**REFERENCE PUBLICATIONS**


Sinicrope F, Shi Q, Hermitte F et al. Association of immune markers and Immunoscore with survival of stage III colon carcinoma (CC) patients (pts) treated with adjuvant FOLFOX: NCCITG N047 (Alliance). J Clin Oncol. 2017; 35:15s (supp; abstr 3579)


Mlecnik B, Tosolini M, Kirilovsky A et al. Histopathologic-based prognostic factors of colorectal cancers are associated with the state of the local immune reaction. J Clin Oncol. 2011;29(6)


Galon J, Costes A, Sanchez-Cabo F et al. Type, density, and location of immune cells within human colorectal tumors predict clinical outcome. Science. 2006;313(5795)

Sinicrope F, Shi Q, Hermitte F et al. Immunoscore to provide prognostic information in low- (T1-3N1) and high-risk (T4 or N2) subsets of stage III colon cancer: a prognostic and accuracy study. Lancet. 2018; 391 (10135)

Sinicrope F, Shi Q, Hermitte F et al. Association of immune markers and Immunoscore with survival of stage III colon carcinoma (CC) patients (pts) treated with adjuvant FOLFOX: NCCITG N047 (Alliance). J Clin Oncol. 2017; 35:15s (supp; abstr 3579)


**IMMUNOSCORE®**

Scoring Immune Response in Colon Cancer for unmatched clinical performance in routine settings

**Patient survival fate is dependent on preexisting immunity.**

Dr. Jérôme Galon, Head of the Integrative Cancer Immunology at the Cordeliers Research Center in Paris, France.
WHY IMMUNOSCORE®?

Immunoscore® is an in vitro diagnostic test predicting the risk of relapse in localized colon cancer patients, by measuring the host immune response at the tumor site.

LOCALIZED COLON CANCER PATIENTS

IMMUNE INFILTRATION

RISK OF RELAPSE

LOW Immunoscore®

HIGH Immunoscore®

HIGH RISK

RISK

RISK

TTR in Stage II untreated patients according to clino-pathological risk (n = 1130)

DFS in Stage II patients (n=841)

- Untreated high-risk patients with Immunoscore® High have good clinical outcome similar to low-risk patients (5Y TTR of 87.4 vs 89.1).

-7 out of 10 patients (n=438/630) with high-risk features might be spared from chemotherapy.

Immunoscore® confirms its ability to refine clino-pathological risk features.

CLINICAL UTILITY IN LOCALIZED COLON CANCER

IMMUNOSCORE® FOR STAGE II CC PATIENTS

In the large Immunoscore® SITC study (more than 2,500 Stage I-III patients), Immunoscore® was strongly predictive of the patient outcome and surpassed the TNM classification prognostic performance.

Among Stage II patients (n = 1,434), Immunoscore® identified patients (Immunoscore® Low) with a significantly higher risk of recurrence at 5 years (23% vs 8% in patients with Immunoscore® High).

Among the low-risk group (T1-3 N1), patients have high risk of relapse (Immunoscore Low, Immunoscore High/MSI with high risk patients with Immunoscore® High (HR=0.59, 95% CI, p=0.0013).

These data demonstrate the ability of Immunoscore® to further refine prognostication.

IMMUNOSCORE® FOR STAGE III CC PATIENTS

In a retro-prospective study from the prospective NCCTG N0147 clinical trial, Immunoscore® has been tested on 600 resected tumors of Stage III CC patients from the FOLFOX arm.

- Overall, patients with High Immunoscore® have a significantly better DFS (HR=0.59, 95% CI, p=0.0013).

- Among the low-risk group (T1-3 N1), 1 out of 2 patients have high risk of relapse (Immunoscore Low).

These data demonstrate the ability of Immunoscore® to further refine prognostication.

IMMUNOSCORE® SITC VALIDATION STUDY

Pagné F et al. The Lancet 2018

LARGEST CONTRIBUTION OF IMMUNOSCORE® (47%) TO SURVIVAL RISK

Clinical parameters plus Immunoscore

Patient

Pathology lab

Tissue sample

Microscopy & Scan Slides

Immunoscore®

Compute

Immunoscore®

Report Immunoscore® results

HalioDx lab

“Immunoscore® results are reported within 10 working days after receipt of the specimen, giving a score which is the patient’s own Immunoscore®”

*CE-VVD for European Community countries, performed in CLIA certified laboratory for the US

IMMUNOSCORE® WORKFLOW

Immunoscore® is available as a full service solution (performed in HalioDx laboratories).