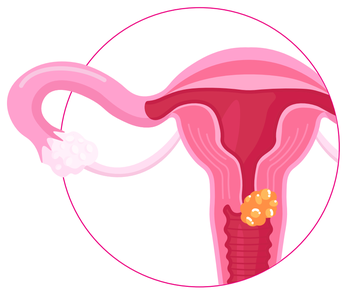
GENE SOLUTIONS



ARE YOU IN THE GROUP THAT SHOULD PROACTIVELY CARE ABOUT YOUR GYNECOLOGICAL HEALTH?

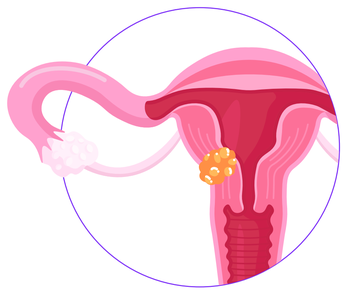


CERVICAL CANCER [1,2]

#1 Most common Gynecological cancer

604,000
New cervical cancer cases annually

342,000
Deaths each year



ENDOMETRIAL CANCER [1, 3, 4]

#2 Most common Gynecological cancer in developing countries

98,000
Deaths each year

420,000
New endometrial cancer cases annually

130%
Increased over the past 30 years

CHECK ☑ ONE OR MORE POINTS THAT APPLY TO YOU

When should you proactively screen for **CERVICAL CANCER** risk?

- ☐ I am 30 years old or older and want to proactively screen.
- ☐ I have never been screened, or it has been a long time since my last cervical check-up.
- ☐ I have had a positive HPV result or high-risk HPV.
- ☐ I have had an abnormal cervical test result or was asked to retest.
- ☐ I have been diagnosed with, treated for, or am currently monitoring a cervical lesion.

When should you proactively screen for **ENDOMETRIAL CANCER** risk?

- ☐ I am overweight, obese, or have diabetes.
- ☐ I have irregular periods or Polyendocrine Metabolic Ovarian Syndrome (PMOS).
- ☐ I am currently using, or have used, long-term tamoxifen.
- ☐ I had early menarche or late menopause.
- ☐ My family has a history of endometrial cancer, colorectal cancer, or related hereditary syndromes.
- ☐ I have postmenopausal bleeding, menorrhagia, or other abnormal uterine bleeding.



IF YOU CHECKED ONE OR MORE POINTS ABOVE

Talk to your doctor or counselor to be guided to the right solution

SEE SOLUTIONS ON THE BACK →

This checklist is for reference only and does not replace medical examination, consultation, diagnosis, or a doctor's recommendation.

References:
1.WHO, GLOBOCAN 2022;
2.Li, Zhuang, et al. "Global landscape of cervical cancer incidence and mortality in 2022 and predictions to 2030: The urgent need to address inequalities in cervical cancer." International journal of cancer 157.2 (2025): 288-297;
3.Cibula D, J Glob Health 2024;
4.Sung H, CA Cancer J Clin 2021
5. Chen X, Jiang H, Xu H, Wang L, Liu P, Ma D, Wang H, Shou H, Fang X. Cervical cancer screening: efficacy of PAX1 and JAM3 methylation assay in the triage of atypical squamous cell of undetermined significance (ASC-US). BMC Cancer. 2024 Nov 11;24(1):1385. doi: 10.1186/s12885-024-13082-z. PMID: 39528979; PMCID: PMC11556146
6. Lee, Ho-Sze Jacqueline, et al. "Prospective Evaluation of Cervical Scrapings CDO1 and CELF4 Methylation (epiHERA®) Assay in Detection of Endometrial Cancer." Cancers 17.18 (2025): 3010.

GENE SOLUTIONS

Proactively Explore & Choose

THE RIGHT GYNECOLOGICAL CANCER SCREENING SOLUTION FOR YOU





CERVICAL CANCER

- You checked one or more checklist points on the front related to cervical cancer risk.
- You want to proactively screen for cervical cancer.

CERVIX360

Cervical Cancer Screening & Triage

- HPV 28-type genotyping and *PAX1/JAM3* methylation assay to stratify cervical cancer risk.
- Reduces unnecessary colposcopy referrals by **80%**[5].
- Provides your doctor with additional information to guide, direct, and monitor appropriate cervical cancer care.



ENDOMETRIAL CANCER

- You checked one or more checklist points on the front related to endometrial cancer risk.
- You want to proactively screen for endometrial cancer.

epiHERA®*

Endometrial Cancer Screening & Triage

- Assessment of *CDO1 & CELF4* methylation to stratify endometrial cancer risk.
- Reduces unnecessary invasive biopsies by **90%**[6].
- Provides your doctor with additional information to guide, direct, and monitor appropriate endometrial cancer care.



BOTH GYNECOLOGICAL CANCERS

- You checked one or more checklist points on the front related to both cervical and endometrial cancer risk.
- You want to proactively screen for both cancers.

SPOT-MAS EVA

One Sample, Simultaneous Screening for 2 Most Common Gynecological Cancers **Cervical Cancer + Endometrial Cancer**

- Simultaneously performs HPV 28-type genotyping and *PAX1/JAM3*, *CDO1/CELF4* methylation assays to **stratify cervical and endometrial cancer risk from a single cervical sample.**
- Provides your doctor with additional information to guide, direct, and monitor appropriate care for **both cancers at once**.

A Novel Solution SPOT-MAS EVA

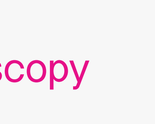
Advanced Molecular Technology for Cervical and Endometrial Cancer Screening and Triage with High Accuracy and Reliability.

Testing Workflow - QUICK, SAFE, MINIMALLY INVASIVE



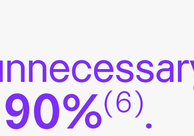
Step 1

Collect endocervical cells using a **cervical sampling broom.**



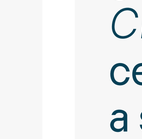
Step 2

Preserve specimens in **liquid-based cytology (LBC) medium.**



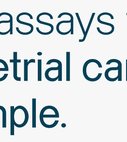
Step 3

Perform **DNA extraction and bisulfite conversion.**



Step 4

Run **multiplex real-time PCR assays.**



Step 5

Turnaround time (TAT): **7 working days****

**TAT may vary depending on the country.

STILL HAVE QUESTIONS ABOUT GYNECOLOGICAL CANCER SCREENING SOLUTIONS?

Choosing the right gynecological cancer screening solution should be based on age, relevant risk factors, individual needs, and your doctor's advice. Talk to your doctor or contact a counselor for further guidance.

Contact Us | Gene Solutions
info@genesolutions.com

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