Summary of Results

PATIENT NAME: **Last Name, First Name** DOB: **10-Jan-1961**

agendia® decoding cancer.

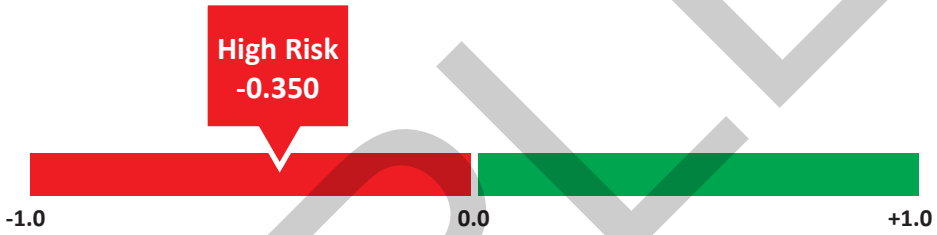
GENDER:	Female	**ORDERED BY:**	Dr. Doe, John	**REQUISITION #:**	1234567
SPECIMEN ID:	MRN123456	**ACCOUNT:**	John Doe Hospital	**SPECIMEN TYPE:**	FFPE, Core
PATIENT/MRN:	945839302		1234 Main St.	**SPECIMEN SOURCE:**	Left Breast
CUSTOMER REF:	123456789		Irvine CA 92618 USA	**COLLECTED DATE:**	18-Feb-2014
				RECEIVED DATE:	19-Feb-2014
				REPORTED DATE:	21-Feb-2014

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

Risk of recurrence	Molecular Subtype	Receptor Status
High Risk	***Luminal-type***	***ER+, PR+, HER2-***

MammaPrint®: 70-Gene Breast Cancer Recurrence Assay

mammaprint® 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

blueprint® Molecular Subtyping Assay

Luminal-type: +0.300

HER2-type: -0.500

Basal-type: -0.800

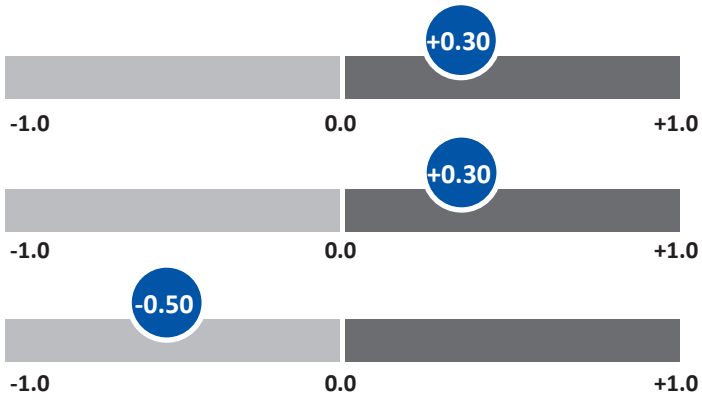
TargetPrint®: ER/PR/HER2 Expression Assay

targetprint® ER/PR/HER2 Gene Expression Assay

ER: **Positive**

PR: **Positive**

HER2: **Negative**



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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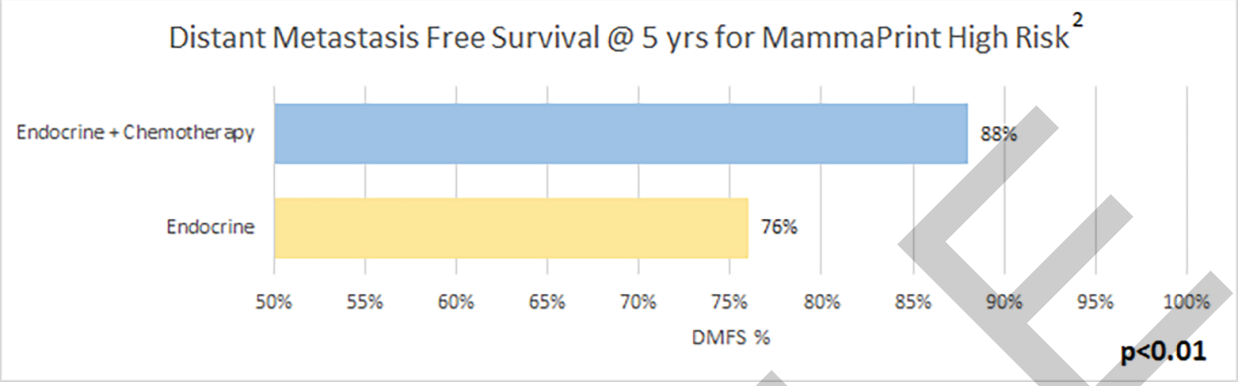
decoding cancer.

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

Adjuvant Response to Therapy

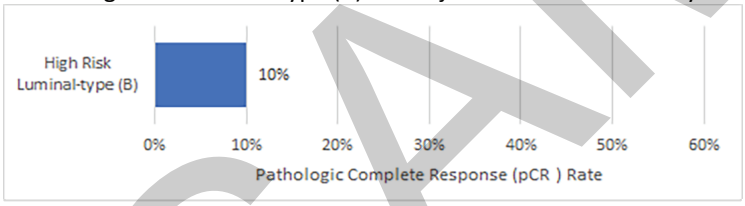


- The MammaPrint result provides independently validated, statistically significant, additive information for physicians to assist them in making treatment decisions for early stage breast cancer patients.
- If risk assessment by MammaPrint and clinicopathological characteristics is concordant and indicates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

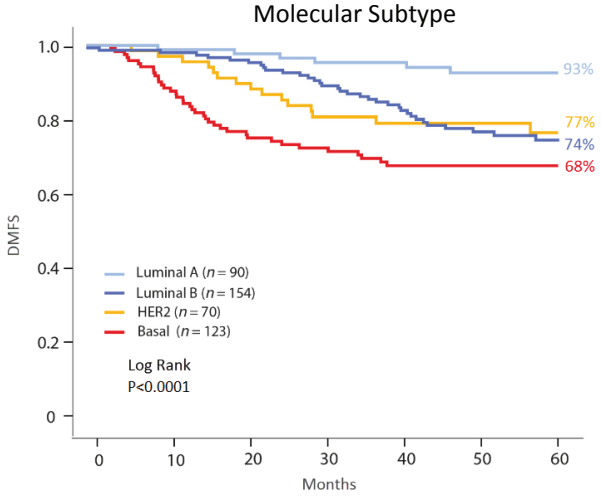
Neoadjuvant Response to Therapy

High Risk Luminal-type (B) Neoadjuvant Chemosensitivity[4]



Molecular Subtype	Chemosensitivity Relevance
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



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.

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