OralAdvance™
Early detection, better outcomes™

With OralAdvance™, it's hard for cancer to hide

The OralAdvance™ test utilizes innovative quantitative DNA analysis to help you detect oral cancer early. OralAdvance™ is:

- ☑ **Informative** – Helps to indicate lesions with malignant potential
- ☑ **Easy to administer** – Takes only few minutes to sample suspicious area
- ☑ **Virtually Painless** – Bristle brush
- ☑ **Convenient** – Kit complete with sampling equipment & mailer
- ☑ **Quick** – Results in 2-3 working days

About OralAdvance™

OralAdvance™ is the first oral cancer detection test based on quantitative DNA analysis. It is based on an objective measure of gross changes in the nuclear DNA of oral epithelial cells indicative of precancerous or cancerous changes.

With recent advances in visualization techniques for the oral cavity, dentists are encountering more suspicious lesions. OralAdvance™, with its cyto-brush sample collection kit, provides dentists with an informative new option for assessing these lesions.

How It Works

If you discouver a suspicious area in the mouth and are not sure whether a surgical biopsy is warranted, OralAdvance™ can help you decide on the best course of action. Use it in 3 easy steps:

1. **Use the soft cyto-brush kit to quickly collect oral mucosa from the suspicious area.**
2. **Send the sample to Perceptronix' Laboratory using the pre-paid packaging provided.**
3. **The results will be sent to you in 2 - 3 working days.**

OralAdvance™ Results

Results from an OralAdvance™ test are depicted in a quantitative cytology report which is signed off by a qualified cytotechnologist or cytopathologist and contains a histogram of DNA content, examples of measured nuclei, and an interpretation of results.

Results will be mailed directly to dentists' offices in 2 - 3 working days after the laboratory receives the sample.

OralAdvance™ in Practice

OralAdvance™ is intended to be complementary to current standards of care. Test results should be interpreted using clinical judgment in correlation with relevant clinical information. OralAdvance™ is not a substitute for the "gold standard" surgical biopsy technique for oral cancer diagnosis but can help identify which lesions need immediate diagnostic follow-up.

In the event that results suggest DNA abnormality, a lesion is likely to have malignant potential and further steps for diagnosis and treatment should be planned.

In the event that results suggest there is no DNA abnormality and based on clinical judgment it is unlikely that the suspicious area has malignant potential, patient monitoring and searching for alternative causes is recommended.

The OralAdvance™ Advantage

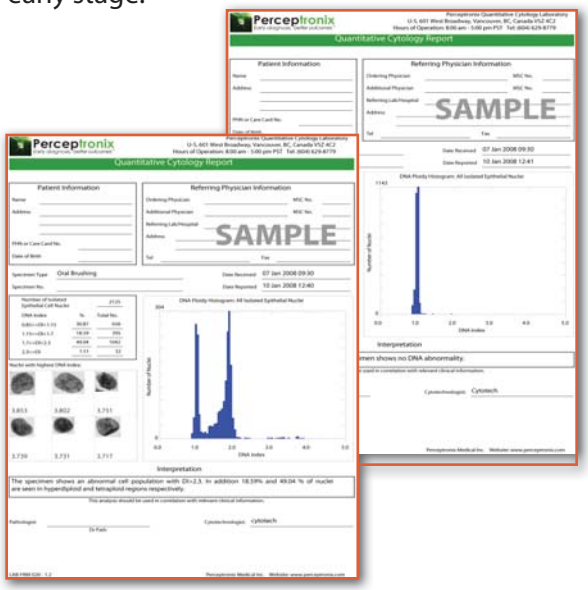
OralAdvance™ analysis is conducted using innovative DNA image cytometry technology developed by Perceptronix which has received Health Canada approval and European CE mark. For OralAdvance™, oral epithelial cells are stained specifically for DNA and thousands of cell nuclei are analyzed by high-resolution cytometer (computer-controlled mircoscope). Then, galleries of nuclear images suspicious for DNA abnormality are reviewed by cytopathologist. This quantitative DNA analysis enables an objective measure of DNA abnormality and is the basis for OralAdvance™'s advantage.

Saving Lives Through Early Detection

By the time most oral cancers are diagnosed, they are already symptomatic late-stage disease, with at least 50% revealing regional cervical metastases [1]. According to the Oral Cancer Foundation:

- When oral cancer is detected in its later stages, the five-year survival rate is approximatedly 50%
- When oral cancer is detected in early stage, the five-year survival rate is 80% or higher

Currently, only 36% of all oral cancers are detected in their early stage.



OralAdvance™ reports are quantitative cytology reports signed off by a qualified cytotechnologist or cytopathologist.

Order OralAdvance™

To order OralAdvance™ or to find out more information:

1. **Call: 1.888.629.8779**
2. **Visit: www.OralAdvance.com**

OralAdvance™ costs $150 and includes the sample collection kit, laboratory analysis and reporting.

[1] Mashberg, A., Diagnosis for early oral and oropharyngeal squamous carcinoma: obstacles and their amelioration. Oral Oncol 2000; 36: 253-55.