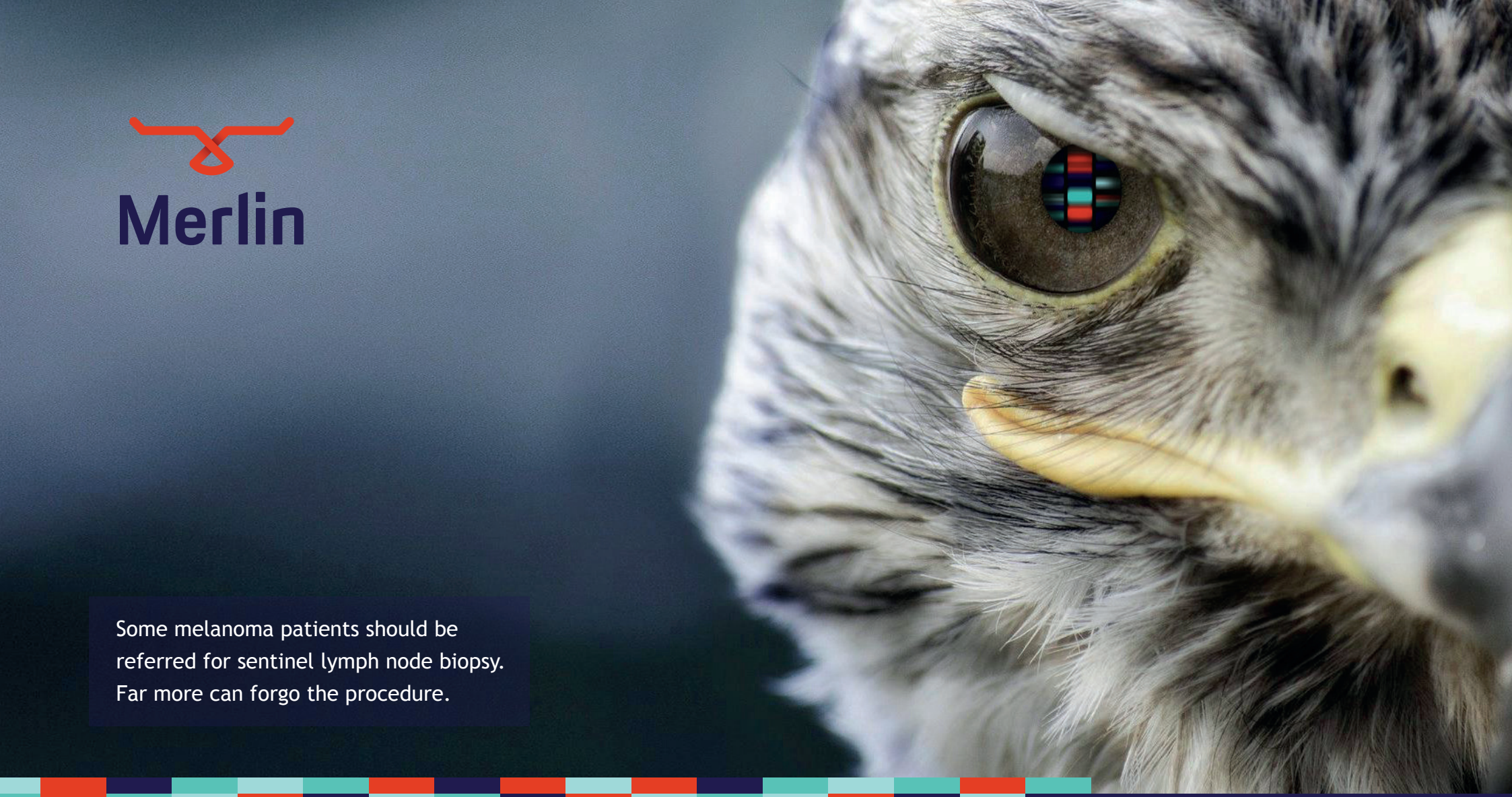
Merlin



Some melanoma patients should be referred for sentinel lymph node biopsy. Far more can forgo the procedure.

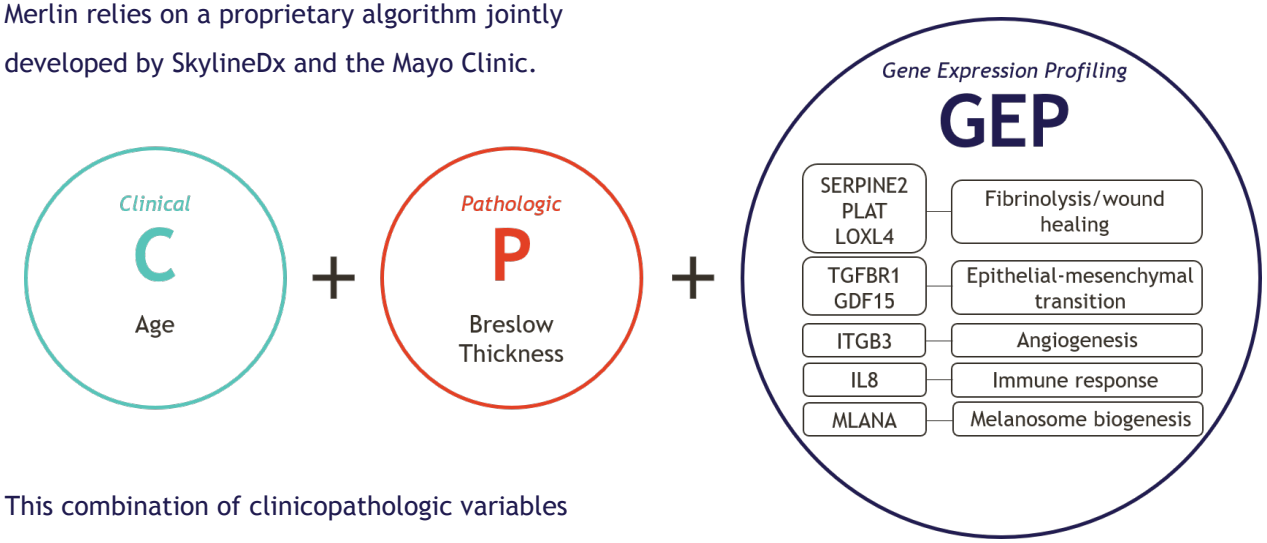
Merlin helps identify melanoma patients who have a low risk for nodal metastasis.

Merlin™ Test at a glance

- Gene expression-based test to identify primary melanoma patients who are at low risk of nodal metastasis and may avoid the sentinel lymph node biopsy (SLNB).
- Enhances clinicopathologic findings with critical tumor biology insights.
- Improved performance over clinicopathologic (CP) variables only (e.g. nomograms like MIA and MSKCC[1]) for appropriately predicting SLN status[2].
- Validated in multicenter clinical trials in the U.S. and EU.
- Non-invasive as it uses primary biopsy.
- Turnaround time: 6 hours 25 minutes.
- Developed by SkylineDx in collaboration with the Mayo Clinic.

The biology behind the Merlin Test[2]

Merlin relies on a proprietary algorithm jointly developed by SkylineDx and the Mayo Clinic.



This combination of clinicopathologic variables with gene expression profiling was first published in 2020.

80-85% of SLNB's performed are negative. The Merlin Test helps you reduce the number of unnecessary SLNB's by **42%**[2].

Clinically and analytically validated

3	Continents
7	Countries
7	Publications
9	Collaboration partners in EU
20	Global academic partners
1172	Patients in validation cohort

Understand your patient's risk

The sentinel lymph node biopsy (SLNB) is an invasive surgery that may expose a patient to >10% risk of complications[3]. Studies show that 80-85% of melanoma patients who undergo SLNB are negative for nodal metastasis[4].

The Merlin Test can be used for patients who are being considered or recommended for SLNB according to clinical guidelines. The Merlin Test identifies patients who are at low risk for nodal metastasis and may therefore forgo an SLNB.

Merlin provides a binary result:

LOW RISK

Your patient has a low risk for having nodal metastasis. The SLNB surgery may be avoided.

HIGH RISK

Your patient has a high risk for having nodal metastasis. An SLNB procedure will be considered according to national guidelines.

Merlin

We welcome your inquiries.

To order Merlin or for additional information,

please contact us at:

customerservice@biocartis.com

1 Johansson I, Tempel D, Dwarkasing D, et al. Validation of a clinicopathological and gene expression profile model to identify patients with cutaneous melanoma where sentinel lymph node biopsy is unnecessary. EJSO. 2021: DOI 10.1016/j.ejso.2021.11.010.

2 Bellomo D, Arias-Mejias S, Ramana C, et al. A model combining tumor molecular and clinicopathologic risk factors predicts sentinel lymph node metastasis in primary cutaneous melanoma. JCO Precis Oncol. 2020:DOI 10.1200/PO.19.00206.

3 Moody JA, Botham SJ, Dahill KE, Wallace DL, Hardwicke JT. Complications following completion lymphadenectomy versus therapeutic lymphadenectomy for melanoma e A systematic review of the literature. EJSO. 2017;43(2017):1760-1767.

4 Morton DL, Thompson JF, Cochran AJ, et al. Final Trial Report of Sentinel-Node Biopsy versus Nodal Observation in Melanoma. N Engl J Med. 2014;370(7):599-609.

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