



Cat No. CD009, CD015

Cancer Type Breast Cancer

Regulatory Status IVD(CD009), RUO(CD015)

Compatible Sample Type FFPE tissue(IVD)
FFPE tissue, Plasma(RUO)

Mutation Variants 16(19*)

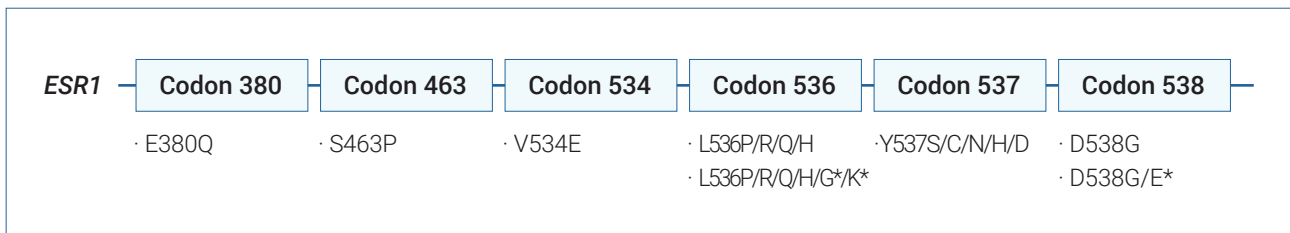
2 well-reactions/test (24 tests/kit)

Storage Temp -20°C (+/-3°C)

OM1		OM2	
Codon 534/536/537/538	Internal Control	Codon 380	Codon 463

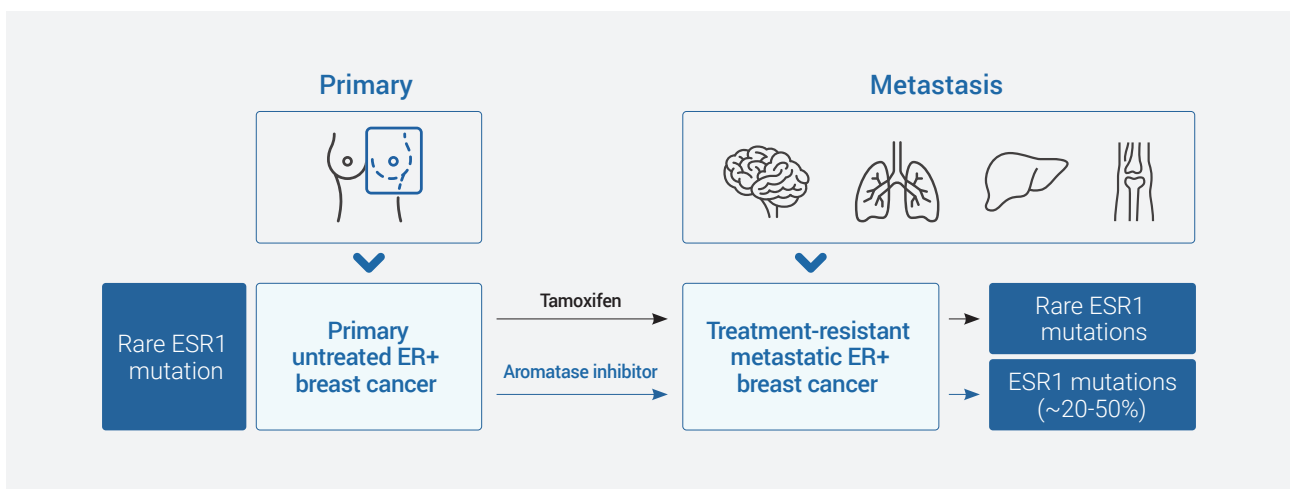
Mutation Coverage

*The mutations included in the RUO product.



ESR1 mutations are frequently found in advanced and metastatic breast cancer patients

ESR1 mutations rarely exist in primary tumors (~ 1%) but are relatively common (20~50%) in metastatic, endocrine therapy-resistant cancers and are associated with a shorter progression-free survival.



Why ddPCR for ESR1 mutation test?

There is **strong concordance** [ICC = 0.93] between ESR1 mutation allele frequency detected by **ddPCR** and **NGS**^{1,2}

The **Droplex ESR1 Mutation Test** enables ESR1 mutation monitoring with a **shorter TAT**(Turn around time) and **lower cost** than NGS.

ESR1 mutation requires routine testing – NGS can be time consuming for multiple test for monitoring



aBC & mBC patient

NGS



4~8 weeks

TAT (Turn around time)

Patients need to wait for result

4~8 weeks

High Cost

Droplex



1 weeks

TAT (Turn around time)

Shorter than NGS

1 weeks

Low Cost

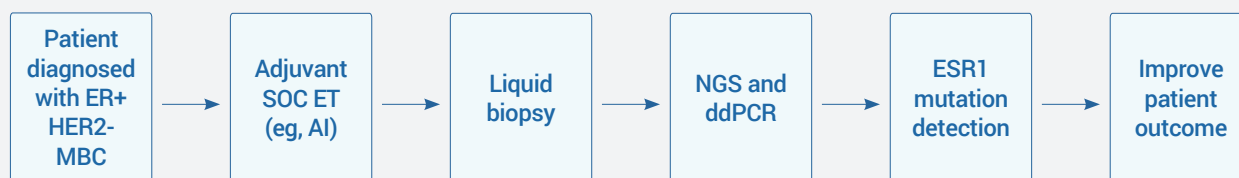
● No Treatment Period

● Treatment

Guidelines

Blood-based ctDNA liquid biopsy is preferred owing to **greater sensitivity** in detecting ESR1-mut status, as recommended by **ESMO, NCCN, and the ASCO guidelines**³⁻⁷

ASCO Expert Panel (2023) updates test the guideline to recommend routine testing for ESR1 mutations at disease recurrence or upon progression on endocrine therapy in this patient population.



1. Callens C et al. Anal Chem 2022; 2. Jeannot E et al. Oncogene 2020; 3. Lone SN et al. Mol Cancer 2022; 4. Pascual J et al. Ann Oncol 2022; 5. Burenstien HJ. J Clin Oncol 2023; 6. NCCN Guidelines Version 2.2023: Breast Cancer; 7. Spoerke JM et al. Nat Commun 2016