

# ColoPlex PLUS

Fight Cancer. Detect Early.

COMING  
SOON!

## A SIMPLE BLOOD TEST

TO DETECT EARLY RISK OF COLORECTAL CANCER

### **PATIENTS ARE MORE LIKELY TO PARTICIPATE IN CRC SCREENING PROGRAMS WHEN A BLOOD TEST IS BEING OFFERED COMPARED TO A FECAL TEST (1).**

Preliminary data for 241 prospectively enrolled clinical subjects indicated that early detection of CRC and Adenoma is achievable with a simple blood test.

#### **SIMPLE BLOOD TEST**

##### **Convenient for patients :**

- No messy fecal preparation
- Can be part of annual health check-up to improve compliance
- Potential alternative screening method for those declining immunochemical test for occult blood (FIT)(2).

#### **EARLY CANCER DETECTION**

##### **ColoPlex Plus data show 90% specificity and 84% sensitivity (2)**

- CRC Cancer 3rd most diagnosed cancer
- 2nd leading cause of cancer death
- CRC Detected at Stage 1 has a 90%+ survival rate.
- A blood test will drive compliance with current screening recommendations.

All elevated ColoPlex PLUS results should be confirmed by colonoscopy. ColoPLEX PLUS will not replace colonoscopy but can be used as an aid in the diagnostics of colorectal cancer.

# COLOPLEX PLUS IS A MULTI-OMIC PANEL THAT COMBINES PROTEIN AND MOLECULAR BIOMARKERS ENHANCED BY AI SOFTWARE.

Technology: DNA methylation of the SEPT9 and other tumor-associated genes is increased in colorectal cancer. The molecular biomarker, mSEPTIN 9 can be measured in blood plasma using Real-Time PCR technology such as Applied Biosystems(R) 7500 Fast Dx Real-Time PCR Instrument.

Protein biomarkers are measured as a multiplex immunoassay using labeled microsphere bead technology on a Luminex IVD analyzer such as LX-200 or FlexMAP 3D.

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1: Uptake of colorectal cancer screening blood test is high than of a fecal test offered in clinic: A randomized trial. 2016 Cancer Treatment and Research Communication 10 (2017) 27-31.

2: Hariharan, R., Jenkins, M., BMJ Open Gastro 2020;7:e000355. doi:10.1136/bmjgast-2019-000355

3. American Cancer Society. 2023.

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