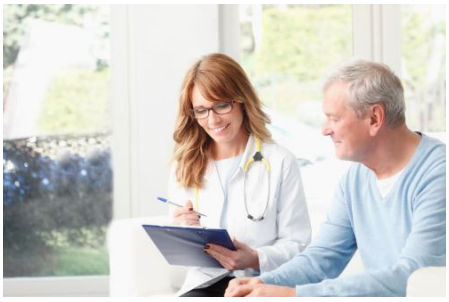
ColonSentry®

The Best Test for Colorectal Cancer is the One That Gets Done



THE CHALLENGE

You can't find colorectal cancer (CRC) early in patients who refuse to be screened. Unfortunately, 33% of average risk patients eligible for colorectal cancer screening are non-compliant with any form of CRC screening including imaging and stool-based tests.

THE COLONSENTRY SOLUTION

- ColonSentry is a 7-gene, blood-based biomarker panel that can stratify non-compliant patients according to their current, relative risk of having colorectal cancer in an average-risk population.(1-2)
- The ColonSentry test has a 95% in-office compliance rate that motivates patients to comply with CRC screening.
- Data shows that patients with elevated ColonSentry scores are likely to move forward with Colonoscopy.

WHY USE THIS TEST IN MY PRACTICE?

- Get your eligible, average-risk patients who are non-compliant screened for CRC.
- When CRC is found early, the five-year survival rate is 90% (3) Found late, the five-year survival rate drops to 14%.(3)
- Young adults with colon cancer have a statistically higher risk of advanced disease at the time of operation.(7)

THE SCIENCE BEHIND OUR TEST

- ColonSentry® uses StageZero's proprietary Sentinel Principle technology, which is based on the scientific observation that circulating blood reflects, in a detectable way, what is occurring throughout the body.
- ColonSentry uses mRNA gene expression to create a genetic signature by which a patient's risk is stratified.
- The ColonSentry test was Validated in a study of 10,000 patients in North America. (1-2)
- Negative predictive value of ColonSentry is 99.6% (1-2)
- ColonSentry has been utilized on over 100,000 patients in the United States.

PATIENT SELECTION CRITERIA

- For use on men and women age 45 and over who have yet to comply with Colorectal Cancer Screening.

Contact Us Today to Get Started

1-855-420-7140

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ColonSentry®

The Best Test for Colorectal Cancer is the One That Gets Done

STAGE ZERO LIFE SCIENCES

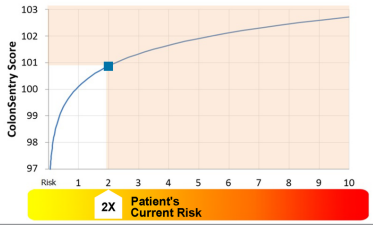
ColonSentry®
LABORATORY RESULTS

Patient				Specimen			Provider	
Name:	Phone #:	Patient ID #:		Collection Time:	Specimen ID:		Requesting Provider	
Fasting Status:	Gender	Birthdate:	Age:	Collection Date:	Report Type:			
Height:	Weight:	BMI:	Prev. BMI:	Received Date:	Report Date:		Client ID:	

Test Results and Interpretation

The patient has an **Elevated** risk of having colorectal cancer, 2X than the average risk‡.

‡ Average risk of CRC is 0.7%



Test Description

Test results are reported with a 95% CI (Confidence Interval).

The ColonSentry® test measures the expression of 7 gene biomarkers in whole blood to help determine a patient's **Current Risk** for having colorectal cancer (CRC) relative to the current risk in an average risk population.

Gene Expression

Gene	Cycle Threshold
ANXA3* (ΔCt)	1.9
CLEC4D* (ΔCt)	2.5
TNFAIP6* (ΔCt)	1.8
LMNB1* (ΔCt)	1.8
PRRG4* (ΔCt)	0.9
VNN1* (ΔCt)	1.5
IL2RB (Ct)	24.5

* Difference with respect to IL2RB

Clinical Recommendations

If the results indicate that the patient's current risk is elevated (2X or more), the patient should be referred for further evaluation with procedures such as colonoscopy. Average risk scores for the ColonSentry® test do not rule out colon cancer. When caught early, colon cancer is both treatable and beatable.

Average Risk: recommendation** for FIT, FIT-DNA, flexible sigmoidoscopy, CT colonography, or colonoscopy.

Elevated Risk: recommendation** for colonoscopy.

** Screening for Colorectal Cancer US Preventive Services Task Force Recommendation Statement. JAMA Jun 21, 2016; 315(23):2564-2575

What to do next?

According to USPSTF*, an average risk patient is a man or woman who is at least 50 years old, is asymptomatic for CRC, has no personal history of benign colorectal polyps, colorectal adenomas, CRC or inflammatory bowel disease, and does not have a first degree relative with CRC. The presence of conditions such as pancreatic cancer, systemic sclerosis or CLL might affect the risk score.

Screening for colorectal cancer reduces mortality through detection and treatment of early-stage cancer and detection and removal of adenomatous polyps. The degree to which each of these mechanisms contributes to a reduction in mortality is unknown, although it is likely that the largest reduction in colorectal cancer mortality during the 10 years after initial screening comes from the detection and removal of early-stage cancer. Colonoscopy is a necessary step in any screening program that reduces mortality from colorectal cancer.***

*** Screening for Colorectal Cancer US Preventive Services Task Force Recommendation Statement. JAMA Jun 21, 2016; 315(23):2564-2575

Disclaimer

This test is not recommended for patients that have previous history of colorectal cancer, or pre-cancerous (e.g. adenomatous) polyps, or familial or inherited colon polyp syndromes, or inflammatory bowel disease, or have received chemotherapy and/or radiation.

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Rpt ver: SZLS 1.0
Ref ver: 2.0
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TEST INTERPRETATION

- If the ColonSentry score is elevated, there is an increased probability of the patient having colorectal cancer.(1-2)
- Patients with elevated ColonSentry scores should be encouraged to have a colonoscopy.
- Patients with average ColonSentry scores should continue to comply with USPSTF guidelines.

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