CARIS MI®
MOLECULAR INTELLIGENCE

Introducing MI FOLFOXai™

MI FOLFOXai™, from Caris Life Sciences®, is an Artificial Intelligence-powered predictor of FOLFOX response that utilizes Caris Molecular Intelligence® tumor profiling results. It is intended to be used as an aid in gauging a patient's likelihood to benefit from FOLFOX chemotherapy (in combination with bevacizumab) as the first-line chemotherapy regimen in metastatic colorectal adenocarcinoma.

MI FOLFOXai™

MI FOLFOXai is included for all metastatic colorectal adenocarcinoma cases. The MI FOLFOXai results appear on the front page of the Caris report as **INCREASED BENEFIT** or **DECREASED BENEFIT** – with additional detail provided about the results on page two of the report. This information provides additional insight for patient response to FOLFOX as a first-line therapeutic option.

Example Caris Report: MI FOLFOXai Result

Results with Therapy Associations

BIOMARKER	METHOD	ANALYTE	RESULT	THERAPY ASSOCIATION		BIOMARKER LEVEL*
KRAS	**Seq**	**DNA-Tumor**	**Mutation Not Detected**	**BENEFIT**	**cetuximab, panitumumab**	**Level 1**
NRAS	**Seq**	**DNA-Tumor**	**Mutation Not Detected**			
BRAF	Seq	DNA-Tumor	Mutation Not Detected			Level 2
ERBB2 (Her2/Neu)	IHC	Protein	Negative | 2+, 10%	LACK OF BENEFIT	lapatinib, pertuzumab, trastuzumab	Level 3A

* Biomarker reporting classification: Level 1 – highest level of clinical evidence and/or biomarker association included on the drug label; Level 2 – strong evidence of clinical significance and is endorsed by standard clinical guidelines; Level 3 – potential clinical significance (3A – evidence exists in patient's tumor type. 3B – evidence exists in another tumor type).

MI FOLFOXai™ **Result:** **INCREASED BENEFIT to FOLFOX + bevacizumab in first-line metastatic CRC**

See page 2 for important details about clinical data regarding MI FOLFOXai

For illustrative purposes only, not for clinical use.

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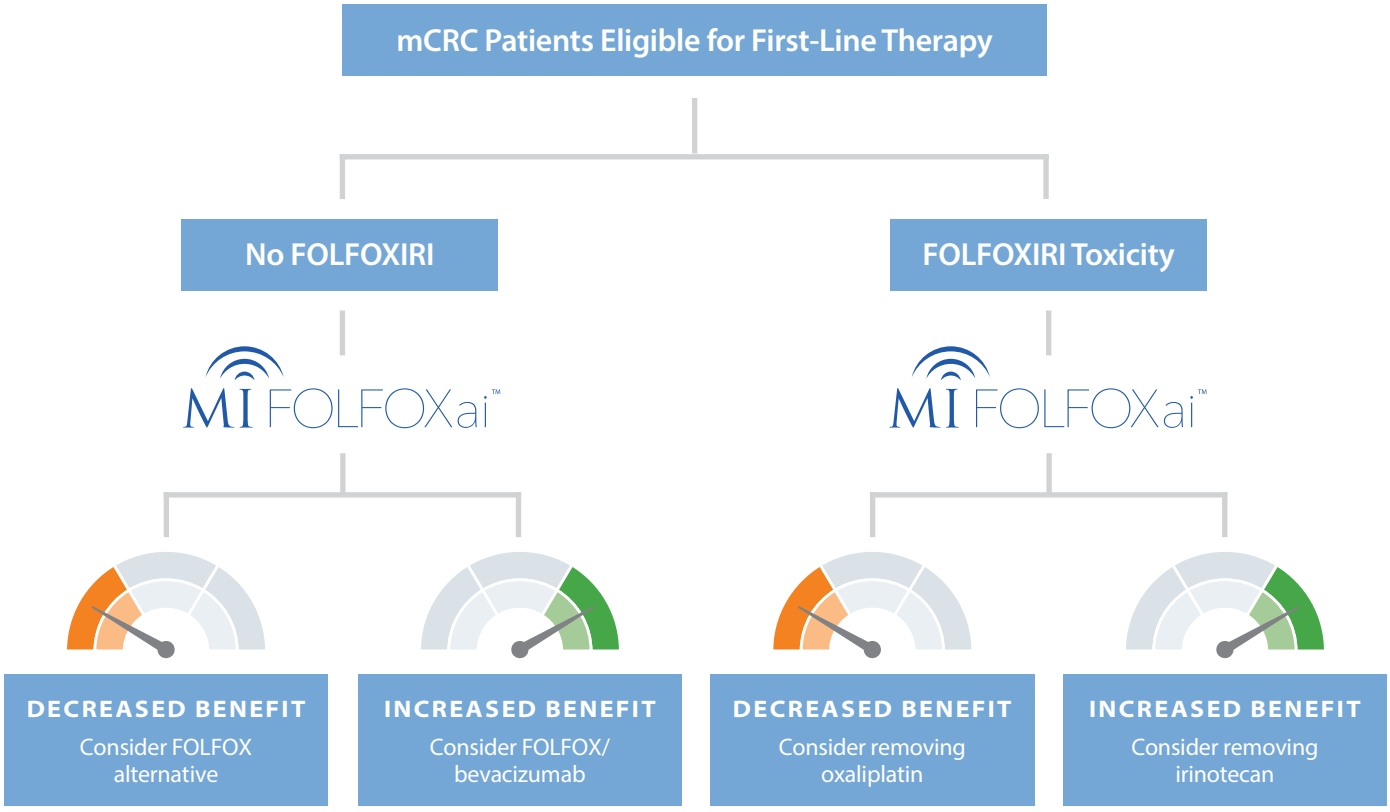
MI FOLFOXai was validated using two independent data sets:

- 296 manually curated cases with real-world evidence (data acquired from insurance claims records, electronic medical records and death registries)
  Median Overall Survival difference between the increased benefit arm and the decreased benefit arm:
  11.2 months
- 149 cases analyzed retrospectively from the randomized, prospective Phase III TRIBE2 study
  Median Overall Survival difference between the increased benefit arm and the decreased benefit arm:
  6.0 months

Patients predicted to have increased benefit to FOLFOX may achieve optimal results by receiving a FOLFOX regimen first in their chemotherapy sequencing plan. Patients predicted to have decreased benefit to FOLFOX may achieve results by receiving an alternate regimen, such as FOLFOXIRI or FOLFIRI, prior to the administration of a FOLFOX regimen.

Decisions on patient care and treatment must be based on the independent medical judgment of the treating physician, taking into consideration all available information concerning the patient's condition.



To order or learn more, visit **www.CarisMolecularIntelligence.com.**
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