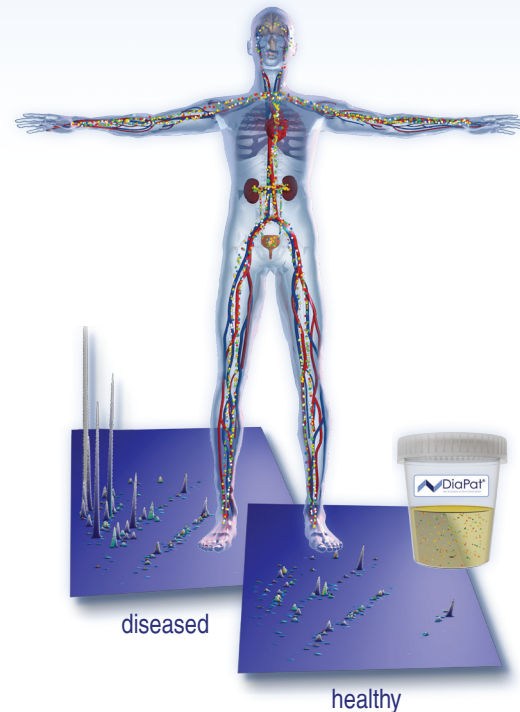


DiaPat® Technology

Only DiaPat® technology is able to decode the information of disease-specific proteins in body fluids such as urine. In order to reach a diagnostic conclusion based on the individual urinary proteome, up to 5 gigabytes of data are processed and compared to validated clinical patterns of up to several hundred protein biomarkers. These disease specific proteins are identified for the first time using the DiaPat® method and are diagnostically the most precise.

The DiaPat® PCa-PROteom Test enables detection of prostate cancer by using only one first voided urine sample.

DiaPat® is a unique technology that enables an accurate diagnosis of prostate cancer.



Strong scientific background

Scientific proof for the DiaPat®-Tests:

- 70 clinical trials
- 200 scientific publications in leading journals
- Over 65 collaborated university hospitals with 500 world-renowned scientists

Latest Review Article:

Recent progress in urinary proteome analysis for prostate cancer diagnosis and management

„Expert Review of Molecular Diagnostics“, 2015, 22:1-16

Autoren: Frantzi M, Latosinska A, Merseburger A, Mischak H.

Prospective blinded study

Discovery and validation of urinary biomarkers for prostate cancer. Proteomics Clin Appl. 2008, 7 (2): 556-570

Autoren: Theodorescu D, Schiffer E, Bauer HW, Douwes F, Eichhorn F, Polley R, Schmidt T, Schöfer W, Zürlig P, Good DM, Coon JJ, Mischak H.

Results: sensitivity: 91%, specificity: 69%

Prospective blinded study involving 211 patient

Urinary proteome analysis for prostate cancer diagnosis: cost-effective application in routine clinical practice in Germany. Int J Urol. 2012, 29 (2): 118-125

Autoren: Schiffer E, Bick C, Grizelj B, Pietzker S, Schöfer W.

Results: sensitivity: 86%, specificity: 59%

Multicentric study involving 125 patients

Seminal plasma as a source of prostate cancer peptide biomarker candidates for detection of indolent and advanced disease. PLoS ONE 2013 Jun 24; 8(6): e67514.

Autoren: Neuhaus J, Schiffer E, Wilcke P, Bauer HW, Leung H, Siwy J, Ulrici W, Paasch U, Horn LC, Stolzenburg J.

Results: sensitivity: 80%, specificity: 82%

Overview

DiaPat® PCa-PROteom Test

The DiaPat PCa-PROteom Test was developed for the correction of false positive results of PSA measurements > 2.0 ng/ ml.

To perform PCa-PROteome Test only one first voided urine sample is required; while other DiaPat® Tests developed for detection of bladder cancer, diabetic nephropathy and heart diseases rely on analysis of midstream urine.

Highly recommended:

We strongly recommend the **KardiOM + RenOM Test**, which is a combination of our biomarkers for heart and kidney diseases.

To receive further information, call our hotline 0511 – 554744 44 or visit our website.

Contact:

DiaPat GmbH

Rotenburger Straße 20
30659 Hannover
Germany

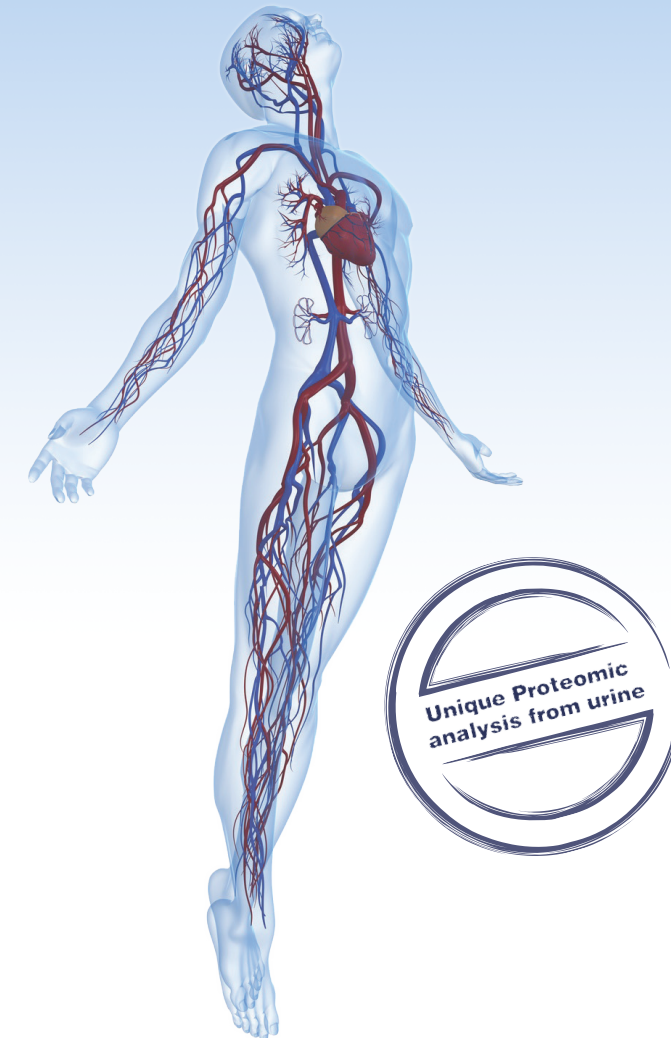
phone: +49 (0)5 11 - 55 47 44 - 0

e-mail: pcaproteomtest@diapat.com

web: www.diapat.com

PCa-PROteom Test

Clarify suspicious PSA findings without pain



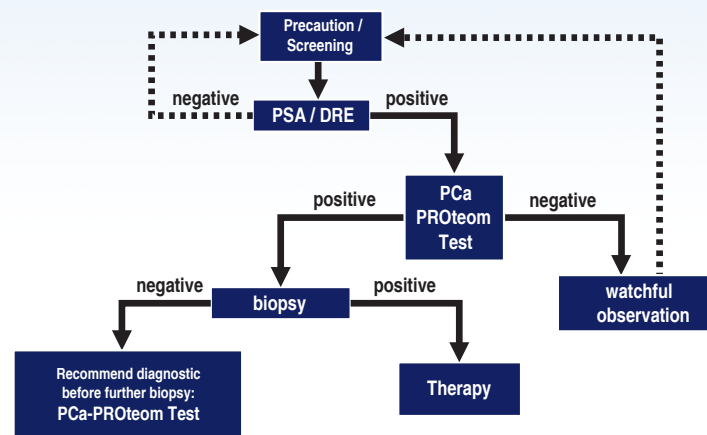
DiaPat®
the key to your health

The significant advantage of DiaPat®

DiaPat® PCa-PROteom Test enables a non-invasive diagnosis of prostate cancer. All that is required is a sample of first voided urine, because it carries the information on the prostatic fluid proteins.

By using a combination of PSA testing and the PCa-PROteom Test, the detection of prostate cancer increases up to 95%.

As presented on the graph, the PCa-PROteom Test is performed prior to biopsy in order to correct the possible false positive results of PSA testing. It is also strongly advised to repeat the PCa-PROteom Test after a negative biopsy.

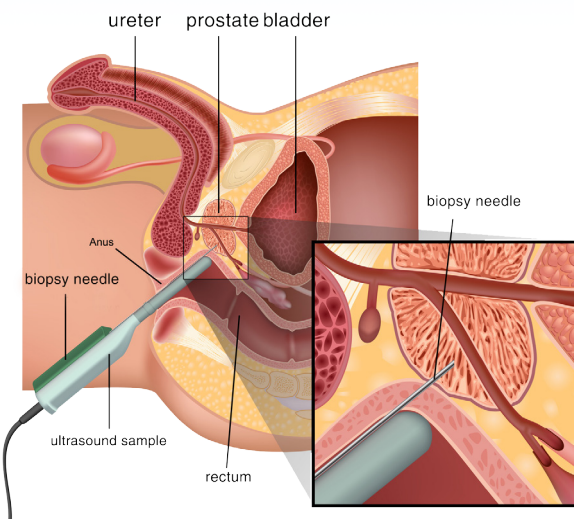


Prostate cancer diagnosis from urine

Prostate-specific antigen (PSA) testing is a common prostate cancer screening method, but an elevated level of PSA in the blood does not necessarily indicate cancer. However, many people diagnosed with Prostate Cancer using the PSA test are cancer-free, and the test result is called “false positive”. Briefly, three out of four men with an elevated PSA level do not have prostate cancer, but are subjected to unnecessary biopsy.

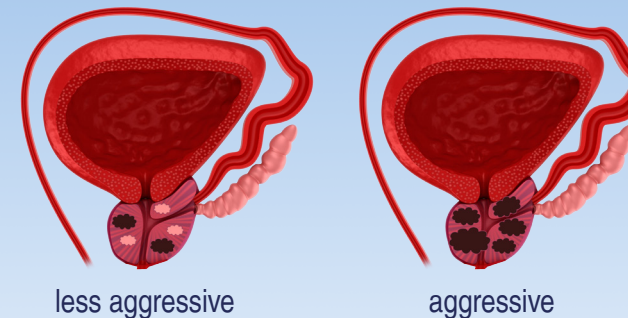
This unsatisfactory situation exists for quite some time. Therefore, the PCa-PROteom Test has been implemented and has proven capable of correcting PSA testing results. The PCa-PROteom Test enables accurate diagnosis of prostate cancer and as the test only needs urine, the procedure is non-invasive, without any risks associated with sample collection.

Application of PCa-PROteom Test may reduce the number of prostate cancer biopsies.



The PCa-PROteom Test helps to decrease the number of invasive prostate biopsies.

New Study Results



So far, the treatment of prostate cancer is not always successful. Non-aggressive prostate cancer grows slowly and is asymptomatic and usually, most men diagnosed with prostate cancer do not die from it. Therefore, it is crucial to operate only on patients with aggressive prostate cancer, while patients with non-aggressive prostate cancer remain under constant observation (“watchful waiting”).

In another study, proteomic analysis of seminal plasma enables accurate discrimination of patients with non-aggressive cancer from patients with aggressive cancer. A good performance of proteomic patterns was reported with a sensitivity of 80% and a specificity of 82%.

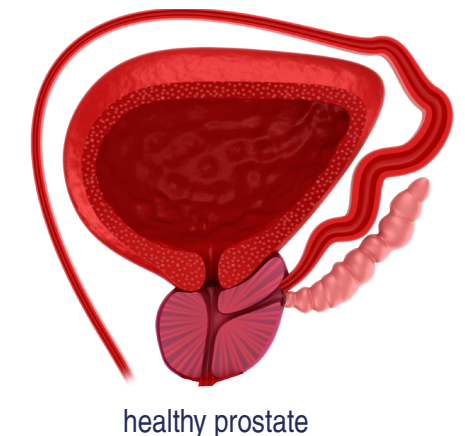
Neuhaus et al. Seminal plasma as a source of prostate cancer peptide biomarker candidates for detection of indolent and advanced disease. PLoS ONE 2013 Jun 24; 8(6): e67514.

Current testing for Prostate Cancer screening

In two large studies from USA and Canada (1,2), the U.S. Preventive Services Task Force (USPSTF) speaks against PSA-based screening for prostate cancer. There is convincing evidence that PSA-based screening is associated with substantial overdiagnosis and overtreatment. Currently many prostate cancer patients are treated with definitive treatment like surgery, which is often the cause of serious side effects e.g. erectile dysfunction, urinary incontinence, bowel dysfunction and a small risk of premature death. These patients would never be suspected of prostate cancer without PSA testing. Therefore, the PSA test is no longer used as a screening test.

In Germany, the results of PSA testing are critically evaluated and patients with suspicious results of PSA testing stay under observation (“watchful waiting”).

DiaPat® PCa-PROteom Test enables the correction of false positive results of PSA testing.



1. Andriole et al. Mortality Results from a Randomized Prostate-Cancer Screening Trial. N Engl J Med 2009; NEJMoa0810696.
2. Schroder et al. Screening and Prostate-Cancer Mortality in a Randomized European Study. N Engl J Med 2009; NEJMoa0810084