

## Summary of Results

PATIENT NAME: **Last, First**

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 HER2-type*

#### Risk of recurrence

*High Risk*

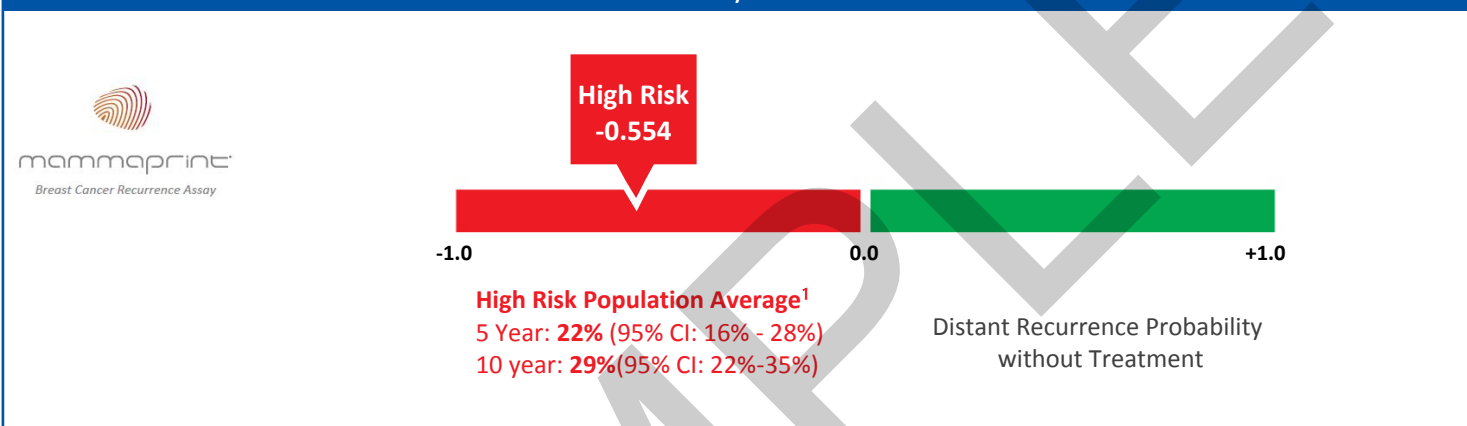
#### Molecular Subtype

*HER2-type*

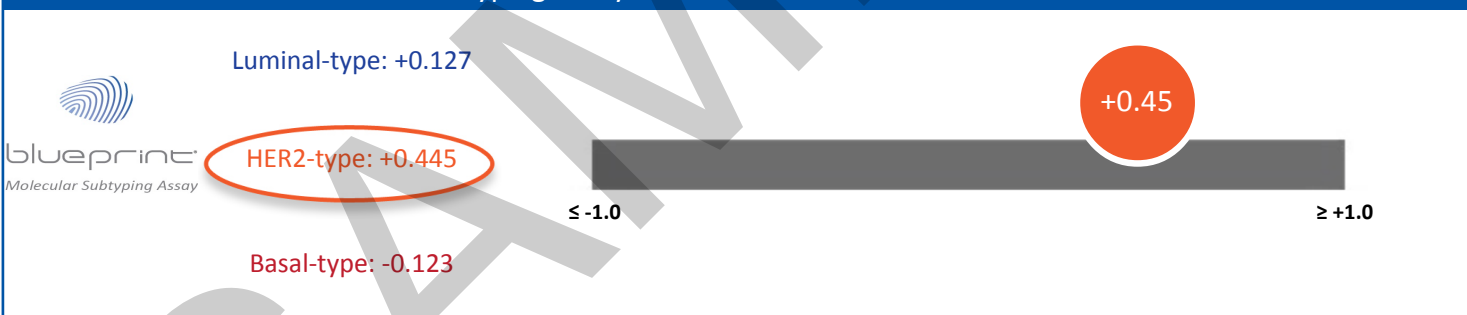
#### Receptor Status

*ER-, PR-, HER2+*

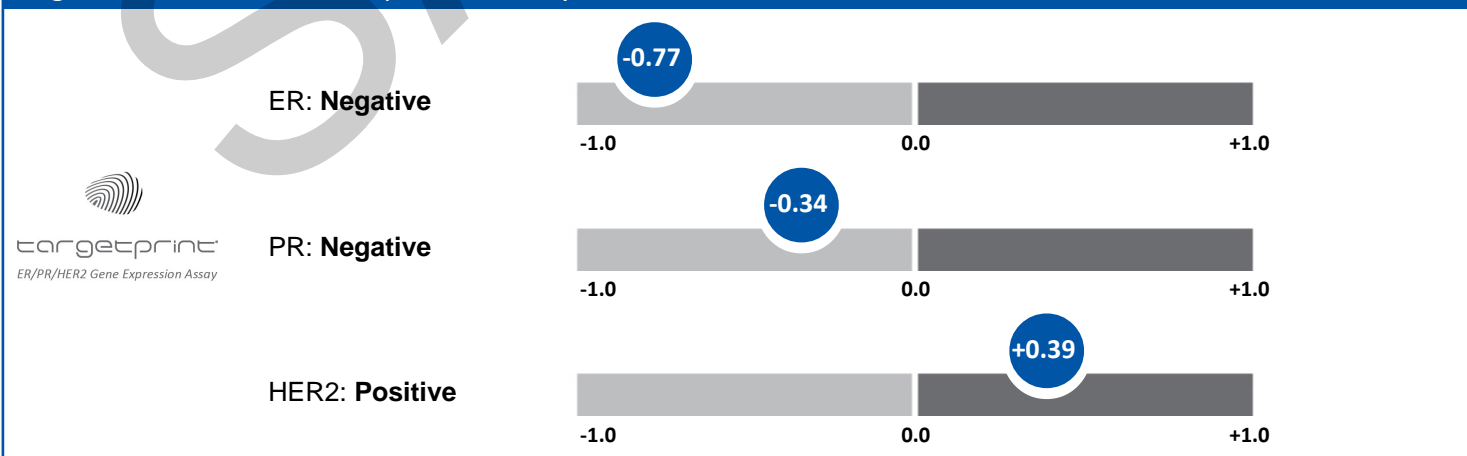
#### MammaPrint®: 70-Gene Breast Cancer Recurrence Assay



#### Blueprint®: 80-Gene Molecular Subtyping Assay



#### TargetPrint®: ER/PR/HER2 Expression Assay

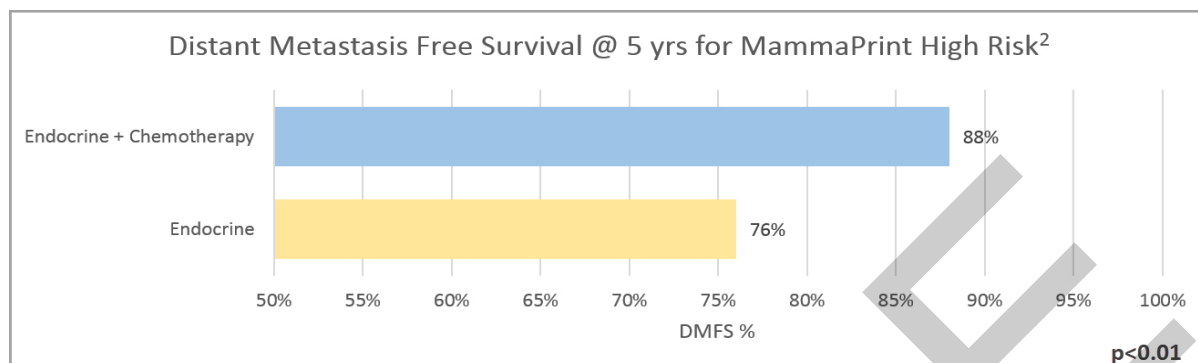


Note: This information is provided for general informational purposes. It is not part of any official diagnostic report. Please refer to individual MammaPrint, Blueprint, and TargetPrint reports for comments, assay information, disclaimer and references.

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REPORTED DATE: 27-Jan-2015

## Adjuvant Response to Therapy

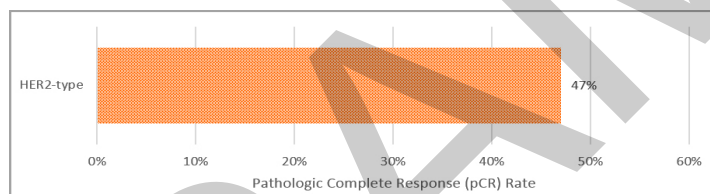


- The MammaPrint result provides independently validated, statistically significant, additive information for physicians to assist them in making treatment decisions for early stage breast cancer patients.
- If risk assessment by MammaPrint and clinicopathological characteristics is concordant and indicates 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:**

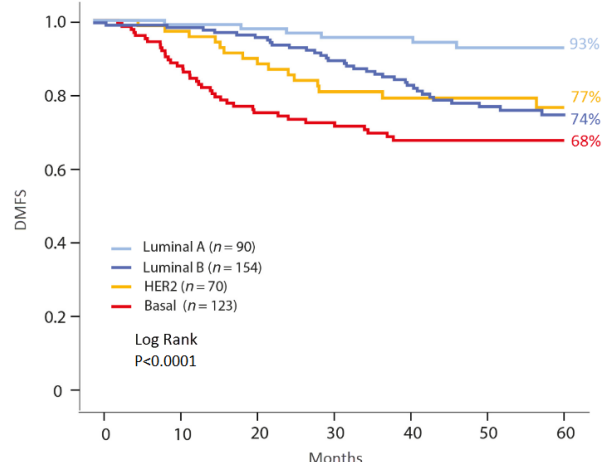
For women with early-stage HER2-positive breast cancer, addition of trastuzumab to paclitaxel after doxorubicin and cyclophosphamide results in a 10-year absolute benefit of 9% in overall survival (OS) and 11% in disease-free survival (DFS).

## Neoadjuvant Response to Therapy

HER2-type Neoadjuvant Chemosensitivity<sup>4</sup>

Subtype Results	Chemosensitivity Relevance
HER2-type	<ul style="list-style-type: none"> <li>• pCR indicates improved 5-year DMFS (91%) as compared to no pCR (64%)</li> <li>• May benefit from chemotherapy</li> <li>• Majority of patients in this study did not receive trastuzumab, and trastuzumab may further reduce risk</li> </ul>

## Distant Metastasis-Free Survival (DMFS) by Molecular Subtype



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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