Press Release

Inbiomotion's MAF Test® now available to early-stage breast cancer patients in the United States through NeoGenomics

- This pioneering test aids oncologists in predicting recurrence and survival rates in breast cancer patients and potential eligibility for bisphosphonate treatment.
- Results showing the clinical utility of the test have been published in the Lancet Oncology and the Journal of National Cancer Institute.
- The MAF Test® is included in the 2025 SEOM-GEICAM-SOLTI clinical guidelines for early-stage breast cancer.
- Oncologists and pathologists across the United States can now order the MAF Test® through NeoGenomics, benefiting an estimated 258,000 newly diagnosed patients annually.
- U.S. availability follows the recent expansion of the MAF Test® into Spain, Portugal, Italy, the United Kingdom, Ireland, South Korea and Sub-Saharan Africa.

Barcelona, Spain – November 18th, 2026. Inbiomotion, a leader in precision oncology diagnostics, today announced that its MAF Test® is now available to early-stage breast cancer patients in the United States through NeoGenomics Laboratories, Inc., a premier cancer diagnostics company specializing in cancer genetics testing and information services.

The MAF Test® is a tissue-based diagnostic that determines the amplification status of the MAF gene in primary breast tumors of early-stage breast cancer patients. This test has been clinically validated as a prognostic biomarker identifying patients with a higher risk of recurrence, and as a potential predictor of benefit from adjuvant bisphosphonate therapy. The MAF Test® is included in the SEOM-GEICAM-SOLTI clinical guidelines for early-stage breast cancer, issued jointly by the Spanish Society of Medical Oncology (SEOM) and the GEICAM and SOLTI breast cancer research groups.

Oncologists and pathology laboratories across the United States can now order the MAF Test® through NeoGenomics. This gives clinicians broad access to an innovative biomarker test that provides actionable biological information to help guide treatment decisions for their early-stage breast cancer patients. Ordering information is available at www.neogenomics.com.

"We are very pleased that oncologists and their patients in the United States now have access to the MAF Test® through NeoGenomics, a frontrunner in innovative oncology testing," said Joël Jean-Mairet, PhD, Executive Chairperson of Inbiomotion. "U.S.

availability marks a major step in making precision medicine a reality for early-stage breast cancer patients worldwide. By helping physicians identify which patients are more likely to benefit from specific therapies, we aim to improve outcomes and reduce unnecessary treatments."

With the MAF Test® now available in U.S. clinical practice, oncologists have a new molecular tool to better assess prognosis in early-stage breast cancer. Identifying patients with MAF-amplified tumors can support more personalized care, potentially sparing low-risk patients from overtreatment and focusing therapy where it is most likely to be effective.

"We believe that expanding access to the MAF Test® in the United States will have a tangible impact on patient care," added Ralf van den Berg, Inbiomotion's Chief Operating Officer. "It supports the movement toward more precise, biology-driven treatment strategies in breast cancer, benefiting both patients and healthcare systems. The results of AZURE and NSABP-B34 studies show that the MAF Test® could identify 8 out of 10[1,2] of the 258,000 early-stage breast cancer patients diagnosed each year who may have improved outcomes"

U.S. availability of the MAF Test® reflects Inbiomotion's ongoing commitment to improving cancer management through biomarker innovation and scientific excellence.

About the MAF Test®

Results showing the clinical utility of MAF Test® were generated using patient biopsies from two landmark clinical trials, each with more than 3,000 patients (AZURE and NSABP-B34). These results were published in The Lancet Oncology (2017) and the Journal of National Cancer Institute (2021) respectively, where it was shown that 80% of patients with breast tumors had MAF-negative tumors and that being treated with clodronate or zoledronic acid increased their disease-free survival by 14.3% and decreased their relative risk of death by 21.4%. In contrast, patients with MAF-positive tumors had no benefit, or even worse prognosis, from treatment with bisphosphonates (clodronate or zoledronic acid), irrespective of their menopausal status.

A recent publication in Nature Cell Biology of key data elucidate the biology around the MAF biomarker. A team from IRB Barcelona led by ICREA researcher Prof. Dr. Roger Gomis, co-founder of Inbiomotion, revealed in such publication the mechanism by which the MAF gene amplification increases the risk of metastasis in breast cancer patients. This finding is a crucial step in understanding the molecular basis of metastasis and has relevant clinical implications for treatment.

About Inbiomotion

Inbiomotion is a spin-off of IRB Barcelona and ICREA, founded in 2011 by Prof. Dr. Roger Gomis, following the identification of the MAF gene as a biomarker to predict bone metastasis in breast cancer. Inbiomotion has developed a diagnostic kit based on the detection of MAF gene amplification, the MAF Test®, to promote precision medicine and improve the treatment of breast cancer patients. The company holds more than 200 patents and patent applications covering its proprietary MAF Test® FISH and the use of bisphosphonates in the adjuvant treatment of early-stage breast cancer patients. The company's main investors are Ysios Capital, Caixa Capital Risc, Alta Life Sciences and the Vila Casas Foundation. For more information, please visit www.inbiomotion.com.

[1] Coleman RE et al. Benefits and risks of adjuvant treatment with zoledronic acid in stage II/III breast cancer. 10 years follow-up of the AZURE randomized clinical trial (BIG 01/04). J Bone Oncol. 2018;13:123–135.

[2] Paterson AHG et al. MAF amplification and adjuvant clodronate outcomes in early-stage breast cancer in NSABP B-34 and potential impact on clinical practice. JNCI Cancer Spectr. 2021;5(4):pkab054. doi:10.1093/jncics/pkab054.

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