



FDA DISCLAIMER

LENA Q51 ® is offered to professionals only as a "RUO", For research Only and not for Diagnostics purposes.



Leukemia

Leukemia is an umbrella term for several different cancers of the blood and the blood-forming tissues of the body. All start with problems in the creation of blood cells



Alercell Provides Comprehensive Solutions for Blood Molecular Detection





Nucleic Acid Extraction System, Lab-Aid 824s Total RNA Blood Kit (Lab-Aid)





Nucleic Acid Extraction System, Lab-Aid 896 Total RNA Blood Kit (Lab-Aid 896)

Sample Extraction



LENA Q51 Fusion Genes Screening Kit Leukemia Fusion Genes Quantification Kit

Fluorescent PCR Assay

Why 52 Genes?

- There are currently more than 200 fusion genes. LENA Q51 actually detects 52 fusion genes. The selection of these 52 fusion genes is to consider an optimal cost performance.
- The 52 fusion genes we selected had a total of more than 200 breakpoints by the time of product development.
- The selection of these 52 fusion genes is based on the fact that the total mutation frequency of these 52 genes exceeds 85%, and the mutation frequency of the remaining more than 100 fusion genes does not exceed 15%.





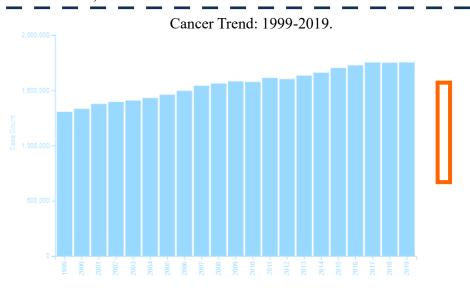


Leukemia Molecular Detection Products

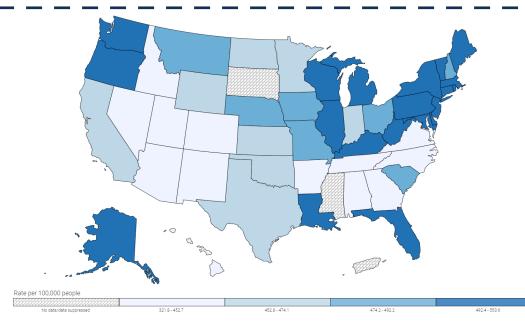


Harm of Leukemia to Human Health Keeps Increasing

- Leukemia, commonly known as **blood cancer**, is a malignant disease of the blood system
- The incidence rate ranks the first among cancers in children under 15 years old, accounting for about 1/3 of all childhood tumors
- The number of leukemia incidence is increasing year by year, The American Cancer Society's estimates for acute lymphocytic leukemia (ALL) in the United States for 2022 (including both children and adults) are: About 6,660 new cases of ALL (3,740 in males and 2,920 in females)



Source - U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2021 submission data (1999-2019): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; https://www.cdc.gov/cancer/dataviz, released in November 2022.





More Accurate Classification with Fusion Genes for Precise Diagnosis and Treatment of Leukemia

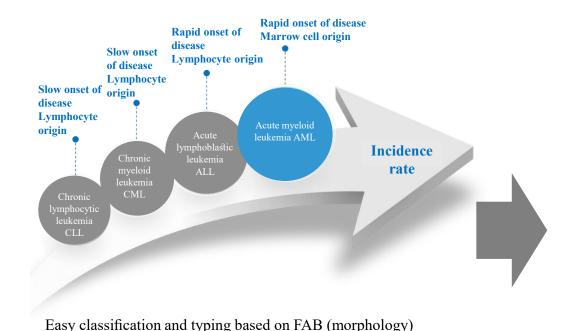


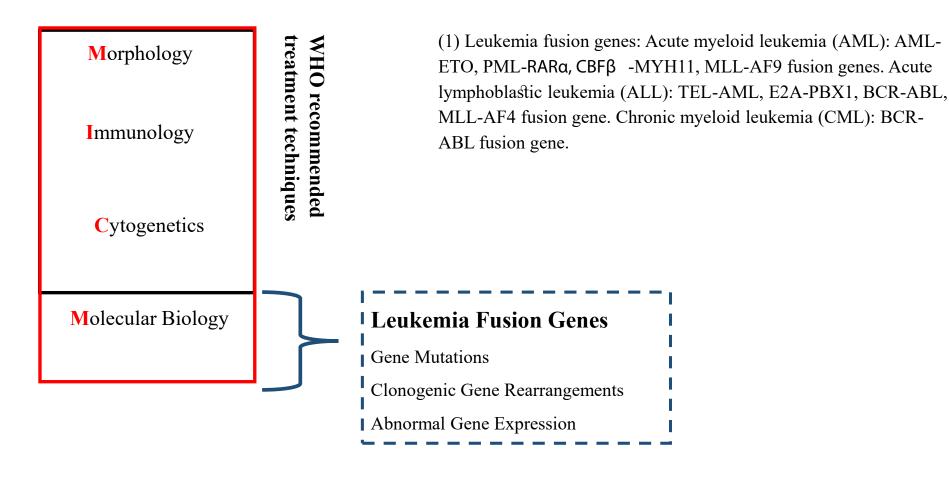
Table 1. WHO classification of myeloid neoplasms and acute leukemia Acute myeloid leukemia (AML) and related neoplasms AML with recurrent genetic abnormalities AML with t(8;21)(q22;q22.1); RUNX1-RUNX1T1 AML with inv(16)(p13.1q22) or t(16;16)(p13.1;q22); CBFB-MYH11 APL with PML-RARA AML with t(9;11)(p21.3;q23.3);MLLT3-KMT2A AML with t(6;9)(p23;q34.1);DEK-NUP214 AML with inv(3)(q21.3q26.2) or t(3;3)(q21.3;q26.2); GATA2, MECOM AML (megakaryoblastic) with t(1;22)(p13.3;q13.3); RBM15-MKL1 Provisional entity: AML with BCR-ABL1 AML with mutated NPM1 AML with biallelic mutations of CEBPA Provisional entity: AML with mutated RUNX1 AML with myelodysplasia-related changes Therapy-related myeloid neoplasms

WHO uses **fusion gene** as criteria for leukemia subtype classification since 2016



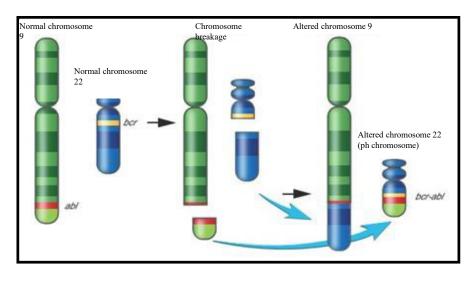
Adopting next-generation sequencing (NGS) technology for identification of gene fusion in patients with acute leukemia can be a good alternative to conventional tests

Traditional treatment techniques





Fusion Genes are the Most Common Biomarkers in Leukemia



Fusion Genes

- ➤ Fusion genes are one of the most common biomarkers in leukemia and are caused by chromosome breakages and recombination.
- ➤ More than 200 types of fusion genes have been identified, and about 50% of leukemia patients have fusion genes.
- ➤ Different disease subtypes have different fusion genes profiles.



Fusion Genes Detection Helps Building Precision Leukemia Treatment

Drug Prediction



- BCR-ABL1: It indicates that patients could benefit from targeted drug gleevec
- PML-RARa: It indicates that retinoic acid and arsenic trioxide treatment are effective for patients

Help building leukemia precise treatment, improve the survival rate of patients

Disease prognosis

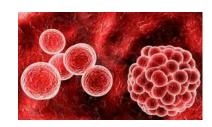


- •AML1-ETO: It is common in AML-M2 patients, and a good prognostic factor
- •MLL-AF4: Poor prognosis, and patients need to be given high-risk treatment solutions

Treatment process monitoring



•Monitor the effect of treatment by measuring the fusion genes content to indicate the change of tumor cells during the treatment MRD detection



•When the treatment reaches the early stage of complete remission, MRD is tested regularly and the treatment method, schedule and treatment time are adjusted according to the level of MRD.



Fusion Genes Detection Helps Building Precision Leukemia Treatment and is a less expensive path

- The average cost of treatment for leukemia patients is \$300,000 to \$900,000
- Fusion genes screening charges is less than \$10,000
- Quantitative detection charges is even lower four times a year, with an average 10-year survival, total quantitative testing costs les than \$30,000

Precise medication

Timely
adjustment of the
treatment
schedule

Relapse warning



Provides a Complete Set of Solutions for Leukemia Fusion Genes Detection



Fusion Genes Screening (Q51, Q30) ALL, BCR-ABL1 Negative

Ph-like Screening
(32 fusion genes and an independent prognosis)



In the treatment process

Single gene quantification (51 fusion genes)

Poor effects with TKI therapy

ABL kinase mutation screening, distinguishing polyclonal mutations and complex mutations (4 tubes with 40 detection sites)



After complete remission

Single gene quantification (51 fusion genes)





Leukemia Fusion Genes Detection Products



A complete set of screening and quantification products

- Leukemia Fusion Genes (Q30) Screening Kit
- Leukemia Fusion Genes (Q51) Screening Kit (Screen the mutations of 30 fusion genes)
- BCR-ABL1 Genotyping Kit
 (Determine the type: p190, p210 and p230)
- PML-RARα Genotyping Kit
 (Determine the type: L, S and V)

- BCR-ABL1 p190 Detection Kit
- BCR-ABL1 p210 Detection Kit
- PML-RARa L Kit
- PML-RARa S Kit
- PML-RARa V Kit
- AML1-ETO Detection Kit
- CBFβ-MYH11 Kit
- Wt1 Detection Kit





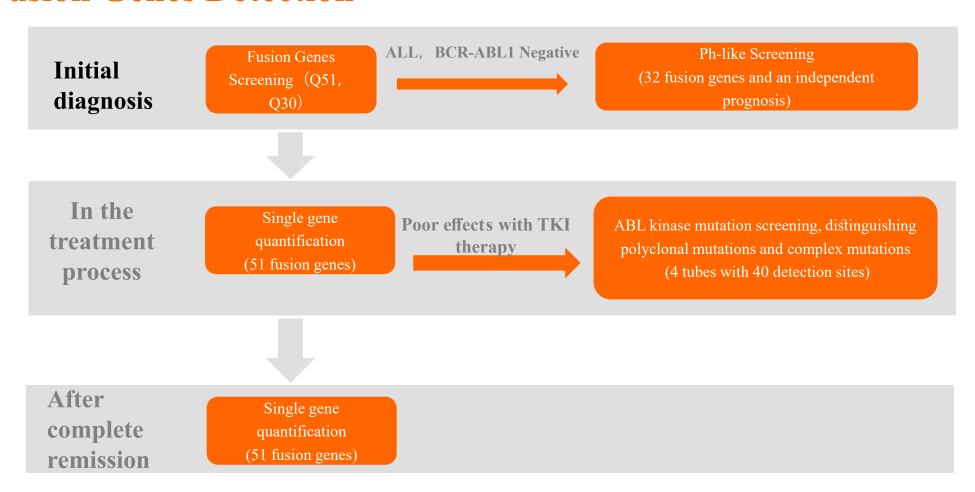
Clinical Significance **Drug Prediction**

Disease Prognosis Assessment Treatment Process Monitoring

MRD Detection



Provides a Complete Set of Solutions for Leukemia Fusion Genes Detection



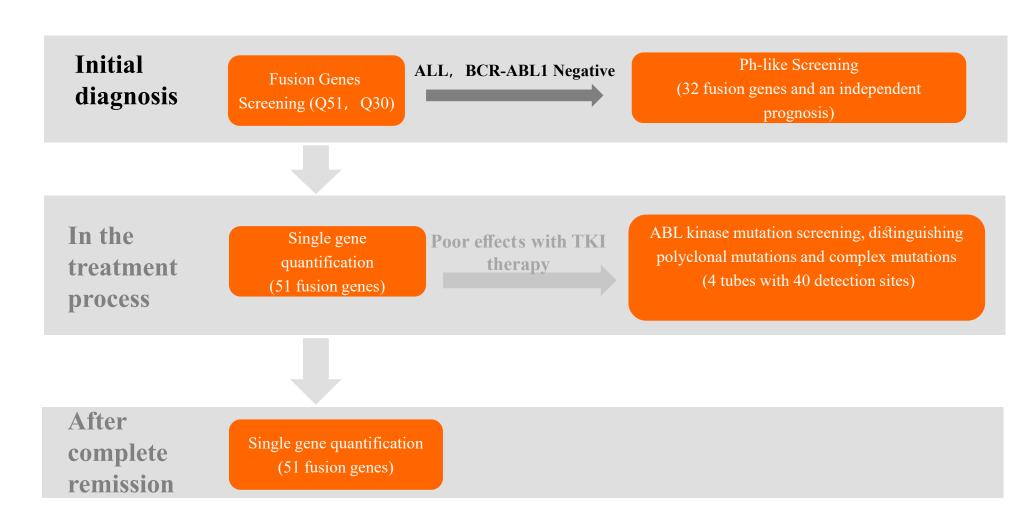


Precise Typing on More Fusion Genes to Help Clinical Precision Diagnosis and Treatment

| | LENA Q51 Leukemia Fusion Genes ox real | Competitive product (56) | Clinical significance |
|----------------|--|--------------------------|--|
| PDGFRA Series | FIP1L1-PDGFRAETV6-PDGFRA | Indistinguishable | Seen in about 23% of CELs with a good response to Gleevec Present in AML, tyrosine kinase inhibitors have some effect |
| BCR-ABL Series | BCR-ABL1 p210BCR-ABL1 p230 | Indistinguishable | Seen in about 95% of CML with a good response to Gleevec Rare type, CML or CNL |
| AML1 series | • AML1-MDS1/EV11 • AML1-MTG16 | Indistinguishable | 1% AML is a poor prognostic factor Though sensitive to chemotherapy, it has strong toxicity of chemotherapy |
| MLL series | MLL-AF4 MLL-AF9 MLL-ENL MLL-AF10 MLL-SEPT6 MLL-ELL MLL-AF17 MLL-AF19 MLL-AF1P MLL-AF6 MLL-AFX1 | Indistinguishable | ALL, poor prognosis, requires intensive therapy AML, poor prognosis, suggests poorer prognosis ALL, mostly neonatal congenital leukemia, poor prognosis AML-M5-type, poor prognosis AML, poor prognosis, slightly better with bone marrow transplantation Adult AML, very poor prognosis, bone marrow transplantation recommended AML AML AML ALL, AML and MDS, prognosis related to gender and typing AML, very poor prognosis, almost no remission, short survival AML, ALL and CLL in infants and children, poor prognosis |



Biotech Provides a Complete Set of Solutions for Leukemia Fusion Genes Detection





Philadelphia chromosome (Ph) -like acute lymphoblastic leukemia (ALL), is a high risk subset with a gene expression profile that shares significant overlap with that of Ph -positive (Ph +) ALL

Acute lymphoblastic leukemia (ALL), a malignant clone originating from lymphoid precursor cells, accounts for more than 70% of childhood leukemias.

Currently, treatment schedules based on different subtypes of ALL have achieved good results, but some patients are still poorly treated and prone to relapse. Among them, the newly discovered subtype **Ph-like ALL** is included, accounting for about 10% to 30% of all in

adults and 15% of all in children.

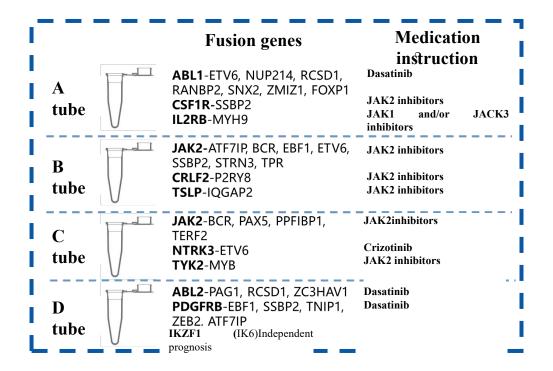
Diagnosis and Treatment Norms for Adult Acute Lymphoblastic Leukemia (2018 Edition)

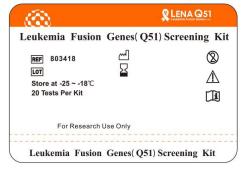
Tentative typing: BCR-ABL1 -like ALL
The definition of this type of AL is still difficult. In 2009, two
research groups identified a new high-risk subtype of Phnegative ALL and proposed the concept of Ph-like ALL, which
has a similar genetic profile to BCR-ABL 1-positive ALL with
IKZF1 or other lymphoid transcriptional regulator deficiency
and a similar clinical prognosis, and is therefore called Ph-like
ALL (Ph like ALL or BCR/ABL1-like ALL).

WHO lymphoblastic leukemia/lymphoma typing 2016 edition B lymphoblastic leukemia/lymphoma ALL, PTCL-U ALL with recurrent genetic abnormalities ALL with t (9; 22) (q34.1; q11.2); BCR-ABL1 ALL with t (v; 11q23.3); KMT2A ALL with t (12; 21) (p13.2; q22.1): ETV6-RUNX1 ALL with hyperdiploid karyotype ALL with hypodiploid karyotype ALL with t (5; 14) (q31.1; q32.3); IL3-IGH ALL with t (1; 19) (q23; p13.3); TCF3-PBX1 Tentative typing: BCR-ABL1-like ALLa Tentative typing: B-ALLa with internal amplification of chromosome 21 T-lymphoblastic leukemia/lymphoma Tentative typing: early pre-t-cell lymphoblastic leukemia a Tentative typing: natural killer (NK) cell-lymphocytic Note: 1) a is a newly added typing. 2) ALL = B lymphoblastic leukemia.



4 tubes of Pre-packed Dry Powder Screening Reagent for Selected Ph-like Patients





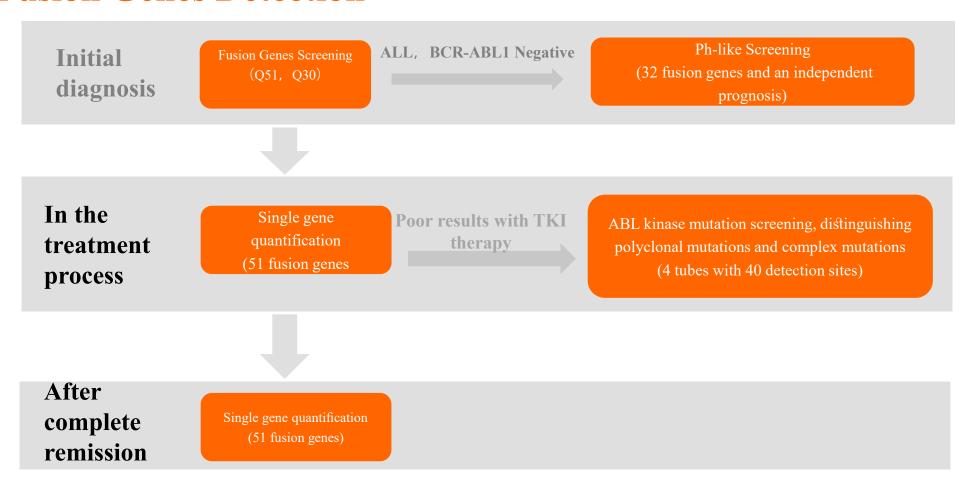
Four-tube, four-color multi- detection system

Pre-pakced dry powder form, no solution dispensing required, shipping at room temperature

Detects **32** fusion genes (42 fusion forms) and **one independent prognostic** factor



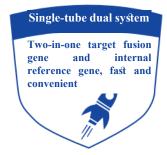
Provides a Complete Set of Solutions for Leukemia Fusion Genes Detection





Quantitative Detection Using an Innovative Single- Tube Dual System, Saving 50% of Manual Operations

Single-tube dual system PK traditional independent system



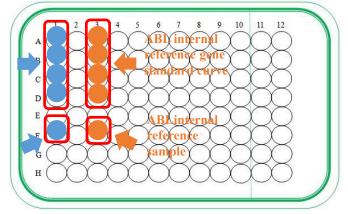


Traditional independent system

The target fusion genes and the internal reference genes are separately spiked. The samples should be added separately, which is tedious and time-consuming.

Fusion genes standard curve

Fusion genes samples

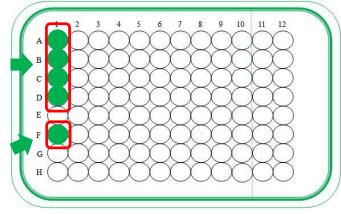


New upgrade

Single-tube dual system

Fusion genes and ABL internal reference standard curve

Fusion genes and ABL internal reference samples





A Comprehensive and Diverse Range of Quantitative Products to Meet Different Customer

Needs



Operation method: One-step method
Advantages: detected by adding samples
only, easy operation, less
contamination, high sensitivity



Operation method: Two-step method
Advantages: CDNA samples can be saved and
other RNA assays can be
performed when detection is
carried out

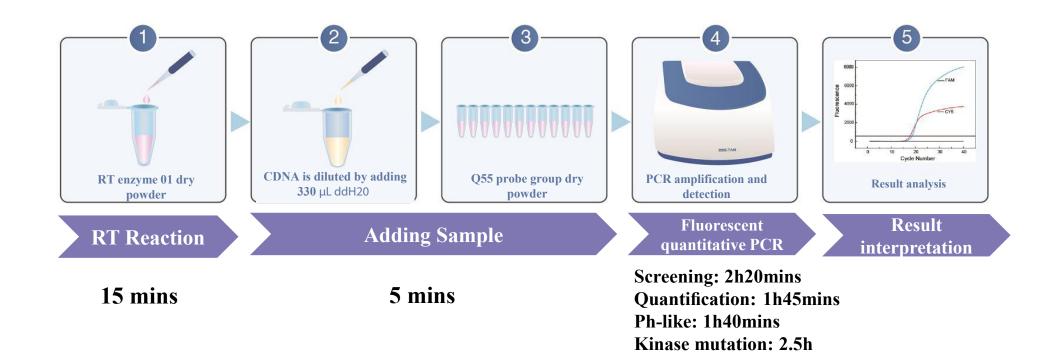
Two methods are available, with flexible options to meet different clinical needs

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The most comprehensive fusion genes quantitative detection reagent



Easy to Operate and Complete PCR Detection in 2 Hours



Blood total RNA extraction kit and Lab-Aid 824S Nucleic Acid Extraction System, can realize the automatic blood total RNA extraction easily and quickly, subverting all the existing manual extraction methods



Open Platform for Mainstream Fluorescent PCR Instruments



ABI 7500



Bio-Rad CFX96



Stratagene Mx3000/300 5P



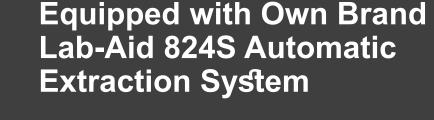
Hongshi SLAN-96P/S

Applicable for instruments with FAM, HEX/JOE, ROX and Cy5 detection channels



Fully Automated Blood RNA
Extraction System





- Complete **24** blood RNA extracts in **37** minutes
- No need for pre- treatment, high quality RNA can be obtained in one step of sample addition
- One reagent strip for one sample, flexible for 1 24 samples extraction, effectively avoiding reagent waste
- The maximum volume of sample is 2 ml to ensure the total RNA extraction
- Perfectly extract the whole blood samples, leukocyte samples and heparin anticoagulated bone marrow blood samples



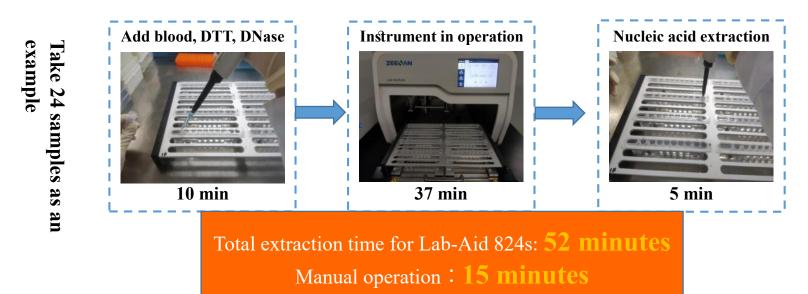


Manual Operation Time Reduced by 90% and Total

Time Reduced by 65%



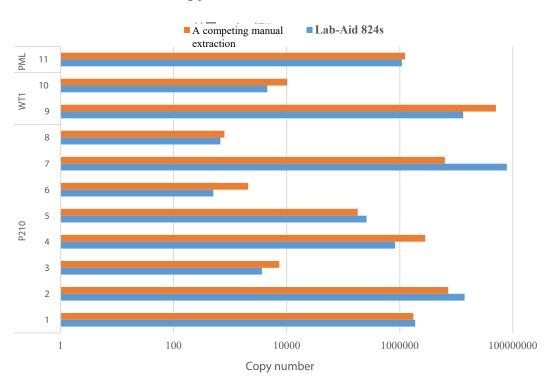
Total extraction time of an imported manual extraction reagent: 150 mins





High Extraction Efficiency of the Whole Blood Samples, Perfectly Suited for Subsequent Quantitative Assays

Copy Number of Fusion Genes



The copy number of quantitative RNA is comparable between the $200~\mu L$ blood sample extracted by Lab-Aid 824s and the 1~mL blood sample extracted by a competing manual operation, with high extraction efficiency.

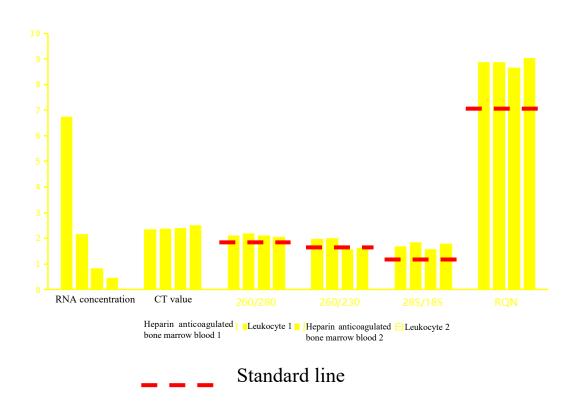


High Quality Extraction of Long-term Preserved

Leukocyte Samples RNA concentration ≥30 ng/ul 70% Complete A260/ 578 leucocyte fragments, good A280 samples homogeneity, ≥1.8 preserved in no impurity **TRIzol** 89% peak A260/ A230 ≥1.5 73%



High Quality Extraction of Heparin-anticoagulated Bone Marrow Blood Samples

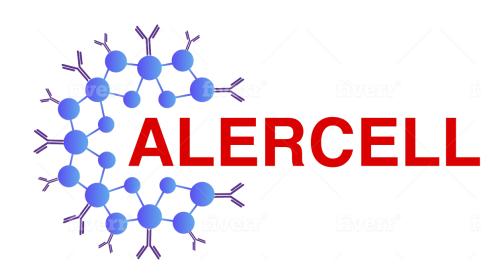


- Lab-Aid 824s extracts 500 μL of highly concentrated heparin-anticoagulated bone marrow blood, the RNA concentration, purity and integrity of which can meet the requirements;
- ➤ It can remove inhibitors in the blood without affecting subsequent amplification.









- 5 West Mendenhall- Suite 202
- Bozeman MT 59715
- Tel: 888 960 0855
- Info@Alercell.com