The Clinical Genomics Workspace

Velsera's Clinical Genomics Workspace (CGW) is an all-in-one analysis and reporting tool for clinical nextgeneration sequencing (NGS) data, enhancing the quality and efficiency of patient care delivery. It leverages our industry-leading knowledgebase to keep medical recommendations current and offers comprehensive clinical reporting so your team can focus on helping patients.

Save Time: Streamlined Evidence Review

The platform's clinical evidence review capabilities speed up report sign-out times by remembering your previous reporting decisions, automatically classifying variants, and guiding your review of variants of uncertain significance (VUS). Further, with visualized variant quality review, you can tailor filters to clearly distinguish between variants that automatically pass your criteria and those that require manual review.



End-to-End Solution

Cover the full continuum from data transfer, case accessioning, variant calling, annotation, interpretation, report, sign-out, and result integration in one single platform.



Updated Diagnostic Knowledge

Reduce cost, time and risk by leveraging our data sharing network and professional curation that make up our best-in-class knowledgebase.



Flexibility

With support for all instruments, assays, and disease indications, configurable report templates distinguish labs and assay vendors from the competition by allowing customization to meet customer needs.



Built on Expertise & Trust

Years of experience guiding hundreds of somatic and germline customers, and appreciation for the complexities and unique customer needs in the daily work of molecular diagnostic labs.

Tru Or	uSight [™] ncology	500	6 Cityplace Dr. Suite 550 Creve Coeur, MO 63141 +1 314-628-0035	YOUR LOGO HERE
Patien	t Information		Order Details	
Name: Date of MRN#: Diseas	Firstname Lastname Birth: 7-Jan-1960 12345 e: Non-small cell lun ical Implica	e 1g cancer tions	Ordering Physician: Dr. Smith Specimen Type: Formalin-fixed paraffin-embedded ti Date Collected: 1-Feb-2024 Accession#: Lotus_Test_CSRT_NSCLC5	issue specimen
TIER	VARIANT DETECTED (GENE/ SYNTAX)		CLINICAL IMPACT	SELECT CLINICAL TRIALS
	MET Altered transcript in MET	May benefit from:	Tepotinib , Atezolizumab , Capmatinib , Cemiplimab-rwlc , Crizotinib , Durvalumab + Tremelimumab-acti , Ipilimumab + Nivolumab , Pembrolizumab	
		In Tumor Type:	Non-small cell lung cancer	_
IA		May benefit from:	Atezolizumab + Bevacizumab , Bevacizumab	7
		In Tumor Type:	Nonsquamous non-small cell lung cancer	_
		Unfavorable prognosis in:	Adenocarcinoma of lung Sarcomatoid carcinoma of lung	
	EML4, ALK EML4-ALK fusion transcript + KRAS p.G12C	Not likely to benefit from	: Crizotinib	
IIC		In Tumor Type:	Adenocarcinoma of lung, Large cell carcinoma of lung	0
	EML4, ALK EML4-ALK fusion transcript + TP53 p.R248W	Not likely to benefit from	Alectinib, Brigatinib, Ceritinib, Crizotinib	
IB		Unfavorable prognosis ir	a: Non-small cell lung cancer	0
IB	TP53 p.R248W	May benefit from: In Tumor Type:	Nivolumab Non-small cell lung cancer	1

Clinical Report Example (TSO 500)

CGW simplifies drafting, customizing, and sign-out of clinical reports for diagnostic labs. Customize report content available to your physician customers for rapid comprehension and to facilitate treatment selection.



People, Not Just Software

Our team of experts are here to help - whether you are launching your first NGS program or looking to scale and grow your existing operation. Board-certified medical directors oversee variant analyst services & sign out clinical reports. We can collaborate for laboratory design, gap analysis, audit readiness, clinical validation, health IT integration, reimbursement, and compliance.



A Look Inside the Platform

With a user-friendly interface, CGW enables your team to focus on delivering the best patient care possible. The platform is designed to save your team time without compromising on clinical quality.



Variant Quality Review, with Visual Filters

Variant quality is reviewed using pre-designed filters that align with your assay's analytic validation performance characteristics. The platform offers a guided workflow to automate most variant quality triage and draws your attention to the most challenging variants that may hold clinical significance.

C	linically actionable v	aria (10)	VUS for review (19)	NVBs fo	r review (0)				0	
Show	Show Graph									
Ψ.C	Clear all AMP-ASCO-CAP classification Biological classification Gene Review Status + Classification Classificati									
	Review Status	In Report Status	AMP-ASCO- CAP	Biological classification	Gene	Variant	GnomAD total population	Interpretation for VCVs	Recurrence of tinding in	
	Unevaluated		I	Benign	EWSR1	EWSR1:p.G465S	0.00821882	Conflicting	2	
	Unevaluated		Ш	Benign	SPTA1	SPTAI:p.RI793Q	0.00149215	Conflicting	3	
	Unevaluated		Ш	Likely Benign	ALK	ALK:p.R311H	0.00048188	Conflicting	7	
	Unevaluated		I	Likely Benign	BLM	BLM:p.P707S	0.00165825	Conflicting	7	
	Unevaluated		I	Likely Pathogenic	PRKN	PRKN:c.619-2A>G		Pathogenic Pathoge	en	

Triage of Variants

In this step, variants that lack clear clinical significance are presented for further review, and available evidence is displayed for rapid assessment of variants of uncertain significance (VUS). CGW's guided workflow ensures that the appropriate variants are included in the final report.

Clinical relevance Biological relevance Clinical trials Interpretation													
Matching assertions													
				Filter:	Filter: Patient's diseas		Other diseases			 This assertion was added since 	e this finding was last seen in this		
Therapeut	Therapeutic significance								^		disease context.		
	Source/s Disease name Drug name			Impact Tier		In report			Assertion details :				
	*	FDA, NCCN	Hormone receptor (HR)- positive, HER2-negative breast cancer	Capivasertib + Fulvestrant	0	•	IA				Source and source version :	Capivasertib 218197s000lbl	
											Supported CAP/AMP/ASCO tier : IA		
* * * *		PubMed	Breast cancer	lpatasertib + Paclitaxel	0	•	IB				Disease relevance : Patient's disease		
**		PubMed	Breast cancer	BAY1125976	0	•	IIC				Generic drug name : Capivase	ertib + Fulvestrant Hormone receptor positive Her2-	
		PubMed	Invasive breast cancer	Capivasertib	٥	•	IIC	Decision will be sa	wed for f	tuture v	oyatem auggester allocates i	negative inflammatory breast cancer, Hormone receptor positive Her2-negative lobular carcinoma of	

Detailed Clinical Evidence Review and Interpretation

Clinical evidence from the knowledgebase, including approved and emerging therapies, prognostic and diagnostic associations, and clinical trials, can be selected for reporting. Interpretation text is automatically drafted based on your selected associations. View the PDF report live in parallel as your finalize the content.

