

PATIENT NAME: **Last Name, First Name**

DOB: **23-Jan-1922**

GENDER: Female
SPECIMEN ID: SID 234/6-A
PATIENT/MRN: MRN 123456
CUSTOMER REF: CR 98765

ORDERED BY: M.D. Irvine - IT Test, Doctor
ACCOUNT: IRV - Agendia IT Test
 12345 Main St Some City CA
 99999 US

REQUISITION #: R# 2345678
SPECIMEN TYPE: FFPE, Needle Core
SPECIMEN SOURCE: Right Medial Breast
COLLECTED DATE: 13-Jan-2015
RECEIVED DATE: 14-Jan-2015
REPORTED DATE: 27-Jan-2015

Summary of Results: **High Risk Basal-type**

Risk of recurrence

High Risk

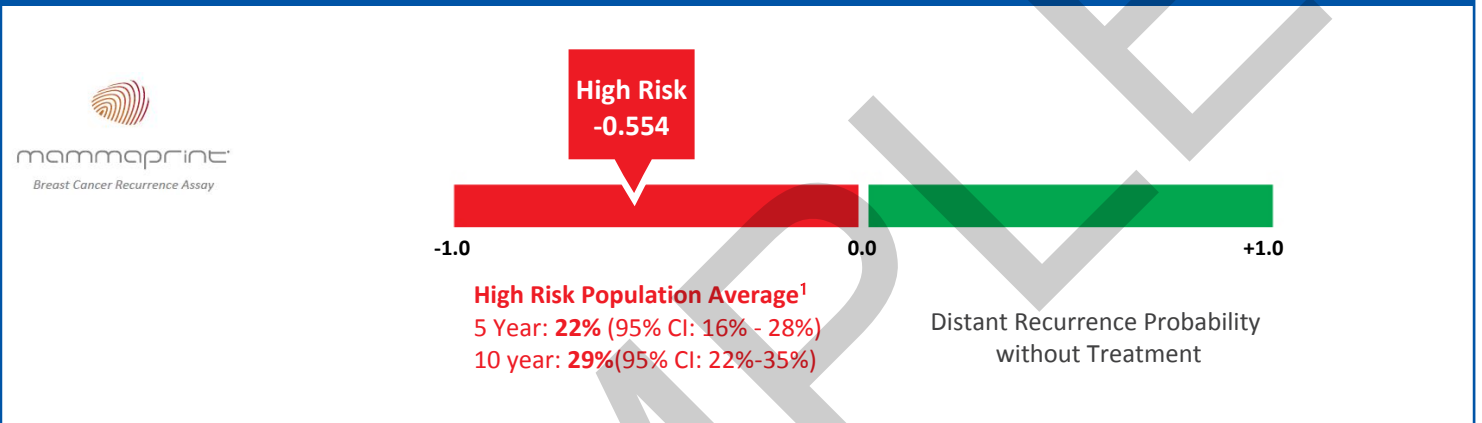
Molecular Subtype

Basal-type

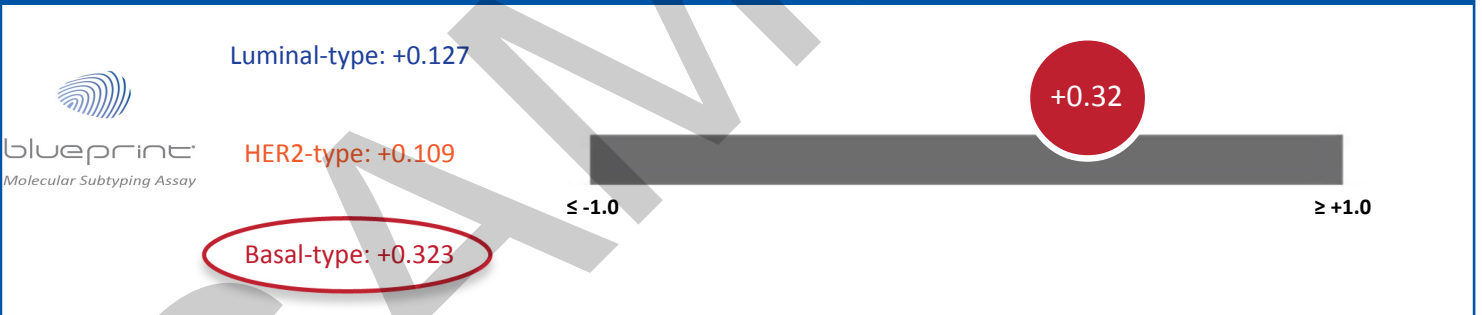
Receptor Status

ER-, PR-, HER2-

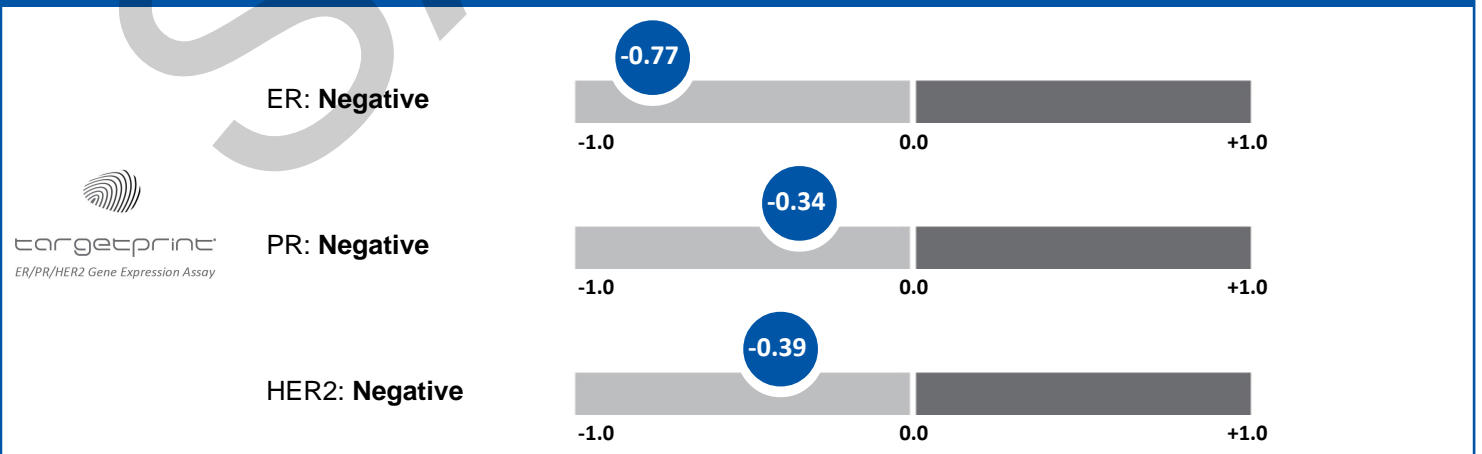
MammaPrint®: 70-Gene Breast Cancer Recurrence Assay



Blueprint®: 80-Gene Molecular Subtyping Assay



TargetPrint®: ER/PR/HER2 Expression Assay

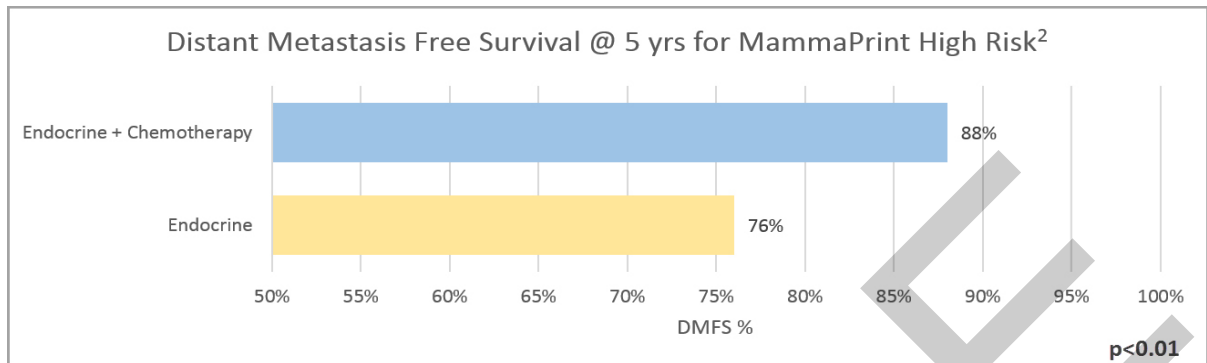


Note: This information is provided for general informational purposes. It is not part of any official diagnostic report. Please refer to individual MammaPrint, Blueprint, and TargetPrint reports for comments, assay information, disclaimer and references.

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REPORTED DATE: 27-Jan-2015

Adjuvant Response to Therapy



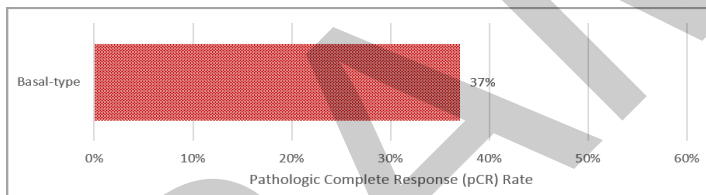
- The MammaPrint result provides independently validated, statistically significant, additive information for physicians to assist them in making treatment decisions for early stage breast cancer patients.
- If risk assessment by MammaPrint and clinicopathological characteristics is concordant and indicates a High Risk of recurrence, the use of combined endocrine and chemotherapy (ET+CT) seems clinically indicated.
- If the risk assessment by MammaPrint and clinicopathological characteristics is discordant, MammaPrint High Risk and clinically stratified Low Risk patients will likely benefit from chemotherapy. If these patients are highly endocrine-responsive ($\geq 50\%$ ER positivity), endocrine therapy (ET) alone might be the desired option; however, withholding chemotherapy might not be supported due to the observed improvement in DMFS at 5 years for MammaPrint High Risk patients who received ET+CT.
- Other factors, such as age and co-morbidities, may influence the decision-making process for systemic adjuvant therapy shared between the physicians and patients. Distant metastasis-free survival (DMFS) is defined as time from surgery to any distant metastasis.

Estimated benefit in breast cancer specific survival by trastuzumab:

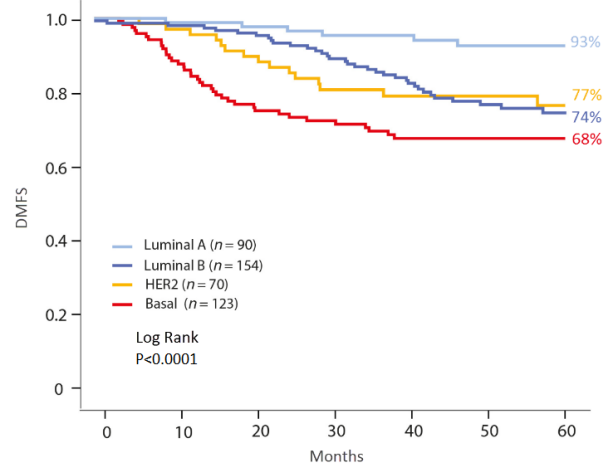
For women with early-stage HER2-positive breast cancer, addition of trastuzumab to paclitaxel after doxorubicin and cyclophosphamide results in a 10-year absolute benefit of 9% in overall survival (OS) and 11% in disease-free survival (DFS).

Neoadjuvant Response to Therapy

Basal-type Neoadjuvant Chemosensitivity⁴



Distant Metastasis-Free Survival (DMFS) by Molecular Subtype



Subtype Results	Chemosensitivity Relevance
Basal-type	<ul style="list-style-type: none"> • pCR indicates improved 5-year DMFS (91%) as compared to no pCR (54%) • May benefit from chemotherapy,

References: (1) Buyse M, Loi S, van't Veer L et al., J Natl Cancer Inst. 2006;98(17):1183-92. (2) Knauer M, Mook S, Rutgers EJ et al., Breast Cancer Res Treat. 2010;120(3):655-61. (3) Gianni L, Dafni U, Gelber RD et al., Lancet Oncol. 2011;12(3):236-44. (4) Gluck S, de Snoo F, Peeters J et al., Breast Cancer Res Treat. 2013;139(3):759-67.

Agendia Summary Page

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