Summary of Results: **High Risk Luminal-type (B)**

**Risk of recurrence**
- **High Risk**

**Molecular Subtype**
- **Luminal-type**
  - **ER+, PR+, HER2-**

**Receptor Status**
- **ER:** Positive
- **PR:** Positive
- **HER2:** Negative

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

- **High Risk Population Average**¹
  - 5 Year: 22% (95% CI: 16% - 28%)
  - 10 year: 29% (95% CI: 22%-35%)

**Distant Recurrence Probability Without Treatment**

**BluePrint®:** 80-Gene Molecular Subtyping Assay

- **Luminal-type:** +0.300
- **HER2-type:** -0.500
- **Basal-type:** -0.800

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

- **ER:** Positive
- **PR:** Positive
- **HER2:** Negative

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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.
Explanation of Results

PATIENT NAME: Jane Doe - Jane Doe - Jane  
REPORTED DATE: 21-Feb-2014

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 (≥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).³

Neoadjuvant Response to Therapy

High Risk Luminal-type (B) Neoadjuvant Chemosensitivity

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<tr>
<th>Molecular Subtype</th>
<th>Chemosensitivity Relevance</th>
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| High Risk Luminal-type (B) | • Improved pCR compared to Luminal A (10% vs 6%)  
                  • pCR indicates improved 5-year DMFS (85%) as compared to no pCR(72%) |

Distant Metastasis-Free Survival (DMFS) by Molecular Subtype


Agenda Summary Page

Disclaimer: The summary page is provided for general informational purposes only and is not part of any official diagnostic report. Please refer to the official individual patient reports for final results. This information (including, without limitation, advice and recommendations) and services are neither medical nor healthcare advice for any individual problem nor a substitute for advice and services from a qualified healthcare provider familiar with the patient’s medical history. All publication information can be found at www.agendia.com