With OralCDx® you can now routinely detect oral dysplasia before it can progress to cancer

**Oral cancer in your patients**
- Oral cancer kills about as many Americans as melanoma, twice as many as cervical cancer, and is now rising among women\(^1\), young people\(^2\), and non-smokers\(^2\)
- By the time a lesion appears overtly suspicious, it is often a life-threatening cancer
- The 5-year survival rate is less than 50%, largely due to late detection\(^3\)

**Detecting dysplasia and removing it can prevent the progression to cancer**

**Identifying oral dysplasia**
- Virtually every oral cancer begins as a small (<2mm) white or red tissue spot which contains dysplastic cells
- Approximately 10% of carefully examined adults have an unexplained tissue spot which can appear identical to a dysplastic spot\(^4\)
- A complete transepithelial biopsy, like OralCDx, is needed to rule out dysplasia from an unexplained spot

**OralCDx® brush biopsy allows you to routinely detect dysplasia**
- Obtains a complete transepithelial biopsy sample with minimal discomfort or bleeding
- Allows you to easily screen all of your patients’ unexplained tissue spots
- Has been proven to be at least as sensitive as a scalpel biopsy in ruling out dysplasia and cancer (sensitivity and specificity >90%)\(^5,6,7\)
Examples of tissue spots that were confirmed to be dysplastic

Computer-assisted brush biopsy analysis
- Unique 3-D tissue specimen maintains “in-vivo” cellular detail
- Advanced computer imaging highlights potentially abnormal cells
- Specialized pathologists evaluate each case
- Lab report features images of representative cells
- Follow-up consultation available

OralCDx® easily incorporates into your practice routine
- Patented biopsy brush obtains a complete sample of the epithelium
- Minimal discomfort enhances patient acceptance
- Implementation materials include lesion guide and record of the oral exam

EndoCDx Brush Biopsies for Endoscopic Diagnosis
- Laryngeal brush biopsy
- Esophageal brush biopsy

OralCDx® is a laboratory test which is used to assist in a professional oral examination. Not every lesion may be fully characterized by this test. Persistent lesions, even with negative results, require adequate follow-up evaluation.


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