consistent with defective DNA repair. “It’s further evidence that the tumors in these two groups were likely caused by Lynch syndrome,” Stadler said. By contrast, 89% of tumors in the MSI-stable cohort did not feature such mutational signatures, she added.

Stadler pointed out that among the patients in both the MSI-indeterminate and MSI-high groups who were found to have Lynch syndrome, fully half had tumor types other than colorectal or endometrial cancers—for instance, prostate cancer, urothelial carcinoma, and soft-tissue sarcoma. Importantly, of this half, 45% did not meet current clinical testing criteria for Lynch syndrome.

“We believe our study shows that MSI-high or MSI-indeterminate status, regardless of tumor type, should prompt a germline assessment for Lynch syndrome,” she said. “This will increase our ability to recognize it in not only patients but their families too, who may well benefit from genetic counseling and increased cancer surveillance.”

Kim Reiss Binder, MD, of the University of Pennsylvania in Philadelphia, agreed that “evaluating MSI status in more patients, which is already starting to happen, and finding more with Lynch syndrome,” she said. “This will increase our ability to recognize it in not only patients but their families too, who may well benefit from genetic counseling and increased cancer surveillance.”

“Such increased cancer surveillance is likely to happen more broadly in the clinic,” agreed Matthew P. Anderson, MD, of The University of Texas MD Anderson Cancer Center in Houston. “We’ve been testing just the tip of the [Lynch syndrome] iceberg; given that this is a straightforward process, it can and should be implemented more broadly in the clinic.”

Roche to Buy Balance of Foundation Medicine

Three years after acquiring a majority stake in Foundation Medicine, Swiss pharmaceutical giant Roche has agreed to buy the remainder of the cancer-focused genetic-testing company.

The $2.4 billion deal announced on June 19, which builds on a $1 billion-plus investment and strategic research collaboration inked in 2015, is expected to financially benefit both partners.

Foundation Medicine has been striving for years to secure payer reimbursement for its DNA tests designed to match patients to specific cancer drugs. These include both laboratory-developed tests (LDT), which require only Clinical Laboratory Improvement Amendments certification, and companion diagnostics such as the company’s FoundationOne CDx, which late last year became the first FDA-approved broad pan-tumor test.

Roche, as a much bigger player in the marketplace, “may be in a better position to negotiate coverage and pricing deals,” says Joshua Cohen, PhD, an independent healthcare analyst in Boston, MA, who has studied the companion diagnostics industry.

Cohen does not expect to see much difference in the pace of new product creation. “In my experience,” he says, “mergers tend not to be a boost for innovation, not a negative or a positive.” However, he notes that the partnership could make it easier for Cambridge, MA-based Foundation Medicine to test its assays in conjunction with Roche’s cancer drugs in randomized, controlled trials. This would provide Foundation Medicine with more evidence to demonstrate clinical utility for its tests and up its chances of earning payer reimbursement.

Research from Cohen and others has shown that diagnostics approved after any corresponding targeted therapies, without joint development deals and the valuable clinical data they

### News in Brief

**Roche to Buy Balance of Foundation Medicine**

Three years after acquiring a majority stake in Foundation Medicine, Swiss pharmaceutical giant Roche has agreed to buy the remainder of the cancer-focused genetic-testing company.

The $2.4 billion deal announced on June 19, which builds on a $1 billion-plus investment and strategic research collaboration inked in 2015, is expected to financially benefit both partners.

Foundation Medicine has been striving for years to secure payer reimbursement for its DNA tests designed to match patients to specific cancer drugs. These include both laboratory-developed tests (LDT), which require only Clinical Laboratory Improvement Amendments certification, and companion diagnostics such as the company’s FoundationOne CDx, which late last year became the first FDA-approved broad pan-tumor test.

Roche, as a much bigger player in the marketplace, “may be in a better position to negotiate coverage and pricing deals,” says Joshua Cohen, PhD, an independent healthcare analyst in Boston, MA, who has studied the companion diagnostics industry.

Cohen does not expect to see much difference in the pace of new product creation. “In my experience,” he says, “mergers tend not to be a boost for innovation, not a negative or a positive.” However, he notes that the partnership could make it easier for Cambridge, MA-based Foundation Medicine to test its assays in conjunction with Roche’s cancer drugs in randomized, controlled trials. This would provide Foundation Medicine with more evidence to demonstrate clinical utility for its tests and up its chances of earning payer reimbursement.

Research from Cohen and others has shown that diagnostics approved after any corresponding targeted therapies, without joint development deals and the valuable clinical data they