



# Knowing the difference

HELPS YOU MAKE  
INFORMED DECISIONS

miRview™  
squamous

TAKE a closer look WITH

**miRview™ squamous**

*Accurately classifies squamous  
and non-squamous NSCLC*

## Clinical impact: accurately differentiate NSCLC

### Clearly determining classification illuminates treatment selection

- Folate analog metabolic inhibition may not be as effective in patients with squamous NSCLC.<sup>1</sup>
  - Patients with squamous-cell histology treated with cisplatin/pemetrexed had a significantly lower overall survival rate (9.4 months) compared with those treated with cisplatin/gemcitabine (10.8 months; n=473).<sup>1</sup>
- VEGF\* inhibition may be associated with a greater risk of serious side effects in patients with squamous NSCLC compared with those with non-squamous NSCLC.<sup>2</sup>
- EGFR† inhibition has been shown to be effective in patients with squamous NSCLC.<sup>3</sup>

## Clinical challenge: you're doing all you can with the tools available

### Methods currently used to diagnose and characterize NSCLC are limited and inaccurate<sup>4-6</sup>:

- Low concordance exists among laboratories.
  - Laboratories disagreed on as many as 35% of cases.
- Lack of concurrence is found among pathologists.
- Up to 40% of lung cancer diagnoses are currently being misclassified.
  - 102 of 257 diagnoses of squamous-cell carcinoma were later reclassified.
  - 90 of 225 diagnoses of adenocarcinoma were later classified differently.
- Subjective results are currently produced; there is a lack of objective results.

## Take a closer look with miRview™ squamous

\* Vascular endothelial growth factor.

† Epidermal growth factor receptor.

miRview™ squamous is designed to differentiate squamous from non-squamous NSCLC. Administration of the appropriate treatment is the responsibility of the treating physician.

## Introducing a sensitive and accurate diagnostic tool— miRview™ squamous

### A microRNA-based molecular diagnostic test that offers:

- High accuracy
- Standardization
- Easy-to-interpret results
- Quantitative analysis
- Objectivity
- Cutting-edge molecular biology

### Using microRNA as a marker of squamous NSCLC could:

- Accurately differentiate from other subtypes<sup>7-9</sup>
- Inform treatment decisions with the most accurate diagnosis



## Validation ensures quality results

### Test description

The miRview™ squamous assay uses quantitative real-time PCR (qRT-PCR) to determine the expression of microRNA in tumor tissue.

### Interpretation of results

- The test score represents the expression level of a single microRNA biomarker.
- A score below 2.5 is interpreted as evidence of squamous histology.
- A score above 2.5 is interpreted as evidence of non-squamous histology.
- Validated assay:
  - The sensitivity and specificity of this assay were 97% and 91%, respectively.<sup>10</sup>

## Routine sample preparation

- miRview™ squamous is based on formalin-fixed, paraffin-embedded (FFPE) tumor samples—the standard for preserving tumor samples.

**ROSETTA**  
GENOMICS



## miRview™ squamous: differentiate NSCLC subtypes

- Clearly differentiate squamous from non-squamous NSCLC.
- Better inform your treatment decisions.
- Avoid the costs of unnecessary tests or treatments.
- Use a microRNA-based molecular diagnostic test that provides a differential diagnosis with:
  - Fast, standardized, and objective classification
  - Highest level of accuracy
  - Simple interpretation
  - Easy sample preparation

## miRview™ squamous—accurately classifies squamous and non-squamous NSCLC, helping you make informed decisions

Call Rosetta Genomics Customer  
Support toll-free to request a  
Collection Kit at **888-522-7971**.

Visit us online at  
**[www.mirviewdx.com](http://www.mirviewdx.com)**  
for more information.

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