

EARLY MELANOMA EVALUATION BEGINS WITH PRIMARY CARE AND THE **DERMTECH MELANOMA TEST**

THIS NON-INVASIVE, SIMPLE-TO-USE, PRECISION GENOMICS TEST:

- Utilizes the **DermTech Smart Stickers™** to offer patients a non-invasive testing option
- Detects genomic markers associated with melanoma in suspicious pigmented lesions¹
- Provides clear, actionable results typically within 5 business days



DermTech Smart Sticker shown at actual size with collected cellular material.

BEFORE: REFER WITH UNCERTAINTY NOW: DERMTECH IT TO ENHANCE CLINICAL WORKFLOWS

Patients have better access to a primary care physician than to a dermatologist.^{2,3}

Active MDs per 100,000 people



3.4
Dermatology

MD = doctor of medicine

THE **DERMTECH MELANOMA TEST** INTEGRATES EASILY INTO YOUR CLINICAL WORKFLOW.

The **DermTech Smart Stickers** enable simple collection of samples and can be completed by a health care professional or medical staff in less than 5 minutes per lesion or via remote collection under supervision.

CLINICALLY PROVEN

- Rules out melanoma with over 99% negative predictive value^{1,6,7}
- <1% probability of missing melanoma^{1,6,7}
- 91%-97% sensitivity^{1,6}

PRIMARY CARE PHYSICIANS PLAY
A CRITICAL ROLE IN REGULARLY
EVALUATING SKIN CONDITIONS^{4,5}

>35%
of patient visits
are dermatology
related^{4,5}

YOU ARE YOUR PATIENTS' FIRST LINE OF DEFENSE

Implement the **DermTech Melanoma Test**

ABCDE

Have you or your patient identified a lesion of concern?



Does the suspicious lesion meet one or more ABCDE (Asymmetry, Border, Color, Diameter, Evolving) criteria?
DERMTECH IT!



Result Is negative

>99% probability that the lesion is not melanoma.^{1,6,7}
Continue to monitor for changes in appearance.



Result Is positive

Now, you can make an informed referral or biopsy.

Test lesions simply and non-invasively with the **DermTech Melanoma Test**. Skin sample collection can be completed by an HCP or medical staff.

WHEN TO USE IT

- Indicated for use on melanocytic lesions $\geq 3.5\text{mm}^*$ meeting one or more ABCDE criteria
- Typical use includes suspicious, pigmented lesions that may not yet meet the clinical threshold for biopsy
- Additional considerations for use may include difficult-to-biopsy and cosmetically sensitive areas, among others
- Additional criteria for indications for use are included in the test requisition form

Lesions smaller than 3.5mm^* as well as samples collected from palms of hands, soles of feet, or mucous membranes cannot be processed for testing.

* For Medicare, additional ordering and coverage criteria are set forth in Medicare Local Coverage Determination #38151 (e.g., size of lesion is 5mm-19mm)

**DERMTECH IT
TO INFORM
NEXT STEPS**

*Includes Internal Medicine, Family Medicine/General Practice, Obstetrics and Gynecology, and Pediatrics.

This test is a physician-ordered laboratory developed test (LDT) and is regulated under the Clinical Laboratory Improvement Amendments (CLIA). DermTech's laboratory is qualified to perform high complexity testing, developed and analytically validated the LDT in accordance with CLIA standards, and is also accredited by the College of American Pathologists and holds a New York State Dept. of Health permit. The test is not reviewed or approved by the FDA. False positive and false negative results may occur. Samples of insufficient quantity or quality may not produce a result.

References: 1. Gerami P, et al. *J Am Acad Dermatol*. 2017;76(1):114-120. 2. AAMC. Physician Specialty Data Report. Accessed February 28, 2021. <https://www.aamc.org/data-reports/workforce/interactive-data/active-physicians-us-doctor-medicine-us-md-degree-specialty-2019> 3. United States Census Bureau. DP05: ACS Demographic and Housing Estimates (2019: ACS 1-year Estimates Data Profiles). Accessed February 28, 2021. <https://data.census.gov/cedsci/table?q=United%20States&g=0100000US&tid=ACSDP1Y2019.DP05> 4. Lowell BA, et al. *J Am Acad Dermatol*. 2001;45(2):250-255. 5. St Sauver JL, et al. *Mayo Clin Proc*. 2013;88(1):56-67. 6. Jackson SR, et al. *SKIN J Cutan Med*. 2020;4(2):124-129. 7. Skelsey M, et al. *SKIN J Cutan Med*. 2021;5(5):512-523.