

REPRINT FROM SEPTEMBER 22, 2016

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Emanuel Petricoin, Perthera

PRECISION TRAFFIC CONTROL

Following its July \$8.7 million series A funding round, [Perthera Inc.](#) is building up its precision medicine information delivery business as it moves toward expanding access to physicians and patients worldwide. The company is pursuing an IT approach to diagnostic management and delivery that gives doctors access to expert guidance on which tests to order and how to interpret results.

Emanuel Petricoin, Perthera’s co-founder and CSO, told BioCentury he and fellow co-founder Dendy Young formed the company in 2011 when they sensed the opportunity in precision medicine was starting to take off. The “inflection point,” he said, was “the commoditization of molecular diagnostics — a proliferation of commercially available, accredited laboratories that can run genomics, proteomics and phosphoproteomics.”

These new testing facilities were changing a space that had been dominated by high-end cancer clinical centers. “For patients to access these kinds of technologies, they’d have to schlep to these locations to even think about getting their tumor profiles,” said Petricoin.

When molecular testing became a commodity, Perthera decided to become “traffic control,” offering to orchestrate patient access to the variety of testing available and help patients and physicians understand the results. Physicians send biopsied tumor samples to Perthera, which splits the samples and sends for the appropriate testing.

“There are entities that each independently cover different aspects of the value chain,” said Petricoin, but he added that only Perthera offers a turnkey service managing the necessary biobanking, assay screening, clinical trial matching and data analytics for each patient.

Data are returned to Perthera, which combines the tumor data with clinical records for analysis through its proprietary analytics platform. A virtual board composed of clinical oncologists, molecular biologists and computational biologists reviews the compiled data, and the board’s treatment recommendations are returned to the physician and patient in a report with a ranked list of options.

“We’re de-burdening the doctor and patient from having to worry about how to actually do those 15-20 different steps that actually have to be done to deliver precision cancer analysis,” said Petricoin. “Those steps are in some ways a Sisyphean effort for the doctor or the patient to have to do by themselves.”

Perthera enrolls patients through sponsored efforts like the [Pancreatic Cancer Action Network](#) (PanCAN), which has partnered with the company through its Know Your Tumor program, sending hundreds of patients monthly, and thus far it has over 600 oncologists using the company’s services. Fees are also paid by pharmaceutical companies when a patient who utilizes Perthera enters a clinical trial.

The series A funding and the current fees should help Perthera scale up as it pitches its usefulness to insurance companies over the next three years, which would allow the company to expand without passing fees on to consumers directly.

The service operates under an IRB-approved protocol, meaning molecular data, patient history and post-Perthera treatment outcomes are analyzed for potential future publication.

— *Mark Zipkin*

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