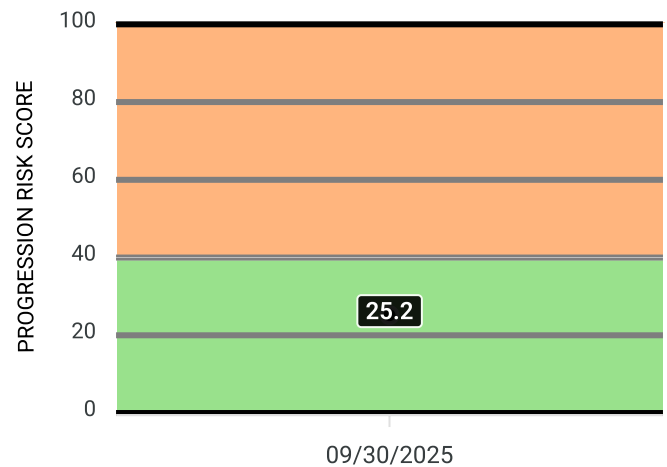
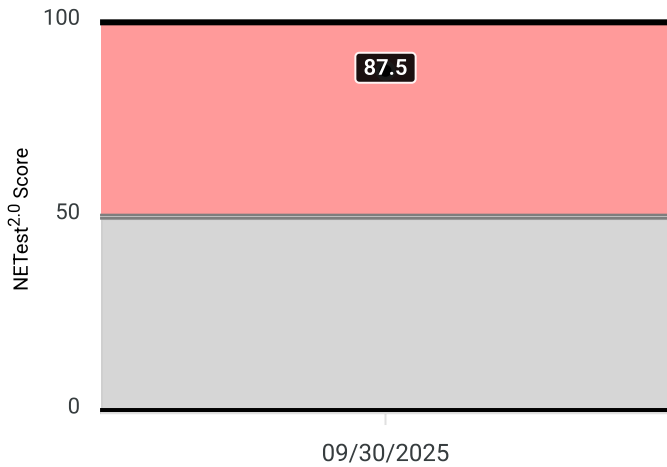


PATIENT NAME	NETest-B5 2025, APT	ACCESSION	25091200011
PATIENT DOB	August 9, 1975	ORDER CODE	WR25-0000600
PATIENT GENDER	U	ORDER ALT ID	TJA 9/30/25-7
PATIENT PHONE		SAMPLE TYPE & SOURCE	Whole Blood
ACCOUNT	Testing	COLLECTED	09/12/2025, 01:59 PM EDT
PROVIDER	Tracy Auster	RECEIVED	09/12/2025, 01:59 PM EDT
REPORT STATUS	AMENDED	REPORTED	10/22/2025, 01:35 PM EDT
TEST INFORMATION	NETest	DIAGNOSIS CODES	D3A.8

NETest^{2.0} Results

NETest^{2.0} Score: **POSITIVE**

Progression Score: Stable



The NETest^{2.0} Score is 87.5, it is POSITIVE.

The Progression Score is 25.2, it is Stable.

Amendment comment:
 Updated report verbiage

The NETest™ is a proprietary PCR-based gene expression assessment assay of 51 neuroendocrine tumor (NET)-relevant RNA genes in a peripheral blood sample [1, 2, 14]. Venous blood collection is required in an RNA-stabilization buffer tube provided by Wren Laboratories. PCR measurement of 51 specific genes is converted into a machine-learning algorithm based diagnostic score. The algorithm is derived from mathematical modeling and multivariate analysis of PCR data [1, 2]. This score indicates the likelihood of a patient having a NET on a scale from 0 to 100. An additional score is included in the report. This is a prognostic score regarding the likelihood of disease activity. It is expressed on a scale of 0 to 100. The lower the score the less the calculated risk of disease recurrence or progression. Conversely, the higher the score the greater the likelihood of recurrence/progression. The scores have been evaluated in WHO Grade I, II and III gastroenteropancreatic (GEP) and bronchopulmonary (BP) NETs neuroendocrine carcinomas (NECs) and mixed adenocarcinomas (MANECs), MEN I and pheochromocytoma. The gene signature has been tested and independently validated in numerous clinical studies [9, 10, 13, 15, 16, 18-21, 23, 24]. These include GEP grade I-II-III and BP NETs (typical, atypical carcinoids, small cell cancers and large cell NECs). The NETest was >90% sensitive and >90% specific [3-8, 10-13, 15-24].

Limitations: The NETest was not developed as a screening test so should not be used in the general population. Its use can decrease frequency but does not replace imaging or pathology. The NETest should not solely be used to make treatment change decisions. The test was not developed to differentiate between primary tumor locations. It is currently offered as laboratory-developed-test (LDT) in a single lab location. The NETest has not been validated to differentiate high grade NEN from NEC.



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Laboratory Developed Test (LDT)

This test was developed, and its analytical performance characteristics determined by Wren Laboratories LLC, which is CLIA-certified, CAP-accredited and NYS-licensed clinical laboratory, qualified to perform high-complexity clinical laboratory testing. The assay has been validated pursuant to CLIA regulations and is used for clinical management. The test has not been cleared or approved by the FDA.

Clinical Interpretations of the NETest™ Score

Clinical Interpretations of the NETest™ Score

The test interpretation is based on clinical studies which were undertaken by independent medical institutions. A treating physician can interpret the test scores based upon your specific disease status and the interpretation of adjunctive diagnostic and prognostic tools.

NETest Diagnostic Score

Scores <50 are associated with low likelihood of NET disease. Scores of 50-100 are associated with high likelihood of NET.

Increase of NETest scores in serial samples was qualified as a biomarker of post-surgical recurrence in the absence of image-detectable disease which is also referred to as minimal residual disease (MRD). The test was also qualified to detect recurrence or progression based upon serial test monitoring post-treatment.

NETest Prognostic (Progression) Score

Scores <40 are associated with low risk of progressive or recurrent disease, i.e. with an increased progression-free survival (PFS) [3, 5-8, 11-13, 15, 16, 18-24]. Scores ≥ 40 are associated with increasing risk of progressive/recurrent disease and a decreased PFS [3, 5-8, 11-13, 15, 16, 18-24].

NETest^{2.0}

The ML algorithm of the original NETest diagnostic and prognostic scores, which were clinically validated per the references listed below, was revised in late 2024 [25] to improve the test accuracy (Tables 1 & 2), and the test is now called NETest^{2.0}.

Table 1. Diagnostic Score Metrics

Score Cut-off	PPV	NPV	Accuracy
50	93.7% (91.7-95.3)	76.7% (71.2-81.4)	89.3% (86.8-91.4)

Table 2. Prognostic Score Metrics

Score Cut-off	PPV	NPV	Accuracy
40	69.0% (60.0-73.4)	85.8% (82.7-88.3)	80.4% (76.8-83.7)

PPV = Positive Predictive Value
 NPV = Negative Predictive Value

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