for 96 hours. *Sensitivity increase calculated as relative improvement over a ctDNA-only approach, based on an initial training dataset of three cancer types (breast, lung, colon) and independently validated on an internal dataset. Magnitude of increase varies by cancer type. †High-risk = family history of lung, colon, or breast cancer, heavy smoker, and other conditions.
Reference: [5] Poh, J. et al. J. Clin. Oncol. 2024; 42(16): e15042.

Patient Recommendations

The test is recommended for patients who:

- are aged 40+, OR
- have elevated risk of cancer (family history, diet, lifestyle)

The test is NOT recommended for patients who:

- are pregnant
- are in cancer remission for < 3 years
- had surgery, an allogenic bone transplant or a blood transfusion < 2 weeks prior to sample collection

LucenceINSIGHT®

- Does not assess inherited cancer risk and no genetic counseling is needed
- Not a diagnostic test and positive results require follow-up testing
- Should complement but not replace routine screenings
- Detects only listed cancers and other cancers may still occur
- Brain tumors are not included due to limited ctDNA + ctRNA release into circulation
- False positives and false negatives can occur and annual testing is recommended

No fasting is needed. Patients should refrain from heavy meals 4 hours before blood draw. Blood draw is recommended before dialysis.

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