Multi-pTest (mT-001):

Is an ELISA/PCR-based test using noninvasive sources (serum, salivary or/and urine) for analyzing the selected proteins/DNA/RNA biomarkers for different phase of cancer, therapeutic intervention or drug development pipeline, indicates the normal biological and pathogenic processes, provides information on the likelihood of disease recurrence (prognosis) and the likelihood of tumor response to a standard therapy (prediction), allows to determine who is benefit to treatment and what is most likely to respond (diagnosis). The muti-pTest aims to drive clinical decision making, supplementing or replacing currently existing invasive techniques.

Standard sample preparation for the Multi-pTest:

Blood sample preparation: 4-7 milliliters of patient blood before or after surgical/therapy treatments was collected in a serum separator tube. Blood was allowed to clot for 1 hour at room temperature. Then centrifuge at 2000xg for 10 minutes at 4oC. The supernatant (sera) samples were stored in 300ul aliquots at -70ºC.
Urine sample preparation: 50 ml urine samples were processed within 4h of collection by mixing with an equal volume of detergent-based stabilization buffer (urine transport medium) to lyse cells. Then specimens were stored at -70ºC until they were tested.
Salivary sample preparation: 2-5 ml salivary samples were processed within 4h of collection by mixing with an equal volume of detergent-based stabilization buffer (urine/salivary transport medium) to lyse cells.
The samples were then centrifuged at 1,500 rpm for 10 minutes to remove insoluble materials and the supernatant was collected in 50-uL aliquots. All specimens were stored at -70ºC after collection and frozen aliquots were shipped on dry ice.

Multi-pTest for blood/salivary/urine (breast Cancer):

Standard assays include:

- Performing mRNA panels:

1. Mamglobin; CA15-3; surviving; HCCR-1 (early stage I).
2. CK19 (early stage II).
3. Cyclin D1 plasma mRNA (non-responsive following treatment after relapse),
   Bmi-1 mRNA (poor clinical prognosis in solid tumors); surviving mRNA

- Performing miRNA panels: mir-125b, mir-21, mir155, mir-145
- Performing DNA panels: BCL-2, p53, brca1/2 (high risk for developing breast cancer)
- Performing protein panels: hTERT (telomerase) stage: I, II, III, and IV.
  SPAG-9 (I,II.), CA15-3 and CA27.29 (III, IV)
- Performing general panels: CTC# (Cancer tumor cells) in blood for predicting the progression free survival and overall survival, or the rapid disease progression and mortality.
- Performing combination panels: ASB-9, FKBP52, uPA, PAI-1, PRDX2, hsp70, hsp60, hsp27, p53, mamaglobin, B305D, GABA, B726P, SERAC1, RELT, RAS, TERC/TERT, survinin, c-myc, her2, ny-eso-1, brca1, brca2, Kallikrein5/14, and muc1.

Pre/post-clinical trials: integration and development of the traditional Chinese medicine (Nature sources: plant leaves, seeds, flowers, roots or/and their pure extractions) into new clinical pipelines that lead to develop the highly specific, effective compounds for cancer treatments.

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