

Post-surgical colorectal cancer (CRC) disease status, at the molecular level.

99%

clinical sensitivity across colorectal tumor types¹

100%

Baseline ctDNA detection across all CRC stages in a prospective multicenter cohort²

46.9%

of post-surgical ctDNA detections occur in the ultrasensitive range²

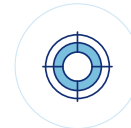
The **Precise MRD™ Molecular Residual Disease Test** gives you an ultrasensitive molecular picture of post-surgical disease status, adding an evidence-based layer of risk stratification to adjuvant decision-making and earlier visibility into recurrence during surveillance.¹



Detect post-surgical residual disease at ultrasensitive levels, at the most clinically informative timepoint²



Adds molecular insights to the risk stratification tools you are already using²



Support adjuvant decision-making for Stage II CRC patients²⁻⁴

Clinical relevance across colorectal cancer treatment decision points

①

Post-surgical risk assessment

Assess molecular residual disease after surgery to identify patients at greatest risk of recurrence²

②

Adjuvant treatment support

Extensive data from the field supports incorporating ctDNA to identify patients who may benefit from adjuvant chemotherapy in Stage II colon cancer^{3,4}

③

Surveillance

Regular testing provides added assurance in disease clearance or early signals of recurrence that may warrant closer clinical attention^{5,6}

Post-surgical molecular risk stratification supported by clinical evidence

The MONSTAR-SCREEN-3 prospective multicenter study evaluated Precise MRD ctDNA detection in resectable CRC patients across all pathological stages, demonstrating clear and statistically significant associations between post-surgical ctDNA status and disease-free survival outcomes.²

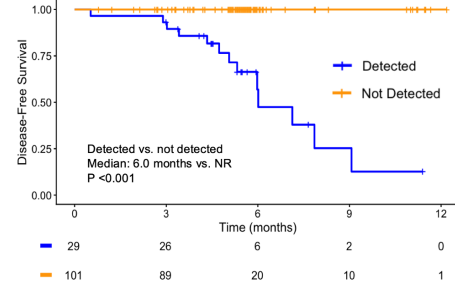
POST-SURGICAL RISK ASSESSMENT

Post-surgical ctDNA status stratifies patients by recurrence risk²

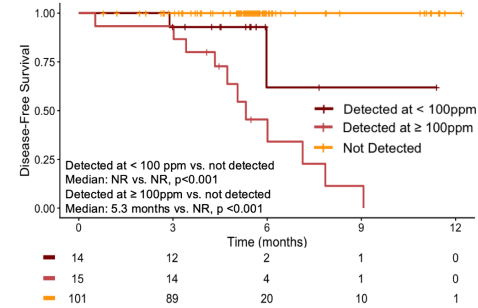
- At one month post-surgery, 21% of patients had molecular residual disease, with nearly half of these patients (46.9%) detected in the ultrasensitive range below 100 ppm
- Importantly, patients detected only in the ultrasensitive range also showed significantly worse DFS ($p < 0.001$), confirming that ultrasensitive detection carries genuine prognostic weight, not just analytical sensitivity

Disease-free survival by ctDNA status at 1 month post-surgery

Detected vs. not detected at any ctDNA level



Considering ultrasensitive ctDNA level (<100ppm)



The Precise MRD Test is built for your practice.



Designed for the cancer care continuum



Timely results for clinical decisions



Streamlined ordering and reporting



Minimal tissue requirements

LEARN MORE

myriad.com/oncology/precise-mrd-test



Each step. Every patient. Exactly what you need.

References: 1. Acevedo A, Colbert K, Trettin K, et al. Analytical validation of an ultrasensitive tumor-informed MRD assay. Presented at: American Association for Cancer Research Annual Meeting; April 17–22, 2026; San Diego, CA. Abstract 2598. 2. Kagawa Y, Tsukada Y, Kotaka M, et al. Molecular residual disease detection using whole-genome sequencing-based ctDNA assay for resectable colorectal cancer in the MONSTAR-SCREEN-3 project. Presented at: ASCO Gastrointestinal Cancers Symposium; January 8–10, 2026; San Francisco, CA. Abstract G25. 3. Tie J, Cohen JD, Lahouel K, et al. Circulating tumor DNA analysis guiding adjuvant therapy in stage II colon cancer. *N Engl J Med.* 2022;386(24):2261–2272. 4. Tie J, Wang Y, Lo SN, et al. Circulating tumor DNA analysis guiding adjuvant therapy in stage II colon cancer: 5-year outcomes of the randomized DYNAMIC trial. *Nat Med.* 2025;31(5):1509–1518. 5. Abidoye O, Ahn DH, Borad MJ, et al. Circulating tumor DNA testing for minimal residual disease and its application in colorectal cancer. *Cells.* 2025;14(3):161. 6. Hashimoto T, Kobayashi S, Oki E, et al. Prognostic impact of MRD positivity at ultra-sensitive ctDNA levels using a WGS-based personalized assay: A pan-cancer analysis from MONSTAR-SCREEN-3. *J Clin Oncol.* 2026;44:3044-3044.