DecisionDx-SCC

Identifying the risk of metastasis in cSCC patients with one or more risk factors

DecisionDx-SCC

CASTLE BIOSCIENCES

Decision Dx·SCC

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4.2021

Accurately identify the risk of metastasis with

Decision Dx·scc

DecisionDx®-SCC complements traditional
assessments, providing additional risk
prediction to better inform choices about
treatment and follow-up care.

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Cutaneous squamous cell carcinoma (SCC) is an emerging problem in the U.S.

Although most patients with SCC have an excellent prognosis, there is a subset of patients at risk of metastasis. Metastatic SCC is deadly.
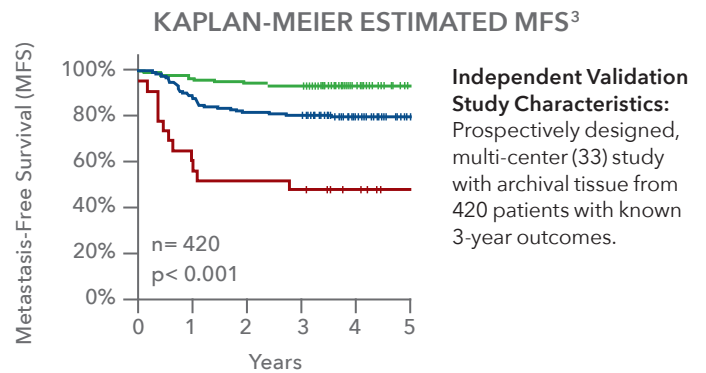
Patients with one or more risk factors suffer the majority of SCC mortality, however these factors alone are often not specific enough to determine their risk-appropriate treatment and further management.

DISEASE RELATED MORTALITY

Deaths per Year in the U.S.
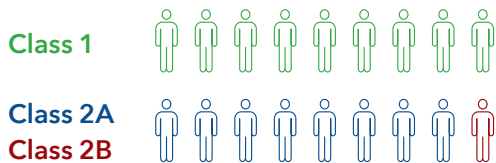
	Melanoma[1]	SCC[2]
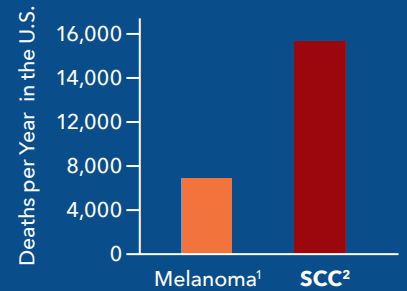
DecisionDx-SCC is a gene expression profile (GEP) test that is validated to predict metastatic risk for individual SCC patients with one or more risk factors.
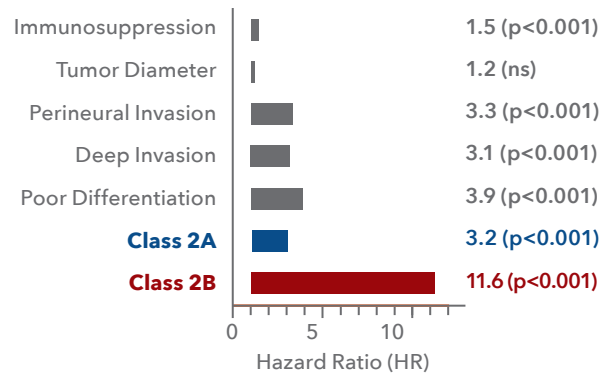
It is independently validated in a 420-patient cohort of high-risk SCC patients with 3-year outcomes. DecisionDx-SCC is the strongest independent predictor of metastasis in univariate (figure) and multivariate analysis (not shown).

KAPLAN-MEIER ESTIMATED MFS[3]

Metastasis-Free Survival (MFS)

n= 420
p< 0.001

Years

Independent Validation Study Characteristics: Prospectively designed, multi-center (33) study with archival tissue from 420 patients with known 3-year outcomes.

COHORT CLASS RESULTS DISTRIBUTION

Class 1

Class 2A
Class 2B

UNIVARIATE ANALYSIS[3]

	Hazard Ratio
Immunosuppression	1.5 (p<0.001)
Tumor Diameter	1.2 (ns)
Perineural Invasion	3.3 (p<0.001)
Deep Invasion	3.1 (p<0.001)
Poor Differentiation	3.9 (p<0.001)
Class 2A	**3.2 (p<0.001)**
Class 2B	**11.6 (p<0.001)**

Hazard Ratio (HR)

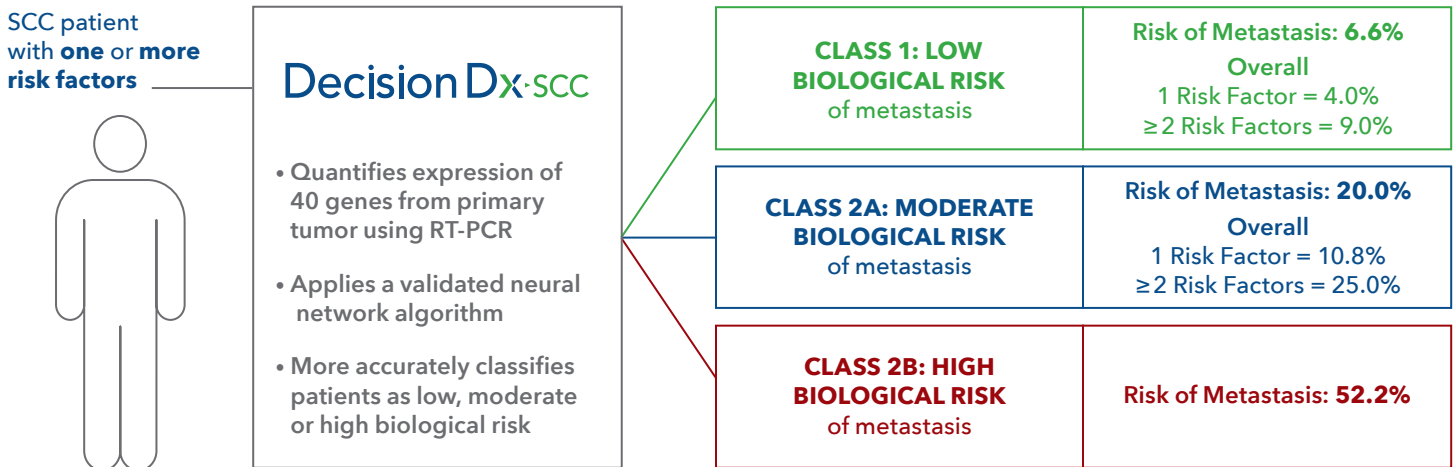## RISK IDENTIFIED

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DecisionDx-SCC is the strongest independent predictor of SCC metastasis.

CLASS 1: LOW BIOLOGICAL RISK Metastatic risk was less than half of the independent validation cohort	
CLASS 2A: MODERATE BIOLOGICAL RISK Confirmatory of the strongest established factors (deep invasion, poor differentiation, BWH T2b/T3)	
CLASS 2B: HIGH BIOLOGICAL RISK >50% risk of metastasis	

Incorporation of risk factors with DecisionDx-SCC results provides superior patient classification compared to traditional risk factors alone.[3]

DecisionDx-SCC complements factors commonly used for risk assessment in SCC.

SCC patient with **one** or **more** risk factors

Decision Dx-SCC

- Quantifies expression of 40 genes from primary tumor using RT-PCR
- Applies a validated neural network algorithm
- More accurately classifies patients as low, moderate or high biological risk

CLASS	Risk
CLASS 1: LOW BIOLOGICAL RISK of metastasis	Risk of Metastasis: **6.6%** Overall 1 Risk Factor = 4.0% ≥2 Risk Factors = 9.0%
CLASS 2A: MODERATE BIOLOGICAL RISK of metastasis	Risk of Metastasis: **20.0%** Overall 1 Risk Factor = 10.8% ≥2 Risk Factors = 25.0%
CLASS 2B: HIGH BIOLOGICAL RISK of metastasis	Risk of Metastasis: **52.2%**

DecisionDx-SCC results can inform management decisions within established guidelines for SCC patients.[4,5,6]

Established management options have potential for early detection of metastasis, improved response to therapy and improved survival.[7,8]

DecisionDx-SCC test results are reported two ways: Independently and in combination with traditional risk factors.

TREATMENT PLANS MAY INCLUDE		
LOW INTENSITY	**MODERATE INTENSITY**	**HIGH INTENSITY**
• Surgery, if feasible • Clinical nodal exam	• Surgery, if feasible • Consider nodal imaging • Consider oncology referral	• Surgery, if feasible • Nodal imaging • Consultation: radiation oncology • Consultation: medical oncology

FOLLOW-UP PLANS MAY INCLUDE		
LOW INTENSITY	**MODERATE INTENSITY**	**HIGH INTENSITY**
• Clinical follow-up 1-2x per year • Clinical nodal exam	• Clinical follow-up 2-4x per year for 3 years • Baseline and annual nodal US/CT for 2 years	• Clinical follow-up ≥4x per year for 3 years • Baseline and 2x per year nodal US/CT for 2 years

Decision Dx·SCC

For SCC patients with one or more of the following risk factors

Intended Use: DecisionDx-SCC is indicated for patients diagnosed with cutaneous squamous cell carcinoma (SCC) and one or more risk factors.[4,9] DecisionDx-SCC predicts individual metastatic risk to inform risk-appropriate management.[3,10]

HISTORY AND PHYSICAL EXAMINATION	SURGICAL AND PATHOLOGY FINDINGS
Tumor size ≥2 cm anywhere on the body	Perineural involvement: • Large (≥0.1 mm) or named nerve involvement • Small (<0.1 mm) in caliber
Tumor location on the head, neck, hands, genitals, feet or pretibial surface (areas H or M)	
	Poorly differentiated tumor histology
Immunosuppression	Depth: • Invasion beyond subcutaneous fat • Breslow depth ≥2 mm • Clark level ≥IV
Rapidly growing tumor	
Tumor with poorly defined borders	
Tumor at site of prior radiation therapy or chronic inflammation	Aggressive histologic subtype[a]
	Lymphovascular invasion
Neurologic symptoms in region of tumor	
DecisionDx-SCC is not intended for use with locally recurrent tumor tissue.	

a) Any of: acantholytic, adenosquamous, desmoplastic, carcinosarcomatous, sclerosing, basosquamous, small cell, spindle cell, pagetoid, infiltrating, single cell, clear cell, lymphoepithelial or sarcomatoid subtypes[4,9]

References:
1. SEER data release 2019
2. Mansouri B et al. *JAMA Dermatol* 2017.
3. Data on file, Castle Biosciences.
4. NCCN Guidelines for Squamous Cell Skin Cancer v2.2020.
5. Likhacheva A et al. *Pract Radiat Oncol* 2020.
6. Alam M et al. *J Am Acad Dermatol* 2018.
7. Ruiz ES et al. *J Am Acad Dermatol* 2017.
8. Harris BN et al. *JAMA Otolaryngol Head Neck Surg.* 2019.
9. Connolly SM et al. *J Am Acad Dermatol* 2012.
10. Wysong A et al. *J Am Acad Dermatol* 2020.

Patient Access: Castle Biosciences works with all insurance providers, including Medicare, Medicaid, commercial insurers, and the VA, to secure coverage and payment for the DecisionDx-SCC test. Castle will submit insurance claims and manage the insurance billing process on behalf of patients. The company also sponsors an industry-leading Patient Assistance Program with the belief that quality care should not depend on financial considerations.

You can get more information about insurance coverage, claims processing, and financial assistance by calling 866-788-9007 and selecting option #3.

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Contact us at:
866-788-9007
CastleBiosciences.com
CastleTestInfo.com

Laboratory Address:
3737 N. 7th Street, Ste. 160
Phoenix, AZ 85014

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Intended Use: DecisionDx®-SCC is indicated for patients diagnosed with cutaneous squamous cell carcinoma (SCC) and one or more risk factors.[1,2] DecisionDx-SCC predicts individual metastatic risk to inform risk-appropriate management.[3,4]

Decision Dx·SCC

For SCC patients with one or more of the following risk factors:

History and Physical Examination	Surgical and Pathology Findings
Tumor size ≥2 cm anywhere on the body	Perineural involvement: • Large (≥0.1 mm) or named nerve involvement • Small (<0.1 mm) in caliber
Tumor location on the head, neck, hands, genitals, feet or pretibial surface (areas H or M)	Poorly differentiated tumor histology
Immunosuppression	Depth: • Invasion beyond subcutaneous fat • Breslow depth ≥2 mm • Clark level ≥IV
Rapidly growing tumor	
Tumor with poorly defined borders	Aggressive histologic subtype[a]
Tumor at site of prior radiation therapy or chronic inflammation	Lymphovascular invasion
Neurologic symptoms in region of tumor	

DecisionDx-SCC is not intended for use with locally recurrent tumor tissue.
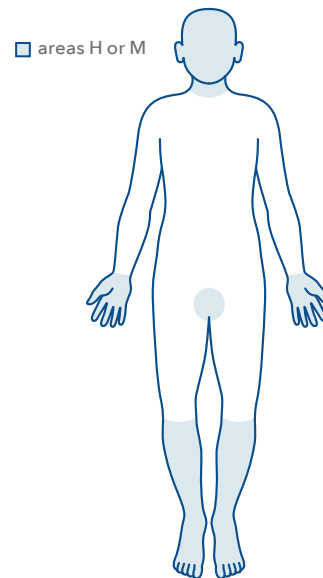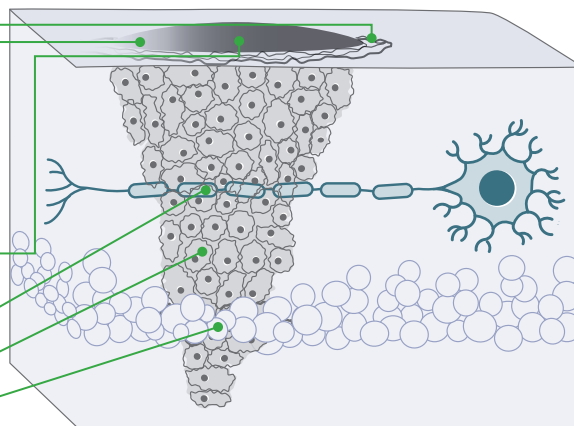
a) Any of: acantholytic, adenosquamous, desmoplastic, carcinosarcomatous, sclerosing, basosquamous, small cell, spindle cell, pagetoid, infiltrating, single cell, clear cell, lymphoepithelial or sarcomatoid subtypes[1,2]

References:
1. NCCN Guidelines for Squamous Cell Skin Cancer v2.2020.
2. Connolly SM et al. *J Am Acad Dermatol* 2012.
3. Wysong A et al. *J Am Acad Dermatol* 2020.
4. Data on file, Castle Biosciences.

Decision Dx·SCC

For SCC patients with one or more of the following risk factors:

☐ areas H or M

- **Tumor size ≥2 cm** anywhere on the body
- **Tumor location** on the head, neck, hands, genitals, feet or pretibial surface (areas H or M)
- **Immunosuppression**
- **Rapidly growing tumor**
- **Tumor with poorly defined borders**
- **Tumor at a site of prior radiation** or chronic inflammation
- **Perineural invasion (PNI)**
- **Poorly differentiated tumor grade**
- **Deep tumor** (has invaded beyond subcutaneous fat)

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Phoenix, AZ 85014
Customer Service: 866-788-9007

Fax completed form to: 866-329-2224
Alternate fax: 602-222-5200

DecisionDx·SCC

Requisition Form
Page **1** of **2**

I. Ordering Entity Information

Name of Ordering Physician, PA, NP*

Specialty   NPI

Address*

City / State / Zip*

( )   ( )
Telephone*   Fax*

Institution / Practice Name*

II. Patient Information

Last Name*   First Name*   MI

DOB*   Gender   SSN / MR#

Address*

City / State / Zip*

( )
Telephone*

Email

III. Billing Information

Please Select Code From Drop Down List

Submitting Diagnosis   ICD-10 Code*

Method of Payment:
☐ Private Insurance   ☐ Patient Self-Pay
☐ Medicare *Section IV required*   ☐ Medicaid
☐ Client Bill *(contracted entities only)*

Primary Insurance Co. Name   Policy#

( )
Insurance Co. Phone#

Secondary Insurance? ☐ Yes ☐ No
(If yes, attach copy of front/back of secondary insurance card)

IV. Medicare Only *REQUIRED for patients with traditional Medicare as primary insurance*

At time of tissue collection, was this patient: ☐ Non-hospital ☐ Hospital Outpatient ☐ Hospital Inpatient If hospital inpatient, date of discharge:

If specimen is stored for <u>more than 30 days</u> from the date of collection, please provide the date specimen is pulled from archive:

V. Clinical Information *REQUIRED (This test is validated for patients with one or more high-risk features. Please check all that apply from the table below)*

HISTORY AND PHYSICAL EXAM
☐ Located on areas H or M (mask, head, neck, hands, feet, pretibial, genitalia)
☐ ≥2cm size (largest diameter)
☐ Immunosuppression
☐ Borders poorly defined
☐ Rapidly growing tumor
☐ Neurological symptoms in tumor region
☐ Tumor at site of prior radiation therapy or chronic inflammatory process
☐ Other: _____

PATHOLOGY AND SURGICAL FINDINGS
☐ Poorly differentiated
☐ Perineural invasion
☐ Lymphatic or vascular involvement
☐ Specific high-risk subtypes#
Depth:
☐ Invasion beyond subcutaneous fat
☐ ≥ Clark Level IV or > 2mm

#Acantholytic, adenosquamous, desmoplastic, carcinosarcomatous, sclerosing, basosquamous, small cell, spindle cell, pagetoid, infiltrating, single cell, clear cell, lymphoepithelial or sarcomatoid subtypes.   *TEST NOT INTENDED FOR USE WITH LOCALLY RECURRENT TUMOR TISSUE*

VI. Required Signature

X
SIGNATURE OF TREATING CLINICIAN*

Printed Name

Date

This signature confirms this test to be medically necessary for this patient. This clinician provides consultation and/or treatment for Squamous Cell Carcinoma and will use the results in the management of the patient.

VII. Additional Order Information

Name of Treating Clinician *(if different than section I)*

( )   ( )
Phone #   Fax#

Mailing Address (☐ same as requestor)

City / State / Zip

Institution/Practice Name

Email address for report notification

Additional Clinician *(optional)*

( )   ( )
Phone #   Fax#

Mailing Address (☐ same as requestor)

City / State / Zip

Institution/Practice Name

Email address for report notification

VIII. Laboratory Information

Please fax this requisition along with a copy of the pathology report from the primary biopsy and Mohs report *(if applicable)*

Facility where tissue is maintained: _____ Phone: _____ Fax: _____

FOR INTERNAL USE ONLY

Received: _____   Processed by: _____   Materials received: _____

PR/Initials: _____   DTL: _____   Note: _____

3737 N 7th Street, Suite 160
Phoenix, AZ 85014
Customer Service: 866-788-9007

Requisition Form Completion Instructions

1. **Section I**: Complete with information of the ordering Entity.

2. **Section II**: Complete with patient information.

3. **Section III**: Provide the ICD-10 code and patient's diagnosis. Select Method of Payment. Please complete with billing information including a copy of the front and back of the insurance card (if applicable). If the person completing this requisition is not in possession of the information necessary for completion of the billing information section, please provide the name/department and contact information of the appropriate party from whom this information can be obtained:

    Name: _____ Department: _____
    Phone: _____ Fax: _____

    *If a copy of the front and back of the insurance card is provided, no further information is needed in this section of the requisition. A billing face sheet is also sufficient, in lieu of copy of card.

4. **Section IV**: Applicable only for patients with Traditional Medicare as their primary insurance.

5. **Section V**:   This test is validated for patients with squamous cell carcinoma tumors which have at least one high risk feature. This/these feature(s) can be either clinical in nature, or pathology derived, or both. Please select all that apply from the list provided in section V titled "Clinical Information". Note: Test not intended for use with locally recurrent tumor tissue.

6. **Section VI:** The ordering clinician must sign this section. **For purposes of ordering this test, the "ordering clinician" section can be signed only by a physician, advanced practice registered nurse (APRN) or representative Physician Assistant (PA)**

7. **Section VII:** Complete with information for the treating clinician and/or additional clinicians. If the mailing address is the same as for the ordering clinician, check the box "same as requestor". Be sure to select the preferred method by which results should be communicated and provide an email address if you wish to receive electronic notification that the report is available.

8. **Section VIII:** Complete this section with the name of the facility where the tissue from which slides for testing will be requested. Provide the name and phone # of an individual to whom a tissue request should be made.

FAX THE FOLLOWING DOCUMENTS TOLL FREE AT 1-866-329-2224
(Alternate fax: 602-222-5200)

*Order confirmation will be sent to the ordering clinician via fax within 24 hours of receipt

- ☐ Completed requisition
- ☐ Pathology and Mohs reports *(if applicable)*
- ☐ Signed letter of medical necessity

DecisionDx·SCC **Patient Report Guide**

Predicts individual metastatic risk to inform risk-appropriate management

Gene expression profile test that predicts biological risk of metastasis for SCC patients with one or more risk factors

Class 1: Low risk	Class 2A: Moderate risk	Class 2B: High risk
Metastatic risk less than half of the independent validation cohort	Significant additional information similar to deep invasion, poor differentiation or stage ≥BWHT2b	≥50% metastatic risk Three times the risk of the strongest traditional risk factors

Validated to predict metastatic risk for SCC patients with one or more risk factors
- Independently validated in prospectively designed study of high-risk SCC patients with 3-year outcomes (n=420)
- **DecisionDx-SCC is the strongest predictor in univariate and multivariate analyses**
- Test result adds significant information for SCC management

Use in patients with SCC and one or more risk factors:
- Tumor size ≥2 cm anywhere on the body
- Tumor location on the head, neck, hands, genitals, feet or pretibial surface (areas H or M)
- Immunosuppression
- Rapidly growing tumor
- Tumor with poorly defined borders
- Tumor at a site of prior radiation or chronic inflammation
- Any perineural invasion (PNI)
- Poorly differentiated tumor grade
- Deep tumor (has invaded beyond subcutaneous fat)

CASTLE BIOSCIENCES **DecisionDx·SCC**
Cutaneous Squamous Cell Carcinoma (SCC)

Castle ID: Page 1 of 2

FINAL REPORT

Patient:	Tumor Site:
Sex:	Specimen ID:
DOB:	Collected:
Client:	Received:
Clinician:	Reported:

DecisionDx-SCC Result

Class 1	Class 1 signature is associated with a low risk of metastasis within 3 years.

CLINICAL VALIDITY AND RISK OF METASTASIS

Molecular Signature Result	3-year Metastasis Free Survival[2]
Class 1	93.9%
Class 2A	80.5%
Class 2B	47.8%

The **DecisionDx®-SCC** test was validated to predict a patient's individual risk of metastasis (regional or distant) in a multi-center (33), 420-patient study in patients diagnosed with localized cutaneous squamous cell carcinoma (SCC) and one or more risk factors.[1,2]

3-year Metastasis Free Survival (MFS) for the entire population was 85.5%. Patients without a metastatic event had a minimum of 3 years follow-up. Median time to metastasis was 0.91 years.[1,2]

INTENDED USE

Background: Risk-appropriate SCC management is limited by classification systems (NCCN, AJCC, BWH) with low positive predictive value. Guidelines provide a range of management options based on risk, for patients with localized, surgically resectable SCC.[3,4]

Intended use: DecisionDx-SCC is indicated for patients with cutaneous squamous cell carcinoma (SCC) and one or more high-risk factors (see Test Requisition Form). DecisionDx-SCC predicts individual metastatic risk to inform risk appropriate management.[5]

DecisionDx-SCC has not been evaluated for testing in tissue from locally recurrent tumors.

TEST DESCRIPTION

The **DecisionDx-SCC** test is a qRT-PCR assay of 6 control and 34 discriminant genes (40 in total) that uses a neural network algorithm comprised of two gene expression signatures to classify patients into risk categories. The algorithm was trained on a set of patients with known outcomes (n=122). The algorithmic score from both signatures is converted to results reflecting risk classification: Class 1 for low risk, Class 2A for moderate risk, and Class 2B for highest risk of metastasis. This test has not been validated in patients with clinical features different from those described in the **Intended Use** section above.

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Castle Biosciences, Inc. | Sherri Borman, PhD, HCLD, Lab Director

This test was developed and its performance characteristics determined by Castle Biosciences Inc. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Patent Pending.

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                                                       Tel: 866-788-9007 Fax: 866-329-2224

DecisionDx·SCC **Patient Report Guide**

Predicts individual metastatic risk to inform risk-appropriate management

Metastatic risk is reported two ways: **independently** and **segmented by number of traditional risk factors**

Incorporation of traditional risk factors with DecisionDx-SCC results provides superior patient classification compared to traditional risk factors alone
• Number of risk factors (1 or ≥2) further stratifies patient metastatic risk for patients in the independent validation study.

Comparison of DecisionDx-SCC with traditional risk factors:
• Class 2A risk is similar to the strongest established prognostic risk factors (deep invasion, poor differentiation, perineural invasion).

• Class 2B is the strongest predictor of metastatic risk (11.6x greater risk than Class 1 patient) in univariate analysis

• Class 2B is a 3x stronger predictor of risk than the strongest traditional prognostic risk factors (deep invasion, poor differentiation, or perineural invasion)

• DecisionDx-SCC Class 2A and 2B are independent predictors of metastasis

• Advanced 40-gene assay (34 discriminant genes; 6 control genes) using RT-PCR technology
• Neural network algorithm incorporating two genomic signatures
• Developed with a set of patients (n=122) with known three-year outcomes

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CASTLE BIOSCIENCES — DecisionDx·SCC
Cutaneous Squamous Cell Carcinoma (SCC)

Castle ID: ___   Page 2 of 2

DECISIONDX-SCC STRATIFICATION IN COMBINATION WITH RISK FACTORS

The table below presents overall rate of metastasis for patients with primary SCC compared to the subgroup that has 1 high-risk factor as well as ≥2 high-risk factors from the 420 patient clinical validation cohort.* A Class 1 result reduced the metastatic rate from 8.2% to 4.0% in patients with 1 high-risk factor. A Class 2B result more than doubled the metastasis rate to ≥50% in both groups.[1,2]

Of 63 overall metastases, 60 occurred within 3 years. The remaining 3 occurred greater than 3 years following diagnosis.

Result	Overall		1 Factor		≥2 Factors	
	n	Metastasis Rate	n	Metastasis Rate	n	Metastasis Rate
Overall Cohort	420	15.0%	171	8.2%	249	19.7%
Class 1	212	6.6%	101	4.0%	111	9.0%
Class 2A	185	20.0%	65	10.8%	120	25.0%
Class 2B	23	52.2%	5	60.0%	18	50.0%

Risk factors included in the above table: location and size (areas H, M or any ≥2 cm), immunosuppression, any PNI, tumors with invasion (beyond subcutaneous fat, depth ≥2mm, or Clark level IV/V), poorly differentiated tumor histology, aggressive histologic subtypes and lymphovascular invasion.

COMPARISON WITH CLINICOPATHOLOGIC RISK FACTORS

Risk Factor		Hazard Ratio	p value
	Class 1	1.00	---
DecisionDx-SCC	Class 2A	3.22	<0.001
	Class 2B	11.61	<0.001
Poor differentiation		3.93	<0.001
Perineural invasion		3.28	<0.001
Deep invasion**		3.11	<0.001
Tumor diameter (per cm)		1.15	<0.001
Immunosuppression		1.46	ns

**Deep invasion: beyond subcutaneous fat, depth >6 mm or Clark level V

This table presents univariate risk of metastasis for individuals with a specific high-risk feature as hazard ratios. Hazard ratio represents the likelihood of a metastatic event in the group *with* the risk factor compared to the group *without* the risk factor (e.g. a Class 2B patient has a risk of metastasis that is 11.6 times greater than a Class 1 patient).

Multivariate analysis demonstrated independence of Class 2A and Class 2B molecular results (HR 2.33 and 6.86, respectively). Poor differentiation (HR 2.29) and deep invasion**(HR 2.05) were also statistically significant.

ADDITIONAL INFORMATION ABOUT THE TEST

The proprietary **DecisionDx-SCC** test is an empirically derived multi-analyte algorithmic assay (e.g. MAAA). The 34 discriminating genes are: ACSBG1, ALOX12, APOBEC3G, ATP6V0E2, BBC3, BHLHB9, CEP76, DUXAP9, HDDC3, ID2, LCE2B, LIME1, LOC100287896, LOC101927502, MMP10, MRC1, MSANTD4, NFASC, NFIC, PDPN, PI3, PLS3, RCHY1, RNF135, RPP38, RUNX3, SLC1A3, SPP1, TAF6L, TFAP2B, ZNF48, ZNF496 and ZNF839. Six control genes consist of BAG6, FXR1, KMT2C, KMT2D, MDM2, MDM4.

All data shown in this report were collected and verified under an IRB approved multi-center study to establish and validate the test's prognostic accuracy in primary cutaneous squamous cell carcinoma.[1,2]

REFERENCE LIST
1. Wysong A, Newman JG, Covington KR, et al. J Am Acad Dermatol 2020.
2. Castle Biosciences. Data on File.
3. National Comprehensive Cancer Network. Squamous Cell Skin Cancer, NCCN Guidelines Version 2. 2020.
4. Alam M, Armstrong A, Baum C, et al. J Am Acad Dermatol 2018;78(3):560-578.
5. Farberg AS, Hall MA, Douglas L, et al. Curr Med Res Opin 2020.

Castle Biosciences, Inc., CLIA# 03D2096304   3737 N. 7th Street, Suite 160, Phoenix, AZ 85014   Version 1.0 08/20 ©2020
Tel: 866-788-9007   Fax: 866-329-2224

CASTLE
BIOSCIENCES

Your Patients Have Access to an Industry-Leading Financial Assistance Program

Healthcare Provider Signs Letter of Medical Necessity (LOMN)

▶ A signed LOMN will be needed and can be submitted with the test requisition form

▶ For your convenience, a LOMN template is available upon request

Castle Biosciences Submits Claim to Patient's Insurance Company

▶ After a patient report is issued, Castle Biosciences bills all third party insurance including Medicare/Medicaid and VA

▶ Castle Biosciences will send a letter to the patient notifying them of our claim submission

Patient Receives Explanation of Benefits (EOB)

▶ Patients will receive an EOB from their insurance plan

▶ This is not a bill, but the EOB may show an "Amount Due From Patient" or state "Patient Responsibility"

Patient Asked to Sign Appeal Consent Form

▶ Depending on the patient's insurance plan requirements, Castle Biosciences may require assistance during the reimbursement process to file claims and appeals on the patient's behalf

At Castle Biosciences, our goal is to ensure all patients have access to DecisionDx tests. We believe availability of testing should not be limited by a patient's ability to pay.

More Information or Questions:

📞 866-788-9007, option 3

✉ Reimbursement@CastleBiosciences.com

CastleTestInfo.com
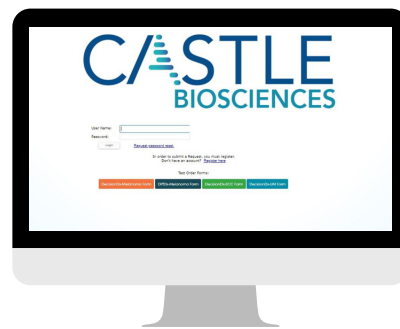
DecisionDx MELANOMA   DecisionDx·scc

Ordering a DecisionDx test for your patient is a simple process.

1. **Requisition Form (Completed & Signed)**
   -Hard Copy or Utilize Online Portal

2. **Letter of Medical Necessity (Completed & Signed)**

3. **Pathology Report(Primary Biopsy Specimen)**
   -Include Excision Report if Available

4. **Copy of Patient's Insurance Information**

Submit all documentation at
Portal.CastleBiosciences.com or fax to **866-329-2224**

Convenient Physician Portal

▶ HIPAA compliant and secure

▶ Order online or download pdf order forms

▶ Easily access patient test information 24/7

▶ Upload all supporting documents including LOMN, pathology reports and patient insurance information

▶ Receive email notifications when a report is available to view

Results are typically available within 5 days from sample receipt.

For further information, please contact your Area Manager or call the Customer Service Team at 866-788-9007, option 1.

DDXCMSCC-001v2-0121

CASTLE BIOSCIENCES

Getting tested with DecisionDx-SCC is simple:

Step 1
Your healthcare provider orders the DecisionDx-SCC test

Step 2
Castle Biosciences works with your healthcare provider's pathology laboratory to obtain a tissue sample from your original biopsy

Step 3
Castle Biosciences analyzes your tissue sample with the DecisionDx-SCC genomic test

Step 4
Castle Biosciences sends your test results to your healthcare provider, so that they can discuss your individual results with you and determine next steps

DecisionDx-SCC

For more information visit:
mySCCskincancer.com
866-788-9007
option #1

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CLIA-certified,
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COLLEGE of AMERICAN PATHOLOGISTS

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DecisionDx-SCC

Patient Resource Guide

Understanding
Genomic Testing
in Squamous
Cell Skin Cancer

For more
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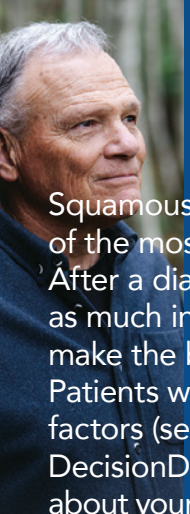866-788-9007
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Squamous Cell Skin Cancer

Squamous cell skin cancer (SCC) is one of the most common types of skin cancer. After a diagnosis, it is important to gather as much information as possible to help make the best decisions about your care. Patients with SCC and one or more risk factors (see below) are candidates for DecisionDx®-SCC testing. To learn more about your individual tumor biology and to help make more informed choices about treatment and follow-up care, your healthcare provider is considering or has already ordered the DecisionDx-SCC genomic test. This guide will help you understand important information about this test including how the results can be used to help personalize your treatment and ongoing management.

What are metastatic risk factors for SCC?

Similar to other cancers, treatment plans for SCC are based upon the likelihood that your SCC may spread or metastasize. Traditionally, this was estimated using only the presence or absence of risk factors. Traditional risk factors include (but are not limited to):

- Tumor size/location (measured by diameter or thickness)

- Tumor that invades the nerve (Perineural invasion)

- Rapidly growing

- Immunosuppression

What is the DecisionDx-SCC genomic test?

The DecisionDx-SCC genomic test measures the biological activity of specific genes in your tumor that tell how likely it is for your tumor to spread or metastasize. It provides you with accurate and personalized information to help guide decisions about your treatment and ongoing management. The DecisionDx-SCC test identifies the risk of squamous cell tumors spreading, better than traditional measures alone. It is intended to be used in patients with SCC and the presence of one or more traditional risk factors.

What do the results mean?

The DecisionDx-SCC test result provides a genomic-based determination of your tumor's likelihood to metastasize within the next 3 years. The test classifies low (Class 1), moderate (Class 2A) and high (Class 2B) biological risk of metastasis. Most patients have low or moderate biological risk.

What are the benefits of using the DecisionDx-SCC test?

Your healthcare provider can use the test information in combination with other clinical information to personalize your treatment and follow-up care. For example, if your tumor is low biological risk (Class 1), routine treatment options may be a reasonable choice, avoiding unnecessary treatments and frequent follow-up unless they become necessary later. Conversely, if your test results identify your tumor as moderate (Class 2A) or high (Class 2B) biological risk perhaps a more aggressive approach to treatment would now be considered.

How do I request the DecisionDx-SCC test?

If you wish to have the DecisionDx-SCC test performed, please discuss it with your healthcare provider. Only a healthcare provider can order this test.

How is the test paid for?

Decision Dx-SCC was developed by Castle Biosciences, a molecular diagnostics company. Castle Biosciences works with all insurance providers, including Medicare, Medicaid, commercial insurers, and the VA, to secure payment for your DecisionDx-SCC test. Castle will submit your insurance claim and manage the insurance billing process on your behalf. The company also sponsors an industry-leading Patient Assistance Program with the belief that quality care should not depend on financial considerations. For more information about insurance coverage, claims processing and financial assistance call 866-788-9007 and select option #3.

RISK IDENTIFIED

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Decision Dx·SCC

Insurance and Financial Information

- Your healthcare provider has ordered the DecisionDx-SCC test from Castle Biosciences to learn more about the biology of your tumor.

- The test result will help your healthcare provider decide how to best manage your care.

For questions about insurance coverage, claims processing and financial assistance call 866-788-9007, option 3 or email: Reimbursement@CastleBiosciences.com

What you can expect:

1. Castle Biosciences will submit a claim to your insurance company for the test. You will receive a letter from Castle Biosciences notifying you that your claim was submitted.

2. Your insurance company will send you an "Explanation of Benefits" (EOB). **This is not a bill.**

3. Castle Biosciences may need your consent to submit appeals on your behalf. **Please sign and return the consent form if you receive one.**

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