In mCRPC

When AR-targeted therapy fails, acquired resistance could be the cause

AR-V7 in the nucleus is a strong predictive biomarker of resistance to abiraterone and enzalutamide

AR-V7 is a splice variant of the androgen receptor (AR) that lacks the ligand binding domain

Full-Length AR | N-terminal domain | DNA binding domain | Ligand binding domain (LBD)
---|---|---|---
AR-V7 | N-terminal domain | DNA binding domain | AR-V7 remains biologically active

AR-V7 variants are resistant to abiraterone and enzalutamide

The percentage of mCRPC patients with the AR-V7 splice variant (AR-V7+) increases with continued exposure to AR-targeted therapies

The presence of any nuclear AR-V7 signals resistance to AR-targeted therapies and is associated with rapid disease progression and shorter cancer-specific survival
In mCRPC

Testing for AR-V7 identifies patients who will not respond to AR-targeted therapy

Diagnostic assays with **nuclear specificity** deliver the highest possible accuracy

1. Cytoplasmic AR-V7 translocates into the nucleus
2. Nuclear AR-V7 binds to DNA
3. Transcription of tumor growth genes
4. Translation of mRNA into protein

Since some AR-V7 protein does not translocate to the nucleus AND some mRNA does not translate into protein, testing with **nuclear specificity** is important to avoid the potential for false positives

**Patients who are nuclear AR-V7-positive (AR-V7+) do not respond to abiraterone or enzalutamide, but can still benefit from taxane chemotherapy**

Coming soon: A new groundbreaking assay to detect nuclear-localized AR-V7 in circulating tumor cells

In partnership with Epic Sciences™, Genomic Health is introducing a novel liquid biopsy test to predict response to AR-targeted therapy in patients with mCRPC

Speak with a Genomic Health representative to learn more about when the Oncotype DX® AR-V7 Nucleus Detect test will be available

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