



Clinical trial study summary: DYNAMIC

Circulating tumor DNA guiding adjuvant therapy in stage II colon cancer^{1,2}

Clinicians report the 2- and 5-year results from the DYNAMIC^a study demonstrating the clinical benefit of minimal residual disease testing to inform therapeutic decisions for patients likely to benefit from adjuvant therapy.

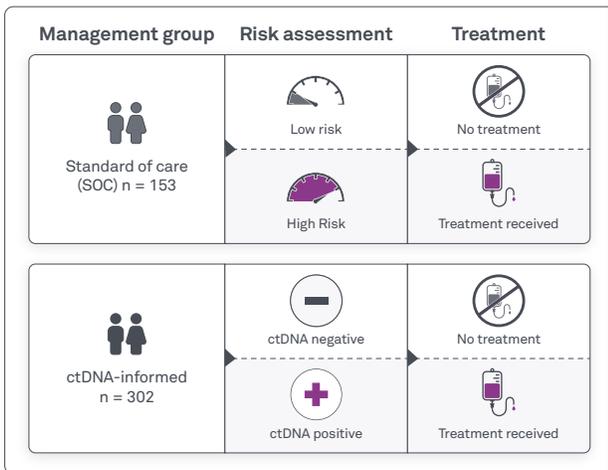
Background

In patients with stage II colon cancer, the benefit of adjuvant therapy is unclear, and identifying which patients should receive it is challenging. Some clinical studies have reported promising observational results on circulating tumor DNA (ctDNA) as a biomarker to measure minimal residual disease postsurgery. The goal of the DYNAMIC study was to determine whether ctDNA-based MRD testing could improve the identification of 1) patients to receive adjuvant therapy and 2) patients who might forgo adjuvant therapy with minimal risk of recurrence. The DYNAMIC trial is the first to demonstrate clear clinical benefit of ctDNA-based MRD detection following surgery.

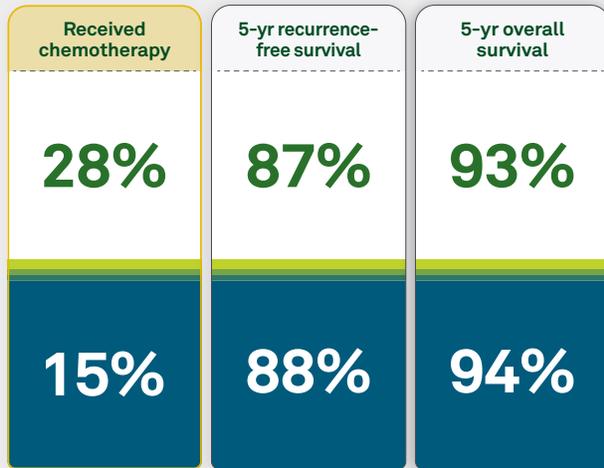
DYNAMIC ~50% fewer patients received chemo in the ctDNA-informed arm *without sacrificing RFS or OS outcomes*

Study design

Stage II colon cancer with post-op ctDNA analysis (N = 455)



Key findings



OS, overall survival; RFS, recurrence-free survival.

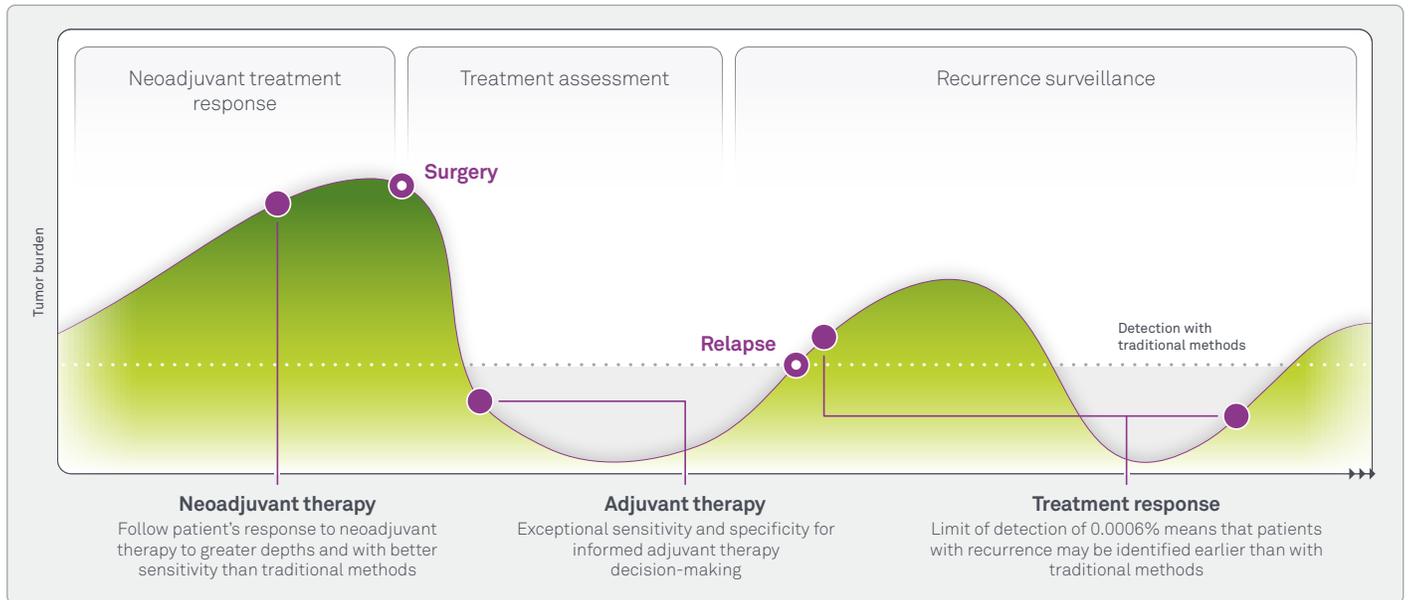
Study conclusions

Results from the study demonstrated that applying a ctDNA-guided approach to stage II colon cancer treatment management significantly reduced the use of adjuvant chemotherapy without compromising recurrence or survival at 2 years. Five-year follow-up results confirmed these findings, which also showed excellent survival outcomes with this approach.

Powered by an earlier version of Haystack technology, DYNAMIC was the first interventional study to prove the value of ctDNA-guided adjuvant therapy decisions

Haystack MRD®

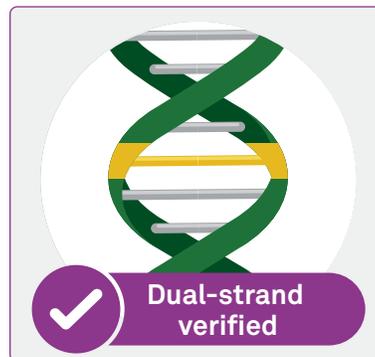
Based on technology built by pioneers of cancer genomics and further developed by Quest Diagnostics, Haystack MRD empowers you with exceptional clarity in clinical decision-making.



Doubling down on confidence

Haystack MRD is an advanced tumor-informed MRD test that detects ctDNA in blood using proprietary technology that ensures each variant is detected on both DNA strands, effectively double-checking each variant to eliminate sequencing noise. This ensures that whether ctDNA is detected or not, you can trust the results to help you more fully understand your patient's disease status, delivering the confidence needed for more precise, informed clinical choices.

Haystack MRD technology



Traditional ctDNA sequencing technologies



The power of Quest

Confident MRD results from a test that is part of Quest Diagnostics, which offers convenient testing locations nationwide and a comprehensive test menu to support your patient across the care continuum. From early detection screening to diagnosis, monitoring, and beyond, Quest's oncology tests provide critical insights that help power personalized care at every step.



Contact our dedicated support team for Haystack MRD by emailing providers@haystackmrd.com or calling **1.844.966.7050**.

^a Haystack MRD™ uses an optimized version of the ctDNA detection technology used in the DYNAMIC study, which was the first study of its kind to assess the clinical benefit of MRD testing to guide adjuvant therapy. DYNAMIC is not a Haystack MRD-sponsored study.

¹ 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. doi:10.1056/NEJMoa2200075

² Tie J, Wang Y, Serigne N L, et al. Circulating tumor DNA analysis guiding adjuvant therapy in stage II colon cancer: Overall survival and updated 5-year results from the randomized DYNAMIC trial. *J Clin Oncol*. 2024;42(6):supplement. doi:10.1200/JCO.2024.42.16_suppl.108

This test was developed and its performance characteristics determined by the CLIA-certified Haystack Oncology laboratory and Quest Diagnostics laboratory. It has not been cleared or approved by the US Food and Drug Administration.

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