Personalized Prognostics: Can Genomic Testing Improve Your Melanoma Management?

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What is DecisionDx-Melanoma (31-GEP)?

BIOPSY

GEP test designed for patients diagnosed with Stage I-III melanoma[1]

MOLECULAR TESTING

It evaluates the expression of 31 genes to provide a personalized risk assessment for:
- **SLN positivity**[1]
- **Melanoma recurrence**[1]

RISK ASSESSMENT

The test is integrated with clinicopathologic data for an optimized, personalized risk of recurrence (i31-ROR) and likelihood of SLNB positivity (i31-SLNB)[2]

The test analyzes tumor biology at the molecular level to classify patients into risk categories, allowing clinicians to make more informed management decisions

Multivariate analyses demonstrate that the 31-GEP score provides prognostic value independent of clinicopathological factors.[1-7]

Studies show improved risk stratification of patients with early-stage melanoma compared to AJCC alone.[1-5,8]

Real-world data indicate that using the test in clinical decision-making improves patient survival.[6]

Clinical utility of 31-GEP assay

Implementation of 31-GEP testing ensures that high-risk patients receive appropriate care.

Dermatologists[1,9]

- Optimizing clinic visits and follow-up care for improved patient management
- Guiding referrals to surgical oncologists
- Identifying low-risk patients who may not need intensive follow-up

Surgical oncologists[7,9,15]

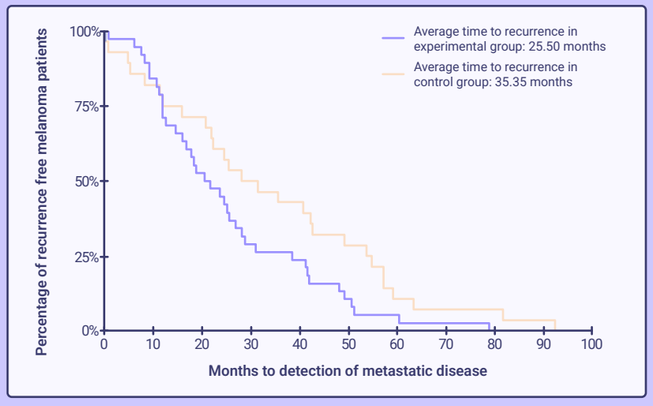
- Supporting decision-making regarding SLN biopsies
- Reducing unnecessary surgical procedures by identifying patients with <5% SLN positivity risk
- Identifying high-risk SLN-negative patients who may benefit from routine imaging to detect recurrence early

Implementation of 31-GEP testing improves patient outcomes.

Reduction in unnecessary surgical procedures[1,7,10-14]
- Prospective data show that the test accurately identifies patients at low risk for SLN positivity
- Low-risk patients who forgo SLNB have a high RFS

Early identification of high-risk patients[3,7,15]
- The test facilitates timely interventions and enhanced surveillance strategies, which can lead to better patient outcomes
- Routine imaging for high-risk, SLN-negative patients detected recurrence 10 months earlier

Routine imaging guided by 31-GEP results in earlier detection of melanoma.[15]



What makes 31-GEP testing unique?

1

Extensive independent validation

It is one of the most validated melanoma prognostic tests, supported by:[1,3,9,16]
- >50 peer-reviewed studies
- Data from over 10,000 patients

2

Comprehensive, actionable risk prediction

The independently validated 31-GEP score is integrated with clinicopathologic features through two proprietary algorithms to inform:
- **SLN positivity** (i31-SLNB): 31-GEP score combined with age, ulceration, Breslow thickness, and mitotic rate[11,17]
- **Risk of recurrence** (i31-ROR): 31-GEP score combined with age, ulceration, Breslow thickness, mitotic rate, SLN status, and tumor location[2,18]

3

Proven clinical impact

It is the only melanoma test associated with improved patient survival:[6,16]
- MSS[4,7,8]
- RFS[4,7,8]
- DMFS[4,7,8]
- OS[6,11]

Key Takeaways

Provides personalized risk assessment for melanoma patients through molecular-level tumor analysis, supported by extensive clinical evidence from over 10,000 patients across 50+ peer-reviewed studies.[1,3,9,16]

Improves clinical decision-making by helping physicians identify appropriate candidates for SLNB and enabling early interventions for high-risk patients.[1,7,9,15]

Demonstrates real-world impact on patient survival through better risk stratification and optimized treatment planning, making it the only melanoma test with proven survival benefits.[4,6-8,11,16]

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Abbreviations

31-GEP: 31-gene expression profile; AJCC: American Joint Committee on Cancer; DMFS: distant metastasis-free survival; GEP: genomic expression profile; i31-ROR: integrated 31 risk of recurrence; MSS: melanoma-specific survival; OS: overall survival; RFS: recurrence-free survival; SLN: sentinel lymph node; SLNB: sentinel lymph node biopsy.