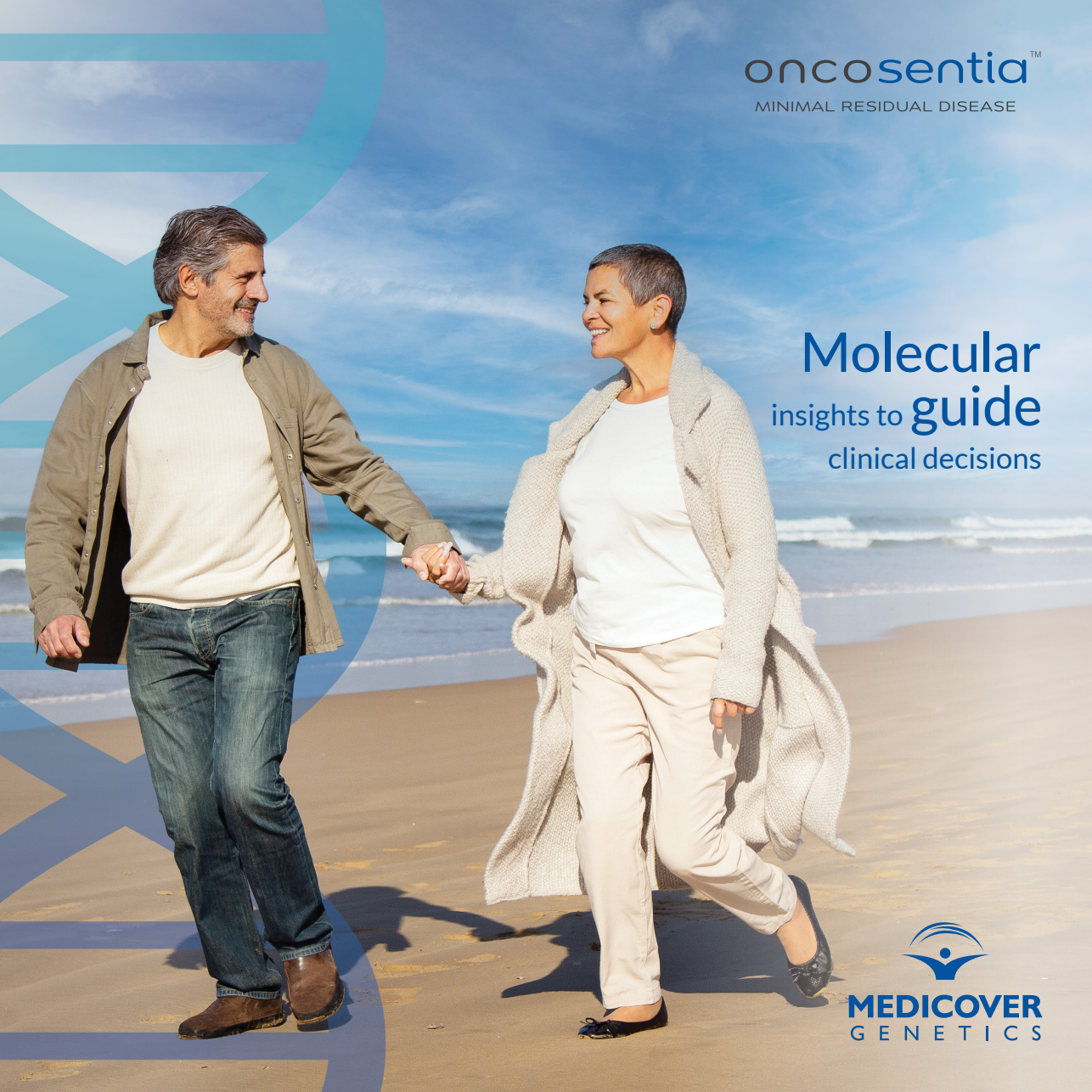

oncosentia™
MINIMAL RESIDUAL DISEASE
Molecular
insights to guide
clinical decisions
MEDICOVER
GENETICS

OncoSentia MRD

OncoSentia MRD is a tumour-agnostic, plasma-informed minimal residual disease (MRD) liquid biopsy test intended to support longitudinal molecular monitoring in patients diagnosed with unresectable non-small cell lung cancer (NSCLC).

Our MRD assay leverages circulating tumour DNA (ctDNA) analysis and hybrid capture next-generation sequencing (NGS) combined with multi-modal MRD classification to detect molecular evidence of residual disease during and after consolidation treatment.

By combining personalised, patient sample-specific biomarker tracking with a tissue-free approach, OncoSentia MRD provides additional molecular insight into disease status and may help inform progression risk alongside established clinical and imaging assessment.

Clinical utility

MRD assessment provides additional molecular information on disease status, with serial ctDNA monitoring offering a longitudinal view of how molecular disease evolves over time and across clinically relevant timepoints. These insights can complement established clinical and imaging evaluations, help identify patients with detectable ctDNA who may be at increased risk of disease progression,[1] and support the identification and consideration of patients who may be eligible for clinical trials evaluating MRD-guided management strategies.

OUR APPROACH

oncosentia™
MINIMAL RESIDUAL DISEASE

Tumour-agnostic
No requirement for prior tumour tissue sampling.

Plasma-informed personalisation
Patient-specific biomarker identification guided by plasma-derived molecular signals, without the need for prior tumour tissue sampling.

Hybrid capture NGS coupled with multi-modal MRD classification
Hybrid capture NGS enables ctDNA analysis using Medicover Genetics' proprietary liquid biopsy technology.

Validated for serial monitoring
Repeat plasma sampling supports assessment across clinically relevant timepoints during consolidation therapy and post-treatment surveillance.

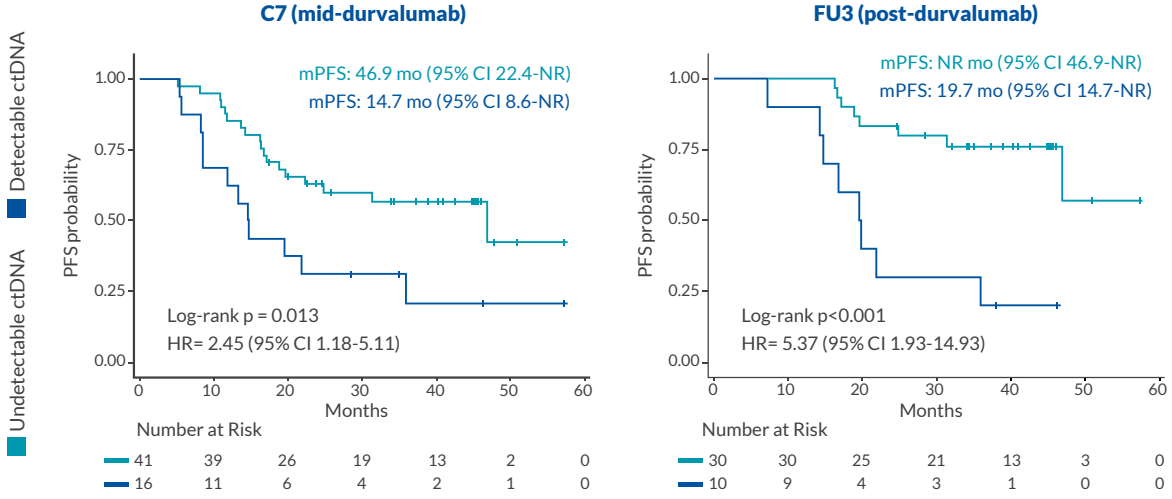
Integrated workflow
The assay combines proprietary liquid biopsy technology, bioinformatics and clinical reporting within an integrated workflow.

1. Horndalsveen H, et al. ctDNA-Based MRD Detection in Stage III NSCLC Treated With Chemoradiotherapy and Durvalumab. Journal of Thoracic Oncology, 2026; 21
Disclaimer: Clinical validation data referenced in this brochure are derived from patients with unresectable Stage III NSCLC.

CLINICAL EVIDENCE

In the DART study of patients diagnosed with unresectable stage III NSCLC, detectable ctDNA across post-chemoradiotherapy samples was associated with an approximately threefold higher risk of disease progression (HR 2.95; 95% CI 1.69–5.15).[1] When evaluating specific clinically relevant timepoints, ctDNA positivity midway through consolidation was associated with 2.45 fold higher risk for progression (HR 2.45; 95% CI 1.18-5.11) while an even greater risk is shown for patients who tested positive 3 months post-consolidation (HR 5.37; 95% CI 1.93-14.93).

Among patients who progressed and had detectable ctDNA, molecular recurrence preceded radiological or clinical progression by a median of 7.4 months.[1]



OncoSentia MRD APPLICABILITY

OncoSentia MRD is intended for patients diagnosed with unresectable stage II or III non-small cell lung cancer (NSCLC) undergoing molecular monitoring following definitive treatment, including during consolidation therapy and post-treatment surveillance.*

During consolidation therapy
Supports monitoring of ctDNA status during consolidation therapy.

During surveillance
Enables longitudinal molecular assessment at clinically relevant intervals alongside routine clinical and imaging follow-up.

**Clinical validation data referenced in this brochure are derived from patients diagnosed with unresectable Stage III NSCLC.*

OncoSentia MRD IN CLINICAL PRACTICE: AN EVOLVING LANDSCAPE

Clinical evidence for ctDNA-based MRD testing continues to expand, whilst its integration into guidelines and routine cancer care progressively evolves.

Longitudinal ctDNA monitoring is creating new opportunities to investigate more personalised approaches to cancer monitoring during and after treatment.

BENEFITS OF OncoSentia MRD



Designed and developed for unresectable NSCLC
OncoSentia MRD is designed to support the molecular monitoring needs of patients diagnosed with NSCLC following definitive non-surgical treatment, including consolidation therapy and post-treatment surveillance.

Plasma-informed personalisation without tumour tissue
Patient sample-specific biomarker tracking is informed by plasma-derived molecular signals, without requiring prior tumour tissue sampling.

Longitudinal assessment
Molecular disease signals can change throughout treatment and follow-up. Longitudinal ctDNA monitoring with OncoSentia MRD tracks evolving disease status during consolidation therapy and surveillance.

Clinically relevant molecular information
ctDNA status offers additonal insight into disease progression risk in unresectable NSCLC.[1]

Minimally invasive and repeatable
A peripheral blood sample enables repeat testing at clinically relevant timepoints without repeated tissue sampling.

SUPPORTING PATIENT ASSESSMENT

Depending on the patient's clinical context, OncoSentia MRD results may:

- Support patient risk stratification.
- Provide additional molecular information for multidisciplinary evaluation alongside imaging and clinical findings.
- Support longitudinal assessment of MRD status and consideration of further clinical evaluation where appropriate.
- Identify patients for clinical trials investigating MRD-guided management.

Clinical decisions should remain based on the totality of available clinical evidence and applicable treatment guidelines.

REPORT FINDINGS

The report provides the ctDNA status for the evaluated timepoint.



ctDNA DETECTED

Associated with higher risk of disease progression

ctDNA was detected in the blood sample at the evaluated timepoint.

The presence of ctDNA during or after consolidation therapy has been associated with a higher risk of disease progression for patients with unresectable NSCLC, based on data from the DART study with patients undergoing consolidation immunotherapy[1]. Correlation with clinical findings and re-testing at clinically relevant intervals is recommended.

ctDNA NOT DETECTED

Associated with lower risk of disease progression

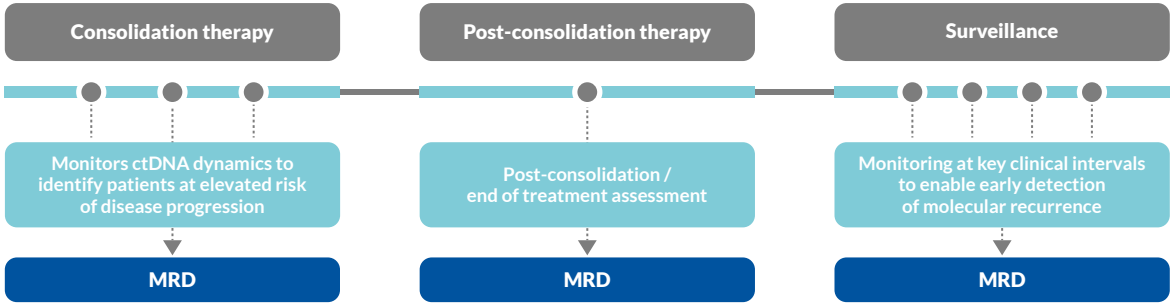
ctDNA was not detected in the blood sample at the evaluated timepoint.

The absence of ctDNA during and after consolidation therapy has been associated with a lower risk of disease progression for patients with unresectable NSCLC, based on data from the DART study with patients undergoing consolidation immunotherapy[1]. Correlation with clinical findings and re-testing at clinically relevant intervals is recommended.

A ctDNA not detected result does not rule out cancer nor completely eliminates the risk of disease progression.

Results should be interpreted alongside clinical findings, with repeat testing at clinically relevant intervals.

PATIENT PATHWAY



OncoSentia MRD PRACTICAL INFORMATION

Sample: Two 10mL Streck tubes

Tumour tissue: Not required

Technology: Tumour-agnostic, plasma-informed hybrid capture NGS coupled with multi-modal MRD classification

Result: ctDNA detected / ctDNA not detected

Clinical application: Dynamic monitoring of MRD status with serial testing at clinically relevant timepoints during consolidation and surveillance pathways

OncoSentia MRD TESTING PROCESS



Recommend **OncoSentia MRD** to your patient



Collect a blood sample from your patient



Send the samples to **Medicover Genetics**



The sample will be analysed at **Medicover Genetics** laboratories



The results will be sent to you within 2-3 weeks from sample receipt

CONTACT US

If you have additional questions or concerns, please contact us at **info.genetics@medicover.com**

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