

Early detection may increase your chance of surviving lung cancer.

If lung cancer is diagnosed in its early stage, the 5-year survival rate **more than triples to 56%.**³

Detecting cancer in nodules with **EarlyCDT—Lung** can lead to earlier intervention and improved outcomes.

Insurance and billing

We realize insurance can be complicated, and we can help.

- Oncimmune is a Medicare provider.
- While Oncimmune is out-of-network with commercial insurance payers, we actively work with all insurance companies through an extensive PPO network we have in place, which allows us to minimize the cost to you.
- Our Financial Assistance Plan ensures Medicaid enrollees and uninsured patients have affordable access to **EarlyCDT—Lung**.

If your insurer denies coverage, or if you have questions about your coverage, contact Oncimmune Client Services at **1-888-583-9030** or clientservices@oncimmune.com

Contact us

Contact Oncimmune's client services at **1-888-583-9030** or via email at clientservices@oncimmune.com to ask any questions about ordering or billing of **EarlyCDT—Lung**.

1. Massion P, Healey GF, Peek LJ, et al. Autoantibody signature enhances the positive predictive power of computed tomography and nodule-based risk models for detection of lung cancer. *J Thorac Oncol.* 2017; 12(3):578–584.

2. Healey GF, Macdonald IK, Reynolds C, Allen J, Murray A. Tumor-associated autoantibodies: re-optimization of EarlyCDT—Lung diagnostic performance and its application to indeterminate pulmonary nodules. *J Cancer Ther.* 2017; 8:506–517.

3. Noone AM, Howlader N, Krapcho M, et al, eds. SEER Cancer Statistics Review, 1975–2015. National Cancer Institute, Bethesda, MD, https://seer.cancer.gov/csr/1975_2015/, based on November 2017 SEER data submission, posted to the SEER web site, April 2018.

www.oncimmune.com

Oncimmune®



EarlyCDT®—Lung

for lung nodules identified by CT scan

A simple and affordable blood test, to detect early signs of lung cancer and assess risk of malignancy.

What is the **EarlyCDT—Lung test**?

A simple, affordable blood test ordered by your clinician to assess the risk of lung cancer in lung nodules identified by a CT scan.

Who should take the test?

The test is for people at high risk of lung cancer with a lung nodule of uncertain risk (known as an indeterminate pulmonary nodule, or IPN) detected through a CT scan.

A positive Moderate or High Level **EarlyCDT—Lung** test result is highly indicative of lung cancer and aids clinicians in determining the probability of the nodule being a lung cancer

How does **EarlyCDT—Lung** work?

EarlyCDT—Lung measures the level of seven autoantibodies to tumor-associated antigens associated with lung cancer. These autoantibodies, which are antibodies made by your immune system in response to the development of cancer, provide a signal that lung cancer may be present.

A key advantage of measuring autoantibodies is that they may be elevated very early in the development of a cancer and they can be detected at all stages of disease.

How do I take the **EarlyCDT—Lung** test?

The test itself is simple. Your clinician may ask you to do a finger stick test and put a few drops of blood into a small container. If you prefer, or if your clinician advises, you can have a regular blood draw with a phlebotomist.

Your clinician will send your blood sample to Oncimmune's laboratory in Kansas, where we will test it. We will send the results of your test to your clinician within 2 to 5 days.

Your clinician will discuss the test results with you and recommend the best course of action.

What will the results tell me?

The test results are reported as **High Level**, **Moderate Level**, and **No Significant Level of Autoantibodies Detected**.

A **High** or **Moderate Level** result means that you have an increased risk of having lung cancer. Your clinician will recommend the best follow-up care for you based on your risk factors, your symptoms, and the radiological findings.

A **No Significant Level of Autoantibodies Detected** means that none of the autoantibodies were found above the cut-off values. This result simply indicates that your risk of lung cancer is unchanged. This result does not rule out the possibility that you may have cancer now, or develop it in the future. Your clinician will determine your plan for regular follow-up and monitoring.

If your clinician recommends continued CT surveillance (or “watchful waiting”), as is the case with many nodules, a **No Significant Level of Autoantibodies Detected** result should make you feel less anxious about your clinician's plans for follow-up.

How accurate is the test?

EarlyCDT—Lung is 83% accurate for the risk assessment of lung nodules.^{1,2}

How can I take the test?

The test requires an order from your clinician. Talk to your clinician about ordering the **EarlyCDT—Lung** test.

Contact us to ask us any questions about ordering the test.

Why is lung cancer so deadly?

Lung cancer is generally detected late. Almost 80% of lung cancers are diagnosed after the disease has spread to other organs.

The 5-year survival rate is just 19%.³