

Leader in Diagnostic and Prognostic Testing for **Myelodysplasia using ΔN :™ (Difference from Normal)** **Myeloid Flow Cytometry**

The Problem - Traditional Multiparameter Flow Cytometry and the “Gold Standard” Morphology can miss MDS

- Traditional Multiparameter Flow Cytometry and Morphology cannot distinguish between normal and abnormal blast populations
- If the blast count is <5%, MDS is extremely difficult to detect using Morphology
- Morphology can only detect 2 of the 5 populations involved in MDS (Erythroid and Megakaryocytes)

The Solution - ΔN : Myeloid Flow Cytometry

- 92% specificity in detecting MDS in a 3-year study with 2074 patients showing genetic abnormalities indicative of MDS
- Identifies 2 abnormal cells in 10,000 cells (approximately 30% of all Cytopenias sent to HematoLogics are abnormal)
- Identifies Lymphoid malignancies in patients with cytopenias and quantifies dysplasia in progenitor blasts, monocytes and maturing neutrophils not seen by Morphology
- Provides MDS prognostic risk information by implementing a Validated **Flow Cytometric Scoring System (FCSS)** based on counting the numbers of abnormalities in a patient sample
- Directly correlates with IPSS-R and WPSS-R

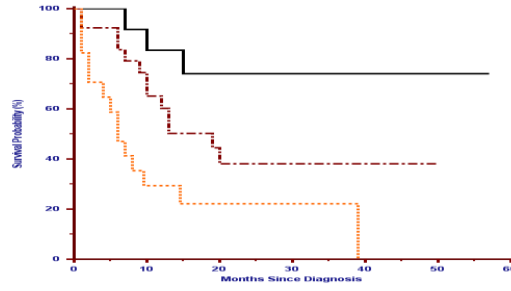
FCSS

0-1-Abnormalities-Low Risk (Mild/Normal)

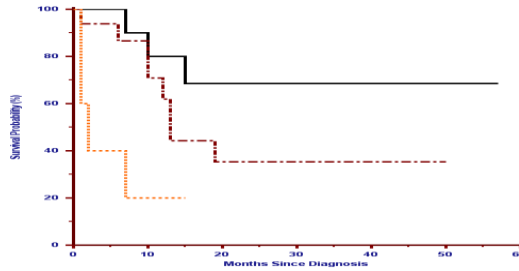
2-3-Abnormalities-Intermediate Risk (Moderate)

4->-High Risk (Severe)

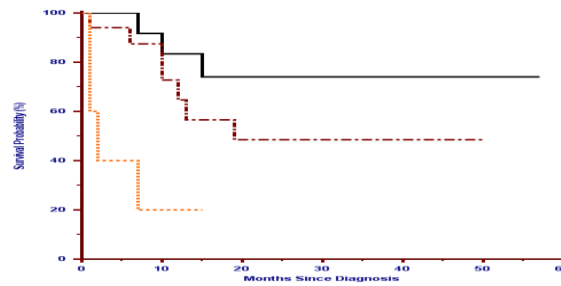
Survival of All Patients, n=56



RCMD n=32



Blasts <5% n=5



Directly correlates with IPSS and WPSS

