

SOPHiA DDM™ for Solid Tumors

covers ESMO guideline-recommended genomic alterations



Our applications target **tumor-agnostic** biomarkers with ESCAT level I score ^{1,a}.

Gene	Alteration	ESCAT score	SOPHiA DDM™ STS (DNA) + SOPHiA DDM™ ROS (RNA)	SOPHiA DDM™ STS+ (DNA + RNA)	SOPHiA DDM™ Dx ROS (RNA)	SOPHiA DDM™ RNAtarget PanCancer (RNA)	SOPHiA DDM™ for TSO500	SOPHiA DDM™ for SureSelect Cancer CGP	SOPHiA DDM™ Cancer Profiling Solution	MSK-IMPACT® powered with SOPHiA DDM™	MSK-ACCESS® powered with SOPHiA DDM™
NTRK1/2/3	Fusions	IC	✓	✓ *	✓	✓	✓	✓	✓	✓ **	✓ ***
MSI-H/dMMR	MSI-H/dMMR	IC	✓	✓			✓	✓	✓	✓	
RET	Fusions	IC	✓	✓	✓	✓	✓	✓	✓	✓	✓
BRAF	Mutations (p.V600E)	IC	✓	✓		✓	✓	✓	✓	✓	✓
FGFR1/2/3	Fusions / Mutations	IC	✓	✓	✓	✓	✓	✓	✓	✓ **	✓ ***
TMB-H	TMB-H	IC					✓	✓	✓	✓	
Targeted Somatic Applications						CGP				LBx	

Table reflects a non-exhaustive list of SOPHiA DDM™ for Solid Tumors applications. *Not including NTRK2 fusions. **DNA input only. Not including FGFR1 and NTRK3 fusions. ***DNA input only. Not including FGFR1 and NTRK2/3 fusions.

Our applications target **key cancer-associated** biomarkers with ESCAT level I/II scores ^{1,a}.

NSCLC	Breast	Colorectal	Prostate	Pancreatic	Ovarian	Cholangio-carcinoma	GIST	Thyroid	CUP	Soft-tissue sarcoma
EGFR	ERBB2	KRAS, NRAS	BRCA1/2	BRCA1/2	BRCA1/2	IDH1	KIT	RET	TMB-H	ALK
ALK	PIK3CA	BRAF	PTEN	KRAS	HRD	FGFR2	PDGFRA	BRAF	ALK	COL1A1- PDGFB
KRAS	ESR1	MSI-H/dMMR	ATM	PALB2		ERBB2				INI1/ SMARCB1
RET	BRCA1/2	KRAS	PALB2	NRG1		BRAF				TSC1/2
ROS1	PTEN	ERBB2				KRAS				
BRAF	AKT1	POLE								
MET	PALB2									
ERBB2										
NRG1										
					SOPHiA DDM™ Dx HRD Solution is included in the recommendations as validated HRD detection method.					
					Community Solution CSTS_106 covers all key breast cancer biomarkers.					

We offer applications that leverage a **matched tumor-normal** approach to support assessment and reporting of somatic vs. germline origin of variants.

ESMO recommends reporting germline vs. somatic variant origin²:

“We recommend that variants that may require follow-up confirmatory germline testing are clearly marked in the report. (...) For assays based on matched tumour-germline sequencing, the germline origin of any variant could be determined with certainty. In that case, we recommend including the germline versus somatic origin of alterations in the NGS report (if the patient consented for this).”

^aGenomic alterations classified as ESCAT level III/IV were not reported in the guidelines since they should not be used for routine practice. 1. Mosele F, et al. Annal Oncol. 2024 S0923-7534(24)00111-X; 2. van de Haar J, et al. Annal Oncol. 2024; doi.org/10.1016/j.annonc.2024.06.018.
CUP, cancer of unknown primary; GIST, gastrointestinal stromal tumor; ESCAT, ESMO Scale for Clinical Actionability of molecular Targets; ESMO, European Society of Medical Oncology; HRD, homologous recombination deficiency; MSI-H, microsatellite instability, high; NSCLC, non-small cell lung cancer; TMB-H, tumor mutational burden, high. SOPHiA DDM™ Dx RNAtarget Oncology Solution and SOPHiA DDM™ Dx Homologous Recombination Deficiency Solution are available as CE-IVD products for In Vitro Diagnostic (IVD) Use in the European Economic Area (EEA), the United Kingdom and Switzerland. SOPHiA DDM™ Dx Solid Tumor Solution is available as a CE-IVD product for IVD use in the EEA, the United Kingdom, Switzerland, and Israel.