

# 1CellERA

Evidence | Research | Action

## Note from CEO

Dear Clinicians and Partners,

Six months ago, I took a hard look at 1Cell.Ai and asked a simple question: **Are we built to serve you as deeply as our science demands?**

The honest answer was that we needed to rebuild; not our mission, but our machinery. Since then, we have undergone a quiet, purposeful transformation. Some familiar faces moved on, and I am grateful for their contributions. In their place, we have brought in leaders and teams who carry a single-minded obsession: making your experience of precision oncology seamless, supported, and truly partnership-driven.

Today, I am proud to introduce the new 1Cell.Ai. Stronger. Faster. More yours under the leadership of our new leader, Dr. Nilesh Shah. Dr. Nilesh joins us from **Metropolis Healthcare**, a name synonymous with diagnostic reliability. With decades of operational rigor, he has already tightened our lab turnaround times and embedded a culture where every report must match the precision of our multi-omics science. Learn more about Dr. Nilesh and what he will be focusing on [here](#).

### Two Touchpoints, One Promise

We heard you clearly, a brilliant report is only brilliant if you can discuss it. That's why we launched two interconnected commitments:

- **Your Molecular Helpline:** A no-cost, on-demand line where you and your patients can speak directly with our experts about test selection, report interpretation, or complex molecular findings. Consider it a molecular tumor board in your pocket.
- **A Partnership-First Sales Team:** Our new clinical-facing colleagues are not here to sell a menu. They are here to listen, to answer science-first questions, and to connect you instantly with the right resource- a helpline expert, a co-publication idea, or the most appropriate assay. Every conversation starts with your case, not our catalogue.

### Science That Didn't Pause and Never Will

While we rebuilt our operations, our research engine accelerated. In the past few months alone, **7 scientific posters from 1Cell.Ai were accepted at AACR 2026**, spanning real-world validation of OncoIndx®, novel multi-omic signatures, and AI-driven actionability. And we launched **OncoIndx 360 Endometrium**, an assay shaped directly by clinician input to fill a critical gap in Endometrium Cancer.

Let there be no doubt: the scientific soul of 1Cell.Ai- the commitment to **Complete Molecular Portraits, Actionability Not Ambiguity**, and being your **Complete Cancer** Journey Partner has never been more alive.

### An Invitation

I invite you to meet the new 1Cell.Ai face to face, whether to review an AACR poster, test-drive the helpline on a difficult case, or simply share a cup of coffee. We are here to earn your trust again, one interaction at a time.

Thank you for standing by us during this rebuild. You patients are why we exist, and your partnership is what will define our next, greatest chapter.

With gratitude and resolve,



**Mohan Uttarwar**  
CEO, 1Cell.Ai

## Highlights from 1Cell.Ai

### Launching OncoIndx 360 Endometrium

**One test. One tissue sample. One integrated molecular snapshot.**

Endometrial cancer management has a classification problem. The four molecular subtypes- POLE ultramutated, MMR-deficient, TP53-abnormal, and NSMP, carry dramatically different prognoses and demand completely different treatment pathways. Yet most centres are still sequencing these evaluations one at a time. POLE testing - which can de-escalate treatment in Grade 3 disease was performed in **fewer than 1 in 6 centres** as recently as 2022. The cost of that gap is measured in over-treatment, under-treatment, and missed eligibility for targeted therapy.

We built [OncoIndx 360 Endometrium](#) to collapse that entire workflow into a single FFPE block.

What it evaluates, simultaneously:

- **POLE (NGS):** Identifies the ultramutated subtype, enabling safe de-escalation of adjuvant therapy even in Grade 3 histology. Aligned with NCCN v3.2025 guidelines.
- **MMR / MSI (NGS + IHC):** Detects deficiency that qualifies patients for first-line Pembrolizumab or Dostarlimab. No ambiguity, no second test.
- **TP53 (NGS + IHC):** Flags the highest-risk subtype, where combined chemotherapy and EBRT is mandated. Guideline-concordant with ESGO 2025.
- **NSMP ER+ / ER- (IHC):** Biologically stratifies the no-specific-molecular-profile group. ER+ve patients are directed toward hormone therapy; ER-ve toward cytotoxic regimens with active surveillance.
- **HER2 / ERBB2 (IHC + NGS):** Identifies amplification for HER2-targeted therapy eligibility, including Trastuzumab deruxtecan- a pathway that is missed entirely without this layer.
- **Pharmacogenomics - DPYD + TYMS (NGS):** Confirms safe fluoropyrimidine dosing before the first chemotherapy cycle is administered. Not after an adverse event. Before.

### Built on a Technical Foundation That Earns Clinical Trust

2,000x mean sequencing depth. Greater than 99% on-target coverage. A 1% VAF limit of detection. Illumina platform. CAP accredited. AI-assisted interpretation via our iCare platform. Variant classification aligned with ACMG, AMP, ASCO, and CAP standards.

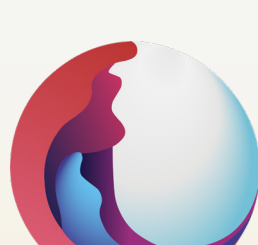
Every report is **triple-signed** by our :

1. Chief Medical Geneticist
2. Consultant Oncopathologist
3. Senior Scientist

Three expert eyes on every result before it reaches the oncologist.

### Available Now Across India and International Markets

Inquire to understand how you can get complete information on Day 1.



1Cell.Ai  
**OncoIndx<sup>®</sup> 360<sup>°</sup>**  
Endometrium

## Comprehensive Molecular Panel

(TP53, MMRd, POLE, ±ER, HER2, Others)

One Test | One Tissue Sampling | One Integrated Molecular snapshot

[Click here to know more](#)

## Case in Focus

### OncoIndx 360 - Rethinking 'Intermediate' Risk in NSMP, ER-Positive Endometrial Cancer

#### Patient Profile

A 54-year-old woman presented with abnormal vaginal bleeding, pain, and vaginal discharge.

#### Findings

- MRI revealed an endometrial cavity lesion
- Biopsy confirmed low-grade endo-metroid adenocarcinoma (FIGO GII)
- Regional lymph nodes - negative
- Staged as FIGO 1A, pT1apN0

She underwent robotic hysterectomy with BSO + bilateral pelvic sentinel LN dissection. Traditional workflow classified her as ER(+) NSMP - Low Risk → no adjuvant therapy was recommended.

#### Where OI360 Changed Everything

Standard testing stopped at ER status; missing the full molecular picture. OncoIndx 360 delivered a complete molecular portrait in a single test.

- Detected a critical CTNNB1 p.T4II mutation (Exon 3) - invisible to conventional workup
- Immediately flagged as likely pathogenic with elevated recurrence risk
- Reclassified her risk from Low → Intermediate; changing her entire treatment plan.

#### What This Enabled

**Adjuvant vaginal brachytherapy recommended per ESGO-ESTRO-ESP 2023 guidelines**

A patient who would have received no treatment now received **targeted, timely intervention**.

#### Why It Matters?

ER testing alone is not enough, NSMP cancers hide behind a false sense of security. CTNNB1 mutation is not a rare finding; it is present in roughly **20-25% of endometrial cancers** and carries a 3-fold higher odds of recurrence in early-stage NSMP tumors. Standard ER testing does not detect it. OncoIndx 360 does.

It reinforces the core truth: **"Classification is as essential as early treatment."**

[Visit case gallery for more such cases](#)

## Top News in Oncology

### AI agent "SPARK" performs autonomous cancer discovery:

Researchers published an agentic AI framework that independently analyzed pathology data and proposed biologically meaningful cancer insights without human prompting. [Read More](#)

### ASCO 2026 expected to unveil major precision oncology breakthroughs:

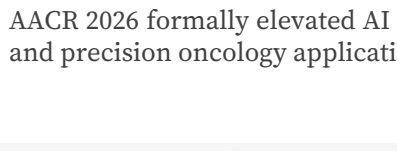
ASCO preview reports highlighted biomarker-therapies, AI-assisted diagnostics, and next-generation personalized cancer prevention strategies. [Read More](#)

### AI predicts immunotherapy success in lung cancer patients:

Researchers at MD Anderson developed the Path-IO deep-learning platform, improving prediction of immunotherapy response using routine pathology slides in NSCLC patients. [Read More](#)

### AACR gives AI its own plenary for the first time:

AACR 2026 formally elevated AI to a central oncology focus, emphasizing biological AI models, autonomous discovery, and precision oncology applications. [Read More](#)



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We can help you implement precision oncology in your everyday practice

Write to us at [info@1cell.ai](mailto:info@1cell.ai)