

Prognostic Assessment

Changes in the number and types of CTCs in patients with advanced malignant tumors hold significant prognostic value at different stages of treatment. CTC detection, as a real-time blood test, can assist in assessing patient prognosis in clinical settings.

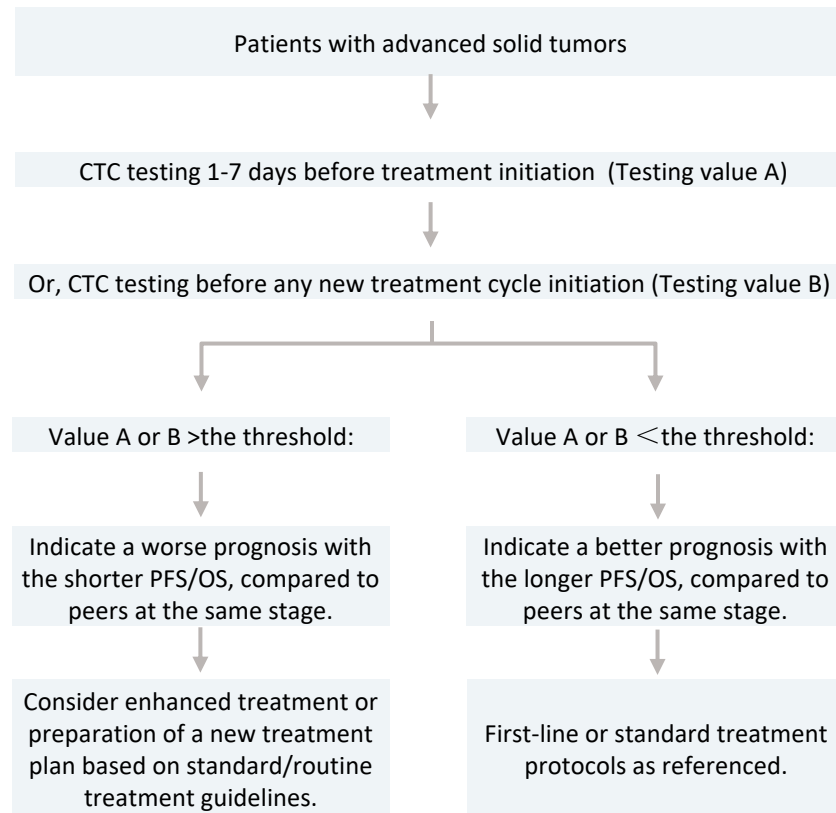
■ Target Population

Patients with advanced solid malignant tumors

■ Clinical Value

As an independent prognostic factor, it predicts and alerts on disease progression and survival time in patients.

■ Testing Protocol



Dynamic Monitoring Recurrence/Metastasis

CTC detection, assessing immediate presence of tumor cells in blood, can evaluate the risk of recurrence and metastasis post-radical surgery. Conducting dynamic, periodic monitoring through CTC counts alterations can effectively track the occurrence of recurrence and metastasis, guiding early clinical intervention for patient benefit.

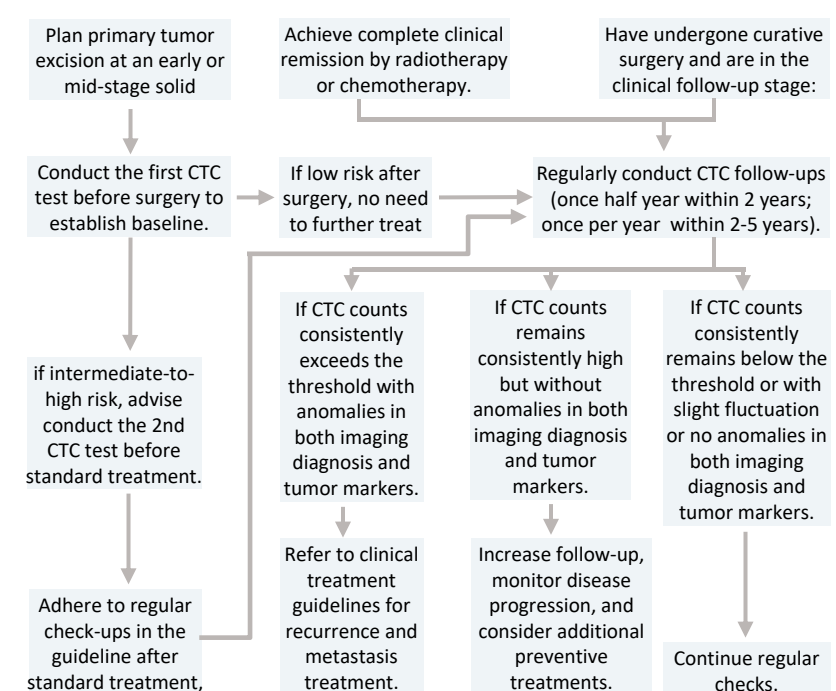
■ Target Population

1. Preparing for primary tumor excision at an early or mid-stage.
2. Achieving complete clinical remission by radiotherapy or chemotherapy.
3. Have undergone curative surgery and are in the clinical follow-up stage.

■ Clinical Value

There's a close association between tumor recurrence/metastasis and CTCs. CTC testing can identify tendencies of tumor recurrence and metastasis in real time, preceding routine imaging examinations.

■ Testing Protocol



Efficacy monitoring

The dynamic changes in CTCs reflect treatment responses, enabling continuous real-time monitoring during various stages of treatment, including neoadjuvant therapy, adjuvant therapy post-surgery, advanced-stage chemo-radiation, targeted therapy, and immune-biological therapy. Not only does this real-time assessment swiftly judge treatment effectiveness but it also dynamically monitors drug resistance.

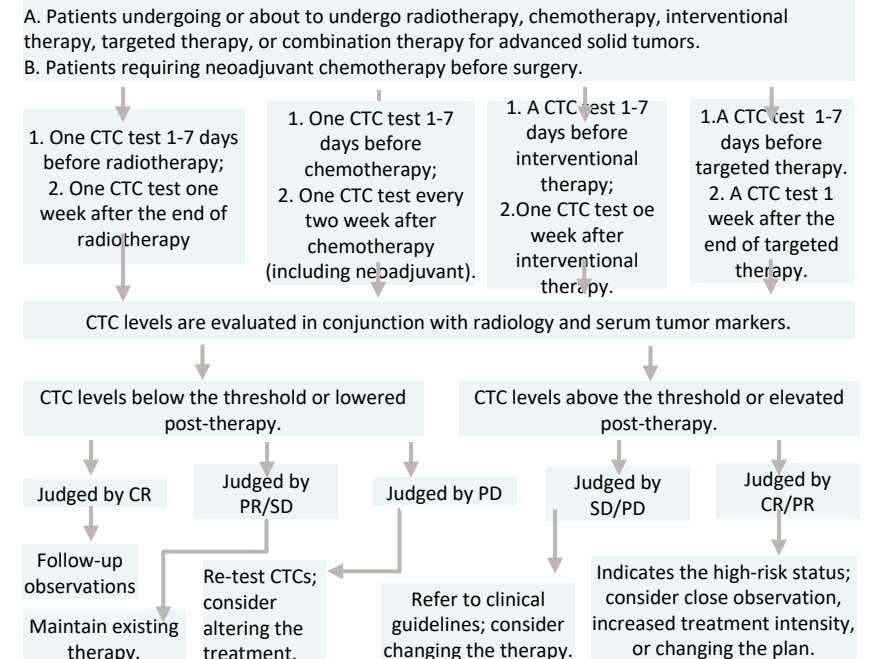
■ Target Population

1. Patients undergoing or about to undergo radiotherapy, chemotherapy, interventional therapy, targeted therapy, or combination therapy for advanced solid tumors.
2. Patients requiring neoadjuvant chemotherapy before surgery.

■ Clinical Value

Immediate evaluation of patient treatment responses facilitates personalized therapeutic strategies, enhancing survival rates.

■ Testing Protocol



Auxiliary Diagnosis

For patients without a definitive pathological diagnosis, CTCs, in conjunction with radiology and serology, assist in determining the malignancy of lesions. Simultaneously, CTCs comprehensively reflect primary and metastatic lesion information, compensating for shortcomings in traditional TNM staging, indicating early micro-metastasis risks, guiding clinical adjustments, and formulating more rational individualized diagnostic and treatment plans.

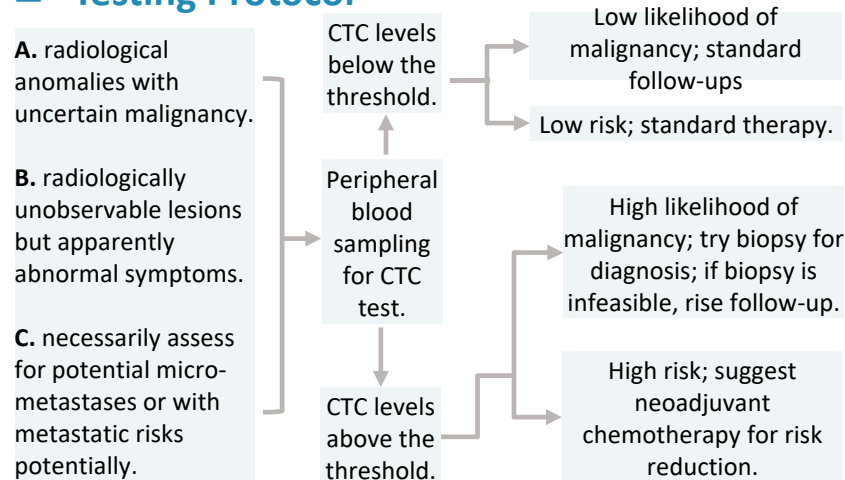
■ Target Population

1. Patients with imaging-detected anomalies, uncertain malignancy, and the inability to undergo biopsy due to subjective or objective reasons.
2. Patients with unobservable or untraceable lesions via imaging but significant clinical symptoms (e.g., abnormal tumor markers, pleural or peritoneal effusion), suspected tumor patients (including relapse patients).
3. Patients requiring assessment for potential micro-metastases or having potential metastatic risks pre-surgery.
4. Patients requiring confirmation of tumor cells entering the bloodstream, supporting treatment evidence.

■ Clinical Value

CTC detection, an independent indicator beyond traditional TNM staging, aids in identifying hidden early tumor existence, assisting in clinical staging, and facilitating precise diagnostic and staging decisions for tumor patients.

■ Testing Protocol



High-Risk Screening

Research indicates that at any stage of tumorigenesis, chromosomal abnormal cells existing in the form of early cancerous cells may shed into the bloodstream. If abnormal cells enter the blood before the formation of the primary lesion (*i.e.*, the pre-cancerous stage), conducting CTC detection can facilitate earlier diagnosis than imaging results, making early diagnosis and treatment of tumors more achievable.

■ Target Population

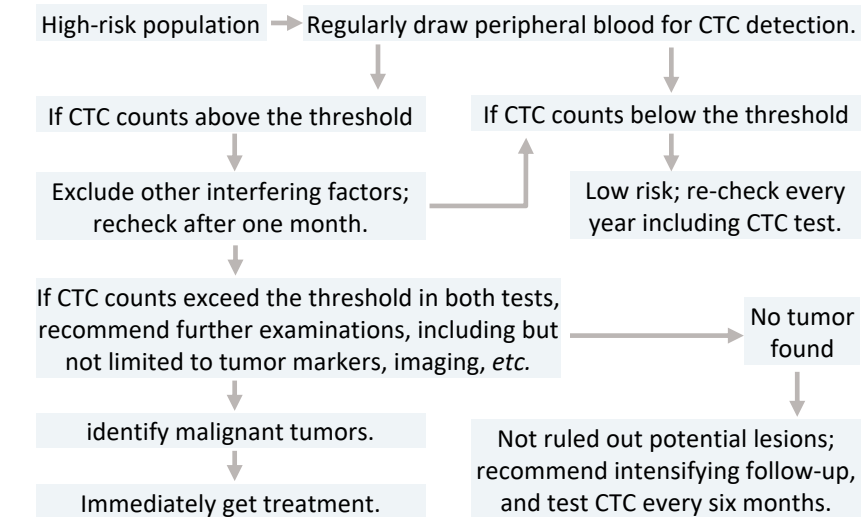
Applicable population: Individuals with a family history of tumors, carrying susceptible genes for tumors, or engaging in unhealthy habits (such as smoking or excessive drinking) are at high risk.

1. Those with mutations in anti-cancer genes or proto-oncogenes like APC, BRCA1/2, KRAS, PTEN, P53, *etc.*
2. Patients with long-term severe infections of HBV, HPV, EBV.
3. Individuals with tumor-related diseases like chronic obstructive pulmonary disease, colorectal polyps, long-term helicobacter pylori infection, *etc.*

■ Clinical Value

CTC detection aids in discovering concealed early tumors, truly emphasizing prevention as the priority, enabling early diagnosis, and increasing survival rates.

■ Testing Protocol



Clinical Reference Manual

