



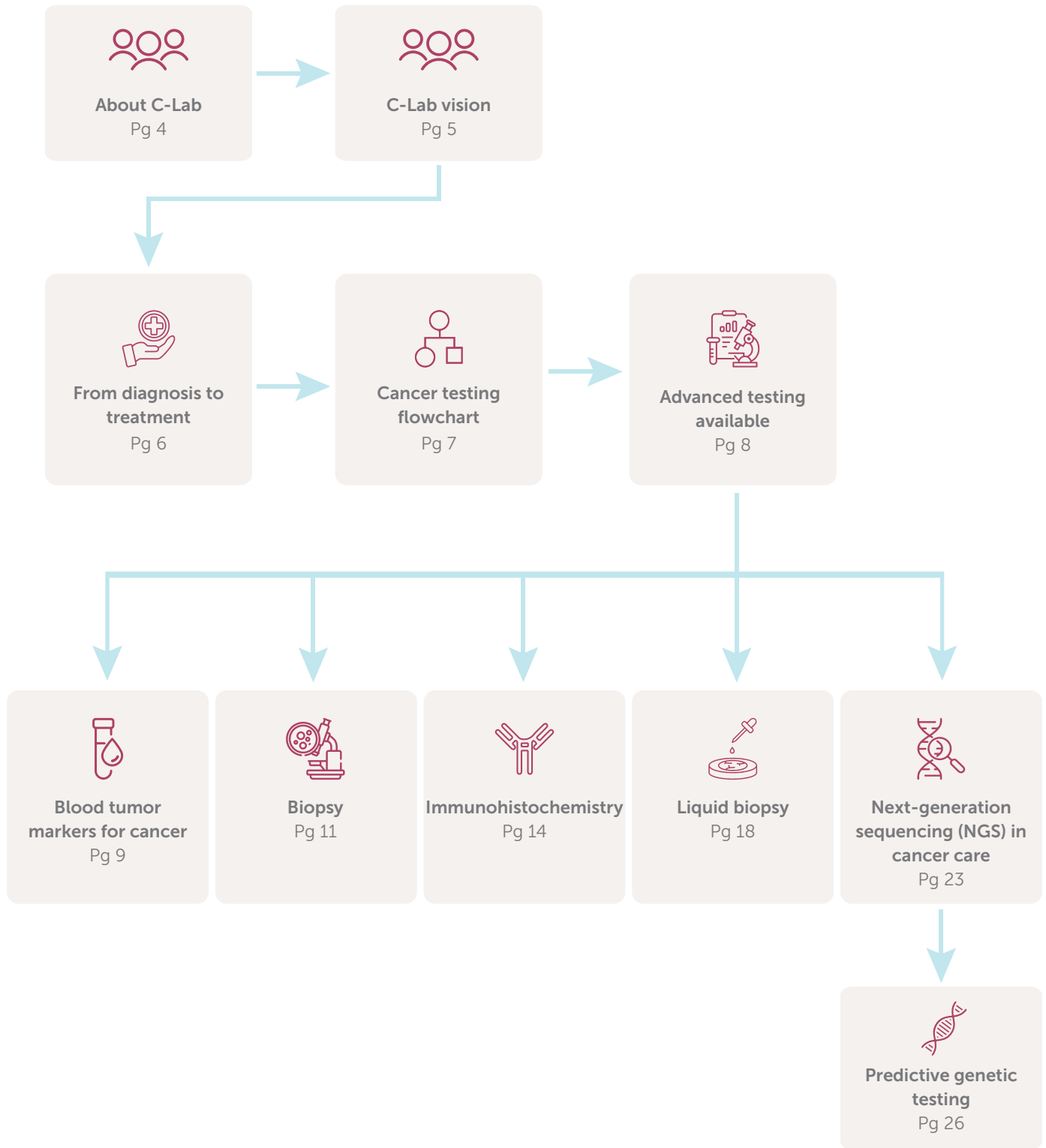
Your guide to cancer diagnostics at C-Lab

Precision testing for better outcomes

Every diagnosis, A step toward healing



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About C-Lab



C-Lab's molecular story began during one of the most challenging periods in global healthcare—the COVID-19 pandemic. In 2020, we established our molecular laboratory with a clear mission: to address the urgent need for reliable and efficient PCR testing. As the first private lab in Mauritius to offer PCR services, we rapidly set up a Bio-Safety Level 2 facility, playing a key role in the national pandemic response.

This milestone marked the beginning of our evolution into a specialised laboratory offering advanced genetic and cancer testing. Recognising the immense potential of molecular technology, we embarked on a mission to redefine genetic diagnostics in the region. With state-of-the-art infrastructure, a team of highly skilled professionals, and a strong focus on operational excellence, C-Lab has become a trusted name in high-precision cancer diagnostics. Our reputation for accuracy, reliability, and timely results has set a new benchmark in personalised healthcare.

Today, C-Lab provides a comprehensive portfolio of services—from traditional and liquid biopsies to Next-Generation Sequencing (NGS) for in-depth cancer profiling as well as immunohistochemistry stains. We also offer Non-Invasive Prenatal Testing (NIPT), Chromosomal Microarray Analysis (CMA) for detecting genetic disorders, and Preimplantation Genetic Testing for Aneuploidy (PGT-A) to support IVF success.

At C-Lab, our commitment to precision, innovation, and patient-centered care continues to drive us forward. From pandemic response to personalised medicine, we remain dedicated to improving lives and shaping the future of diagnostics in the region.

C-Lab's vision



Our vision is to be the most trusted healthcare partner in the region, recognised for international standards of quality and service excellence". The values of the group C-Care are Medical Expertise, Caring, Transparent and Innovative. At C-Lab, we have successfully embraced all the C-Care values with quality being our main pillar.



**Timely
detection**



**Accurate
diagnosis**



**Personalised
treatment**



**Better
outcomes**

From diagnosis to treatment: Your journey with us



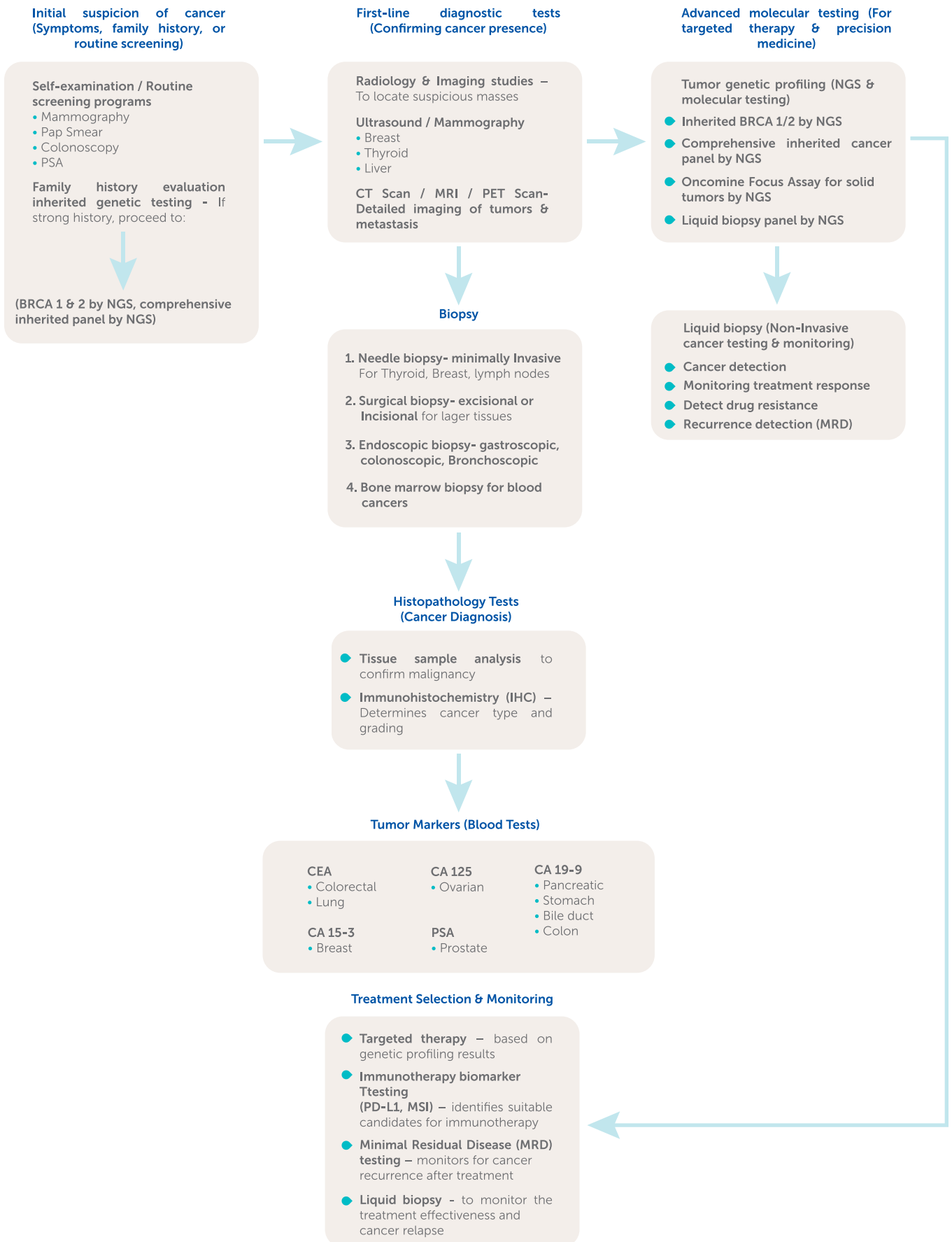
The cancer journey begins with accurate and comprehensive diagnostics, and we are here to support every step. From initial detection to advanced genetic profiling, C-Lab provides all the diagnostic tools necessary to understand and manage cancer effectively. With comprehensive testing capabilities, we deliver the insights required for precise diagnosis, personalised treatment planning, and tracking therapy outcomes.

At C-Care, we integrate advanced laboratory diagnostics seamlessly with clinical care, ensuring patients and clinicians have everything they need—from lab results to actionable treatment decisions. Our laboratory tests examine the molecular details of cancer, enabling precise cancer diagnosis and staging, monitoring of minimal residual disease and detecting potential relapse during remission.

By analysing detailed cancer profiles, clinicians can make informed decisions and create personalised treatment plans tailored to each patient's needs.



Cancer testing flowchart



Advanced testing available



**Blood tumor markers
For Cancer**



Biopsy



**Immunohistochemistry
(IHC)**



Liquid biopsy



**Next-Generation
sequencing (NGS) in
cancer care**

Blood tumor markers for cancer

Screening & monitoring



What are tumor markers?

Tumor markers Tumor markers are proteins or molecules found in the blood that may indicate the presence of cancer. They are produced either by cancer cells or by the body in response to cancer.

While tumor markers alone are not used to diagnose cancer, they play a crucial role in **screening, monitoring treatment response, detecting recurrence, and assessing prognosis.**

At **C-Lab**, we offer a wide range of tumor marker tests with **advanced technology** to ensure accurate and timely results.

Why are tumor marker tests important in cancer treatment?

Early detection

Some tumor markers can indicate cancer before symptoms develop, allowing for early intervention together with other diagnostic tests.

Monitoring treatment response

Regular testing helps doctors track whether a treatment (such as surgery, chemotherapy, or radiation) is working.

Detecting cancer recurrence

After treatment, monitoring tumor markers helps check for signs of cancer returning in correlation with other diagnostic tests. If levels rise again, further investigations may be required.

Risk assessment for certain cancers

For individuals at high risk due to family history or genetic factors, some tumor markers can assist in early screening and preventive care.

Blood tumor markers available at C-Lab

1. Gastrointestinal & pancreatic cancers



● **Carcinoembryonic Antigen (CEA)** – Monitors colorectal, gastric, and pancreatic cancers. Also elevated in smokers or benign conditions.

● **CA 19-9** – Used primarily for pancreatic cancer but may also indicate bile duct and gastric cancers.

● **Alpha-Fetoprotein (AFP)** – A key marker for **liver cancer (hepatocellular carcinoma)** and **testicular cancer**.

2. Breast & ovarian cancers



● **CA 125** – The primary blood marker for ovarian cancer, useful in **diagnosis and monitoring**.

● **CA 15-3**– Used to track the **progression of breast cancer** and assess response to treatment.

3. Prostate & testicular cancers



● **Prostate-Specific Antigen (PSA)** – Helps in prostate cancer **screening, diagnosis, and monitoring**.

● **Beta-hCG (Human Chorionic Gonadotropin)** – Used in diagnosing and monitoring **testicular and germ cell tumors**.

4. Thyroid & endocrine cancers



● **Thyroglobulin** – Monitors **thyroid cancer** after treatment.

Biopsy - A crucial step in cancer diagnosis



What is a biopsy?

A **biopsy** is a medical procedure where a small sample of tissue is removed from the body and examined by a pathologist to determine whether it is cancerous or benign. It is a **critical step in cancer diagnosis**.

While imaging tests can only detect **size and shape of a tumour**, a biopsy **confirms the presence of cancer at the cellular level** and provides essential details about its type, grade, and stage.

It is the most **definitive method** to determine if a suspicious lump or abnormal growth is cancerous or benign.

Why is a biopsy needed?

Accurate Diagnosis – A biopsy provides direct evidence of cancer at a cellular level and helps determine if a lump is cancerous, benign (non-cancerous), or due to another condition like infection or inflammation.

Prognosis & Follow-Up – The biopsy report helps determine the severity (stage) and aggressiveness (grade) of the cancer, which is important for treatment planning.

Types of biopsies available which could be recommended by your doctor:

1. Needle biopsy (Minimally invasive)

Used to extract cells or fluid from a suspected tumor using a fine or core needle.

- ◆ **Fine Needle Aspiration (FNA):** A thin needle is inserted to collect fluid or cells, often used for **thyroid, breast, and lymph node biopsies.**
- ◆ **Core needle biopsy:** A larger needle is used to extract a small tissue sample for **breast, prostate, or soft tissue tumors.**

Commonly used for: Breast, thyroid, lung, liver, and prostate cancers.

2. Surgical biopsy

If a larger tissue sample is needed, a minor surgery is performed.

- ◆ **Excisional biopsy:** The entire lump or suspicious area is removed.
- ◆ **Incisional biopsy:** Only a part of the abnormal tissue is removed for testing.

Commonly used for: Skin, breast, and soft tissue tumors.

3. Endoscopic biopsy

A flexible tube with a camera is used to guide a biopsy tool to the affected area inside the body.

Types of endoscopic biopsies:

- Gastroscopy (stomach, esophagus)
- Colonoscopy (colon, rectum)
- Bronchoscopy (lungs)

Commonly used for: Stomach, lung, and colorectal cancers.

4. Bone marrow biopsy

A sample is taken from the bone marrow to check for blood cancers like leukemia, lymphoma, or multiple myeloma.

5. Liquid biopsy (Non-Invasive alternative)

A blood test that detects cancer DNA fragments circulating in the bloodstream.

Used for:

- Monitoring cancer progression
- Checking for genetic mutations
- Detecting recurrence early

What do pathologists look for?

- **Cell shape & structure** – Cancer cells often have irregular sizes and shapes compared to normal cells.
- **Cell growth patterns** – How the cells are arranged helps determine whether the tissue is malignant or benign.
- **Tumor type** – The exact type of cancer is identified, helping doctors select the best treatment plan
- **Cancer grade** – How aggressive the cancer appears based on how abnormal the cells look.
- **Cancer stage (In some cases)** – If the sample includes surrounding tissue, pathologists assess how far the cancer has spread.
- **Molecular & genetic testing** – Certain cancers require additional testing to detect genetic mutations, which help determine targeted therapy options.

What happens after a biopsy?

1

Tissue analysis – The **sample is sent to a histopathology lab**, where it is processed by highly trained laboratory technologists and examined by **expert pathologists** under the microscope.

2

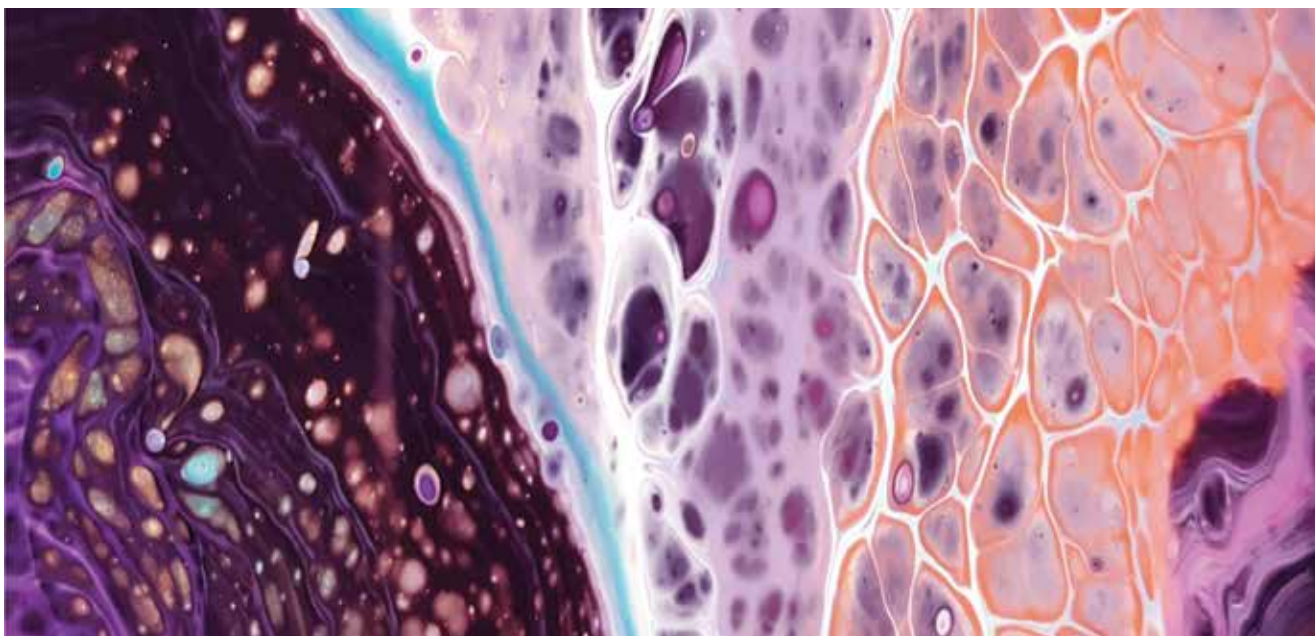
IHC & Molecular testing – These advanced techniques help detect specific proteins and genetic mutations in cancer cells, guiding more precise and targeted treatment options.

3

Report & diagnosis – The **biopsy report** is then sent to the treating doctor, who will explain the results and next steps in treatment.

Immunohistochemistry (IHC)

A powerful tool in cancer diagnosis



What is immunohistochemistry (IHC)?

Immunohistochemistry (IHC) is a laboratory technique used to detect specific proteins in tissue samples. These proteins are often linked to particular cancers or diseases. By using antibodies that bind to these proteins, IHC can provide valuable information about the nature and behavior of the tumor.

IHC is frequently employed alongside other diagnostic tools such as biopsies and molecular tests, providing a deeper understanding of the cancer and guiding doctors in treatment decisions.

Why is IHC important in cancer diagnosis?



Precise tumor classification – IHC helps to classify cancer based on the proteins expressed by the tumor cells. This classification can assist in distinguishing between different types of cancer, which may appear similar under a microscope.



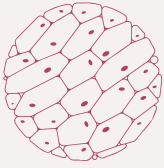
Guides treatment decisions – Certain proteins are associated with cancer cells' responsiveness to specific treatments. For example, the detection of HER2 protein in breast cancer can guide the use of targeted therapies.



Identifying genetic markers – IHC can be used to identify specific markers in tumors, providing information on genetic markers that can influence treatment options, such as PD-L1 expression in lung cancer or MSI Markers in colorectal cancers.

How does IHC work?

IHC involves several steps, each critical to providing accurate and reliable results:



1. Tissue preparation

The tissue sample, typically obtained via biopsy or surgical removal, is **fixed in formalin** to preserve its structure and prevent decomposition. The tissue is then embedded in a paraffin wax block for easier handling and slicing.



2. Antibody application

The sample is then cut into thin sections and placed on glass slides. A specific **antibody** (which is a protein designed to bind to a particular molecule) is applied to the tissue. This antibody attaches to the target protein in the cells of the tissue sample.



3. Detection system

The antibody is linked to a **detection system**, usually a colored enzyme or fluorescent tag, that makes the bound protein visible under the microscope. When the antibody binds to its target protein, the sample is colored, allowing the pathologist to easily observe the location and amount of protein present.



4. Microscopic examination

The slide is examined under a microscope by a **pathologist**, who looks for specific staining patterns that indicate the presence or absence of certain proteins. This allows the pathologist to assess the **tumor type, grade, and potential molecular features**.

What can IHC detect in cancer?

IHC can be used to identify a wide range of proteins that help diagnose and classify cancers and includes below markers:



LUNG PANEL

- ALK
- PDL-1
- TTF-1
- P63
- P40
- CEA
- CK5/6
- CK7
- BerEP4
- Ki-67



COLORECTAL PANEL

- CK7
- CK20
- CDX2
- CEA
- PDL-1
- MSI Panel (MLH-1, PMS2, MSH2, MSH6)
- P63
- P40
- CK5/6
- Ki-67



PROSTATE PANEL

- PSA
- Ki-67
- PSAP
- P63
- BerEP4
- HMWK
- CK5/6



BLADDER PANEL

- CK7
- CK20
- P40
- P63
- Uroplakin III
- HMWK
- CK5/6
- Ki-67



BREAST PANEL

- Estrogen Receptor (ER)
- Progesterone Receptor (PR)
- HER-2
- Ki-67
- E-Cadherin
- CK5/6



GASTRIC PANEL

- CK7
- CK20
- Her2
- Ki-67



THYROID PANEL

- TTF-1
- Thyroglobulin
- Calcitonin
- CEA
- AE1
- AE3
- Ki-67



OVARIAN PANEL

- CK7
- CK20
- CDX2
- CEA
- Calretinin
- Inhibin
- AE1
- AE3
- WT1
- Ki-67



NEUROENDOCRINE PANEL

- CgA
- AE1/AE3
- Ki-67
- Synaptophysin



OTHERS

- Vimentin
- Calretinin
- MSI (MLH-1, PMS2, MSH2, MSH6)
- Calretinin
- Desmin
- PDL-1



HEMATOLYMPHOID PANEL

- CD45
- CD20
- CD79a
- CD3
- CD5
- CD15
- CD30
- PAX5
- BCL6
- BCL2
- CD10

What happens after IHC testing?

Once the IHC testing is complete, the results are included in the pathology report. This report provides detailed information on:

- **Tumor type & classification** – The specific cancer type based on the proteins expressed by the tumor.
- **Molecular features** – Key markers that influence treatment options, such as HER2 status or hormone receptor status.
- **Prognosis & treatment guidance** – How the expression of specific proteins affects the treatment approach.

This information is crucial for your doctor to decide on the best course of treatment.

Important note:

The interpretation of IHC results requires professional expertise, as the presence or absence of specific proteins plays a critical role in determining the appropriate treatment. Your doctor will discuss the results and the next steps in your care.

Liquid biopsy

Revolutionising cancer detection and treatment monitoring



What is a liquid biopsy?

A liquid biopsy is a non-invasive diagnostic test that analyses blood samples, to detect cancer-related genetic material, such as circulating tumour DNA (ctDNA).

At C-Lab we are using the ddPCR technology to perform liquid biopsy tests. ddPCR allows for precise quantification of genetic mutations, making it an effective tool for monitoring minimal residual disease (MRD), detecting early relapse, and tracking treatment response.

When is liquid biopsy test recommended?

- Non-invasive, requires a blood sample.
- Cancer detection at an early stage.
- Monitoring of chemotherapy and radiotherapy treatment effectiveness.
- Identify genetic mutations or resistance markers for targeted therapies.
- Track cancer recurrence or progression in real-time.
- To detect relapse early in patients in remission
- Quicker turn around time (3 to 5 days) to obtain results and enable timely decision making by doctors.
- Sensitive: Detects low levels of ctDNA as ddPCR can identify mutations at a very low mutant allele frequency (MAF) – as little as 1 mutant copy in 10,000 normal DNA copies (0.01%).

Minimal Input Required

100% Sensitivity
>96% Specificity

2 ng/10%

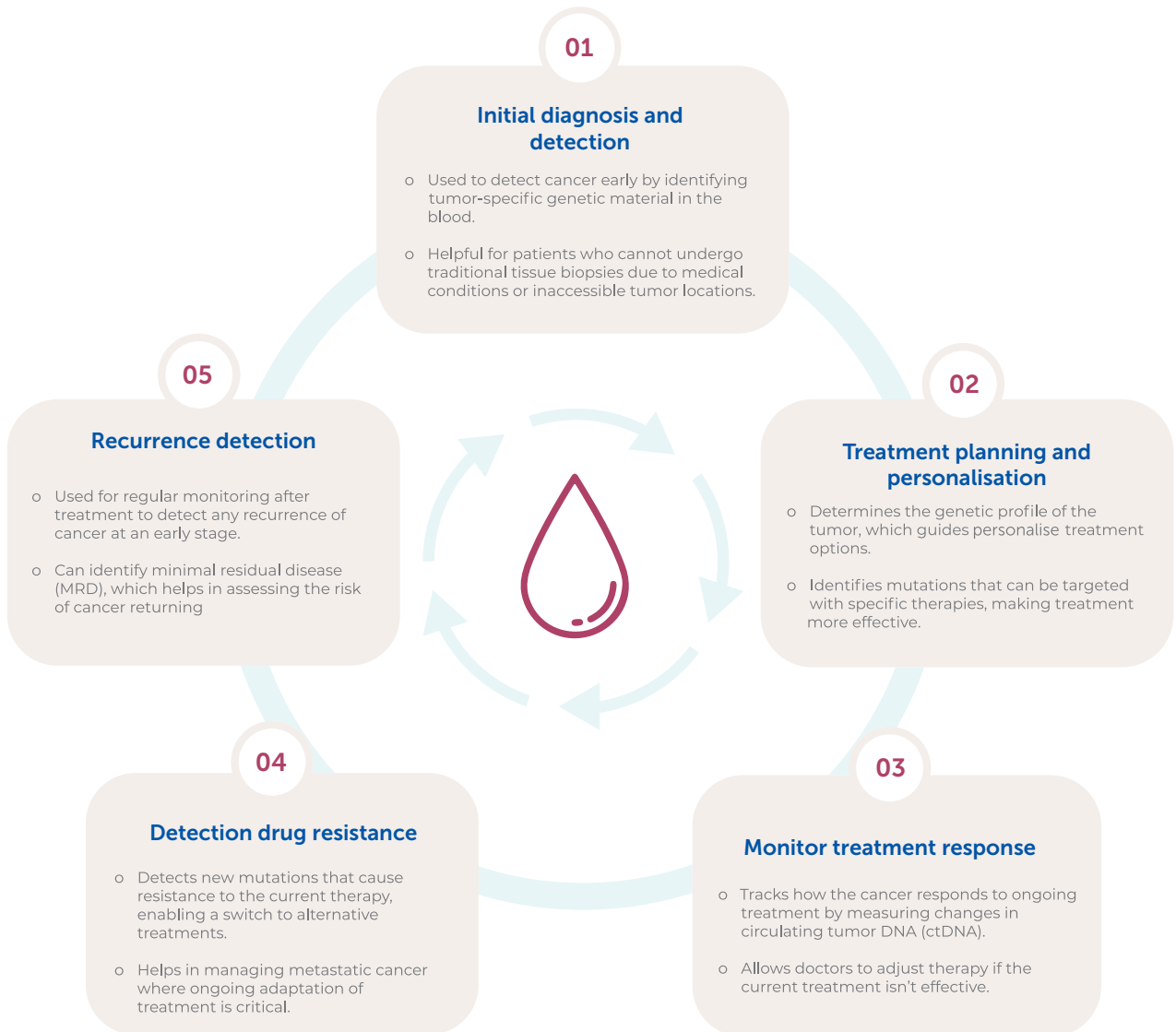
**Independent study using
FFPE compared to PCR-CE.**

**Obtain accurate results with
minimal input and tumor content.**

Liquid biopsy during cancer treatment

Liquid biopsy provides valuable insights on the genetic and molecular characteristics of tumors. It focuses on detecting and monitoring specific markers that indicate the presence or behavior of cancer, helping doctors to make precise, real-time treatment decisions.

The frequency of liquid biopsy tests depends on the clinical situation. It may be performed before starting treatment, periodically during treatment to monitor response, and after treatment to detect recurrence. According to the National Cancer Institute (NCI), liquid biopsy is useful in the following context:



Important note:

While liquid biopsy is valuable for monitoring and detecting cancer mutations, it cannot entirely replace tissue biopsies, especially for initial diagnosis. Tissue biopsies provide more detailed histological and molecular information.

Common mutations found in cancers



NON-SMALL CELL LUNG CANCER

- EGFR CNV*
- Ex19 Deletion Screening*
- L858R
- T790M C797S/ T790M L858R
- G719S
- L861Q
- EML4-ALK mRNA fusion
- RET mRNA fusion
- ROS1 mRNA fusion

* Available at C-Lab



BREAST CANCER

PIK3CA mutations

- PIK3CA CNV*
- CCND1 GENE OVEREXPRESSION*
- ESR1*
- AKT1*
- BRCA 1 & 2*
- HER2- ERBB2*
- TP53*
- FGFR1 and FGFR2
- CHEK2

* Available at C-Lab



COLORECTAL CANCER

KRAS mutations

- BRAF V600*
- KRAS050403020112/G13*
- NRAS G12/G13*

* Available at C-Lab



GLIOBLASTOMA

KRAS mutations

- IDH1*
- IDH2*

* Available at C-Lab



MELANOMA

BRAF mutations

- BRAF V600E*
- BRAF V600K*
- BRAF V600R*

* Available at C-Lab



BLADDER CANCER

HRAS mutations

- HRAS CNV
- Q61K/R/L
- G12V



THYROID CANCER

- TERT C228T
- TERT C250T



ACUTE MYELOID LEUKEMIA

- FLT3 CNV
- FLT3 D835Y/E



CHRONIC MYELOID LEUKEMIA

- BCR-ABL*
- HRAS CNV
- G12V
- Q61K/R/L

** Available at C-Lab*



OVARIAN CANCER

- AKT1*
- TP53*

** Available at C-Lab*



MYELOPROLIFERATIVE NEOPLASM

JAK2 CNV

- Jak2 Mutation*

** Available at C-Lab*



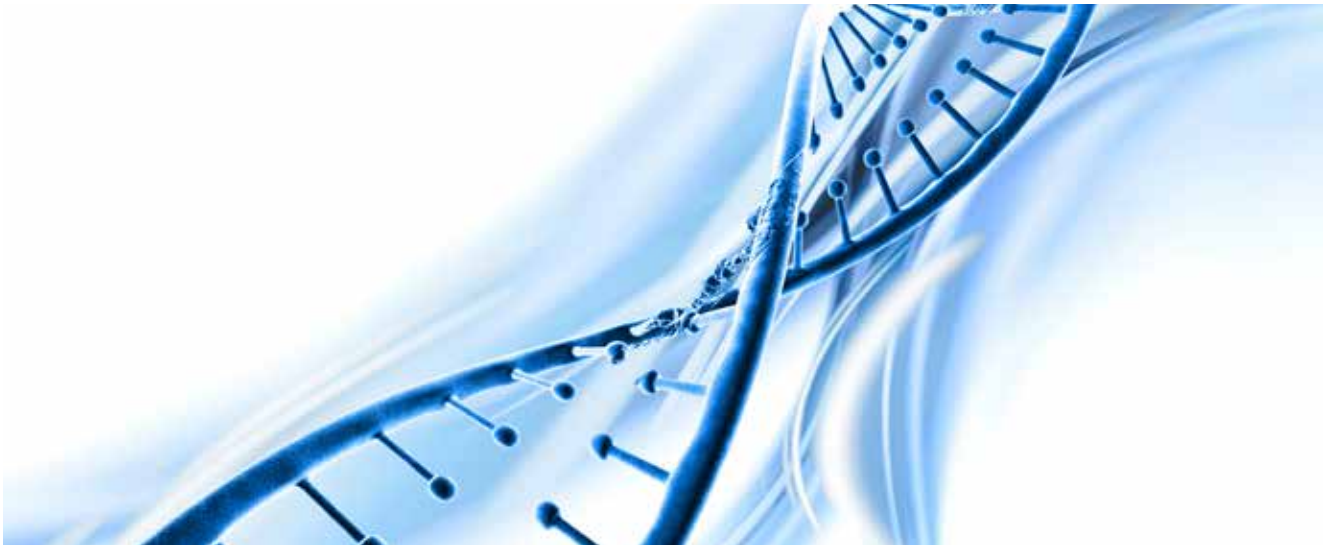
PANCREATIC CANCER

- PIK3CB*

** Available at C-Lab*

Next-generation sequencing (NGS) in cancer care

Decode the cancer. Target the treatment



What is NGS and how does it help in cancer?

Next-Generation Sequencing (NGS) is a cutting-edge technology that allows us to examine hundreds of genes in a tumor — all in a single test.

Cancer is caused by changes (mutations) in DNA that make cells grow uncontrollably. These changes can differ from person to person, even if they have the same type of cancer. NGS helps us identify those unique genetic alterations that drive each patient's cancer.

Why is NGS testing important?

Traditional cancer tests may only look at a few genes or proteins. NGS, on the other hand, gives a comprehensive view of the tumor's molecular landscape.

By understanding the genetic fingerprint of the tumor, doctors can:



Make a more accurate diagnosis



Choose treatments that are more likely to work



Avoid treatments that are unlikely to help



Identify if the patient qualifies for targeted therapy or clinical trials

This information helps doctors match patients with approved drugs, emerging therapies, or clinical trials tailored to the cancer profile.


How is the test performed?

1. A biopsy or surgical sample (FFPE tissue) or in some cases, **liquid biopsy** (blood) is collected
2. The DNA and/or RNA from the tumor cells is extracted and sequenced in our **molecular oncology lab**
3. Results are analysed by advanced bioinformatics tools
4. A **comprehensive report** is generated for the treating oncologist

Our NGS panels at C-Lab

1. Liquid biopsy pan-cancer panel by NGS

- A 52-genes panel for circulating-free DNA (cfDNA) and cfRNA in plasma from a single 10-mL tube of blood across 18 different cancer types.



Cancer types

- Bladder
- Esophageal
- Melanoma
- Brain and CNS
- Gastric
- Ovarian
- Breast
- Head and neck
- Pancreatic
- Cervical
- Kidney
- Prostate
- Colorectal
- Liver
- Sarcoma
- Endometrial
- Lung
- Thyroid

Genes covered in the liquid biopsy pan-cancer panel:

Pan-cancer									
Oncomine pan-cancer cell-free assay									
Hotspot genes				Tumor suppressor genes	CNV genes		Gene fusions		
<i>AKT1</i>	<i>EGFR</i>	<i>FLT3</i>	<i>PDGFRA</i>	<i>APC</i>	<i>CCND1</i>	<i>ERBB2</i>	<i>ALK</i>	<i>FGFR3</i>	
<i>ALK</i>	<i>ERBB2</i>	<i>GNA11</i>	<i>PIK3CA</i>	<i>FBXW7</i>	<i>CCND2</i>	<i>FGFR1</i>	<i>BRAF</i>	<i>MET</i>	
<i>AR</i>	<i>ERBB3</i>	<i>GNAQ</i>	<i>PAF1</i>	<i>PTEN</i>	<i>CCND3</i>	<i>FGFR2</i>	<i>ERG</i>	<i>NTRK1</i>	
<i>ARAF</i>	<i>ESR1</i>	<i>GNAS</i>	<i>RET</i>	<i>TP53</i>	<i>CDK4</i>	<i>FGFR3</i>	<i>ETV1</i>	<i>NTRK3</i>	
<i>BRAF</i>	<i>FGFR1</i>	<i>HRAS</i>	<i>ROS1</i>		<i>CDK6</i>	<i>MET</i>	<i>FGFR1</i>	<i>RET</i>	
<i>CHEK2</i>	<i>FGFR2</i>	<i>IDH1</i>	<i>SF3B1</i>		<i>EGFR</i>	<i>MYC</i>	<i>FGFR2</i>	<i>ROS1</i>	
<i>CTNNB1</i>	<i>FGFR3</i>	<i>IDH2</i>	<i>SMAD4</i>						
<i>DDR2</i>	<i>FGFR4</i>	<i>KIT</i>	<i>SMO</i>						

Recommended for:

- Solid tumors with unknown origin
- Cases where standard therapies have failed
- Unavailability of blocks

2. FFPE cancer panel by NGS

- A targeted panel that focuses on actionable genetic alterations linked to FDA-approved therapies.
- Multi-biomarker NGS assay that enables the detection of over 1000 variants in 52 key solid tumor genes (Breast/Ovarian/Colorectal/Prostate/Lung/Bladder, etc).
- Detection of relevant hotspots, SNVs, indels, CNVs, and gene fusions using a single workflow for DNA and RNA.

Genes covered in the FFPE cancer panel:

52
GENES

Categorised by somatic alteration type		
Hotspot genes	Copy number variants	Fusion drivers
AKT1, ALK, AR, BRAF, CDK4, CTNNB1, DDR2, EGFR, ERBB2, ERBB3, ERBB4, ESR1, FGFR2, FGFR3, GNA11, GNAQ, HRAS, IDH1, IDH2, JAK1, JAK2, JAK3, KIT, KRAS, MAP2K1, MAP2K2, MET, MTOR, NRAS, PDGFRA, PIK3CA, RAF1, RET, ROS1, SMO	ALK, AR, BRAF, CCND1, CDK4, CDK6, EGFR, ERBB2, FGFR1, FGFR2, FGFR3, FGFR4, KIT, RAS, MET, MYC, MYCN, PDGFRA, PIK3CA	ABL1, AKT3, ALK, AXL, BRAF, EGFR, ERBB2, ERG, ETV1, ETV4, ETV5, FGFR1, FGFR2, FGFR3, MET, NTRK1, NTRK2, NTRK3, PDGFRA, PPARG, RAF1, RET, ROS1

Recommended for:

- Advanced solid tumors for targeted therapy
- Limited biopsy material (works on small samples)

NGS doesn't just detect cancer — it helps direct the best path forward.

Ask your doctor if NGS testing is right for your case.



Predictive genetic testing - understand your cancer risks



What is predictive genetic testing?

Predictive genetic testing is a way to look into your DNA to understand if you carry certain inherited gene changes, also known as mutations, that may increase your chances of developing cancer. These tests are done **before any symptoms appear**, making them a powerful tool in **early intervention and prevention**.

With this knowledge, your doctor can take **proactive steps** like more frequent screening, lifestyle adjustments, or preventive treatments to protect your health and that of your family.

Why is the predictive genetic test important?



Helps detect inherited cancer syndromes (e.g., breast, ovarian, colon, or prostate cancer)



Supports **personalised screening plans** (earlier and more frequent checkups)



Provides information for **preventive actions** (medications, lifestyle, or surgery)



Informs family members about their potential risks



Guides **treatment decisions** for people who already have cancer

How do I know if I should be tested?

- You have a family history of certain cancers, especially if they occurred at a young age
- A close relative (parent, sibling, or child) has a known genetic mutation (e.g. BRCA1/2)
- You or a family member had multiple cancers or rare cancer types
- You've had cancer yourself and want to know if it was hereditary
- You're planning a family and want to know your genetic risk to your children

Not sure?



We recommend speaking with a genetic counselor or your doctor. At C-Lab, our technical team is here to help you decide whether genetic testing is right for you — based on your personal history, family background, and concerns. Or send us an email on molecularlab@c-lab.mu

Inherited cancer tests offered available:

1. BRCA1/2 genetic test

What Are BRCA Genes?

BRCA1 and BRCA2 are genes that help repair damaged DNA. When inherited mutations occur in these genes, the body's ability to prevent abnormal cell growth is affected — leading to an increased risk of certain types of cancer.

Cancers linked to BRCA mutations

- Breast cancer (including male breast cancer)
- Ovarian cancer
- Prostate cancer
- Pancreatic cancer

Facts about BRCA genes and breast cancer



BRCA 1 & BRCA 2

Having the mutation in either or these genes increases a woman risk for breast and ovarian cancer.

80%

80% of women who inherit a mutation will develop Breast Cancer by the age of 70 years.



Inherited cancer test estimates your risk of getting cancer based on your family history.



1 in 8 Women will be affected by breast cancer in their lifetime.

2. Inherited cancer panel

A hereditary cancer is any cancer caused by an inherited gene mutation. An inherited gene means it is passed from blood relatives within a family. At C-Lab, we are offering a 134 genes panel with 99% cancer gene coverage for simple targeted sequencing for inherited cancers enabling rapid and efficient identification of inherited genetic variants in anyone with a possible risk for cancer.



Type of cancers

- Bladder
- Brain
- Breast
- Cervical
- Colorectal
- Endometrial
- Esophageal
- Gastric
- Head and neck
- Kidney
- Liver
- Lung
- Melanoma
- Ovarian
- Pancreatic
- Prostate
- Thyroid

How does the inherited cancer test work?

- The patient's blood sample will be taken to perform the test by DNA sequencing.
- The patient has to go through the results report with a genetic counsellor or their preferred doctor for medical advice and lifestyle changes.

SDHC	ERCC3	SMARCE1	PMS2	XPC	ELAC2	LIG4
BUB1	BMP1A	NF1	CYLD	PTCH1	RAD51D	AXIN2
SPRED1	TSC1	CDH1	CDK4	POLH	SMAD4	PRKAR1A
SDHA	MRE11A	WRN	KIT	PIK3CA	XPA	RAD50
ASCC1	WT1	CTHRC1	KLLN	SDHAF2	TP53	BLM
MSH6	NCOA4	FANCL	SPINK1	XRCC2	BRIP1	MSH2
TSC2	EXT1	PPM1D	VHL	ERCC2	APC	MET
AIP	POLD1	MITF	RNASEL	ATM	FANCE	RET
FANCB	FANCF	PHOX2B	TGFBR1	ATR	DICER1	SDHB
SLX4	NBN	HNF1B	SETBP1	NTRK1	FH	RB1
SH2D1A	BAP1	PTCH2	GPC3	PTEN	CHEK2	NF2
FANCA	ERCC4	FLCN	MTAP	FANCG	SDHD	BUB1B
TERT	MLH3	FANCD2	WAS	MUTYH	EGFR	HOXB13
MYH8	TMEM127	MAX	SUFU	PRF1	CBL	CDC73
EXT2	POLE	DDB2	MLH1	PTPN11	ERCC5	
FANCM	AKT1	BARD1	ALK	PRSS1	CDKN2A	
SMARCB1	ANTXR1	BRCA2	PALB2	MEN1	FANCC	
RECQL4	RNF168	EPCAM	PALLD	CDKN1B	RSPO1	
CACNA1D	KDR	SBDS	RHBDF2	STK11	PDGFRB	
RAD51C	FANCI	MSR1	BRCA1	HNF1A	RUNX1	

Ways to reduce your risk for cancer



Eat a healthy diet



Be physically active



Get enough sleep



Limit alcohol intake



Limit smoking



Breast feeding



Take part in regular cancer-screening



Protect yourself during sun exposure



Make your home smoke free

Home collection service

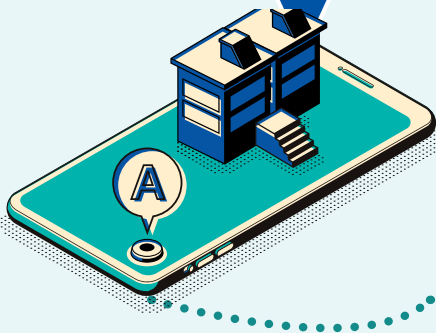


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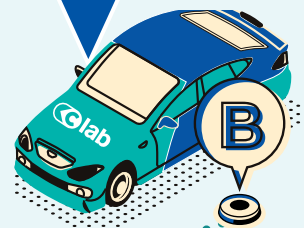
HOME COLLECTION SERVICE FOR CHEMO/RADIO THERAPY PATIENTS

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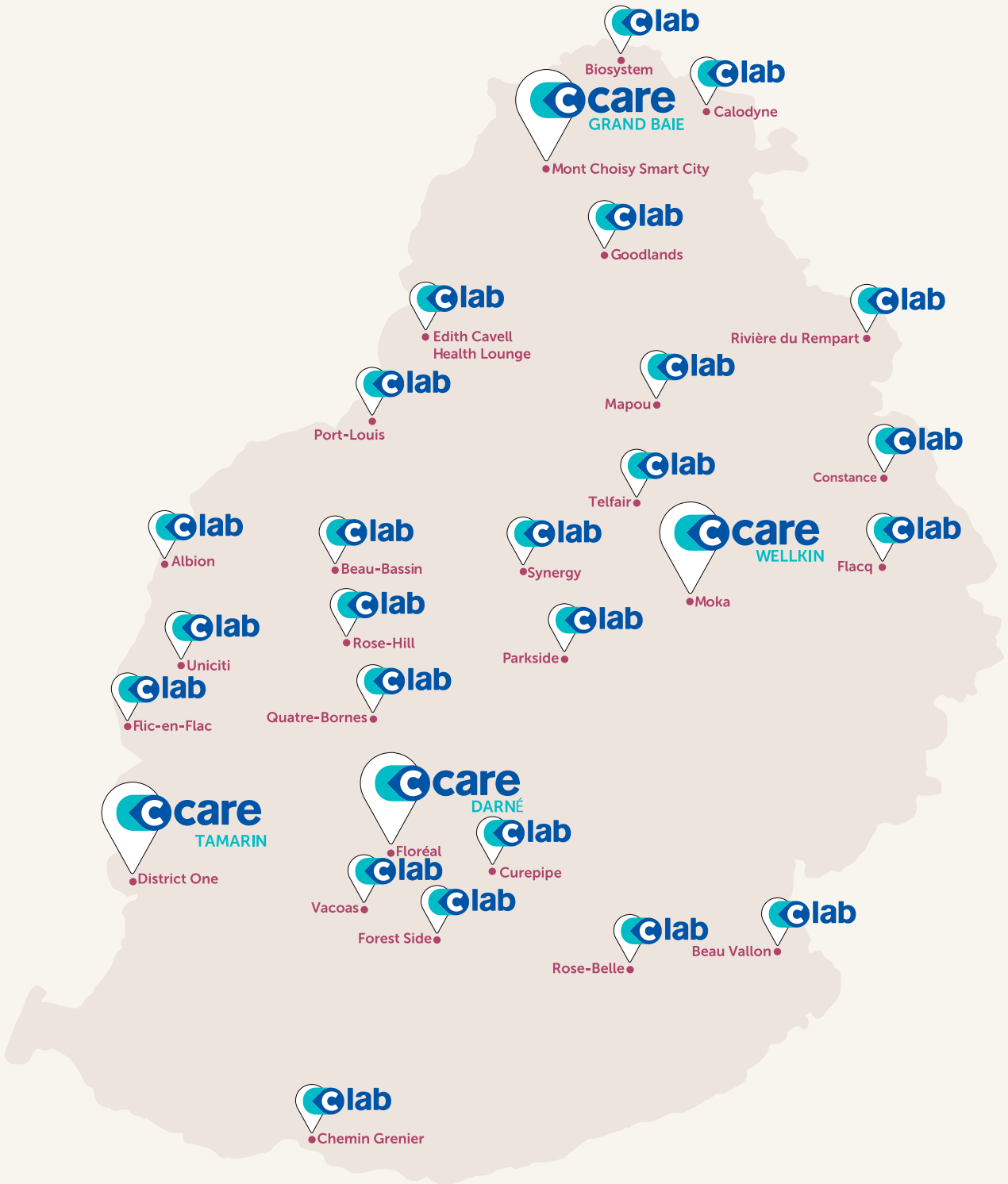
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Our collection
centres