Summary of Results

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

agendia®
decoding cancer.

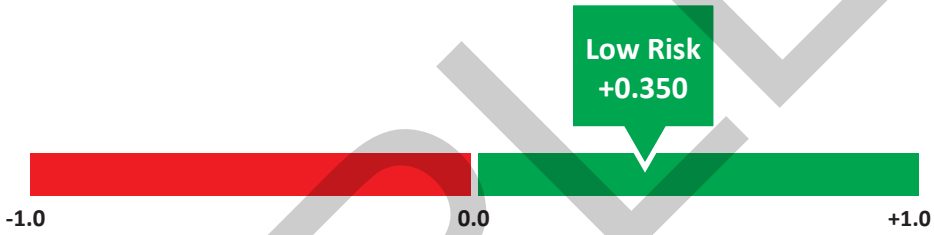
GENDER:	Female	**ORDERED BY:**	Dr. Doe, John	**REQUISITION #:**	1234567
SPECIMEN ID:	MRN123456	**ACCOUNT:**	John Doe Hospital	**SPECIMEN TYPE:**	FFPE, Core
PATIENT/MRN:	945839302		1234 Main St.	**SPECIMEN SOURCE:**	Left Breast
CUSTOMER REF:	123456789		Irvine CA 92618 USA	**COLLECTED DATE:**	18-Feb-2014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

Summary of Results: ***Low Risk Luminal-type (A)***

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

MammaPrint® FFPE: 70-Gene Breast Cancer Recurrence Assay

mammaprint
Breast Cancer Recurrence Assay



Distant Recurrence Probability
Without Treatment

Low Risk Population Average[1]
5 Year: **5%** (95% CI: 1% - 9%)
10 year: **10%** (95% CI: 4% - 15%)

BluePrint®: 80-Gene Molecular Subtyping Assay

blueprint
Molecular Subtyping Assay

Luminal-type: +0.300

HER2-type: -0.500

Basal-type: -0.800

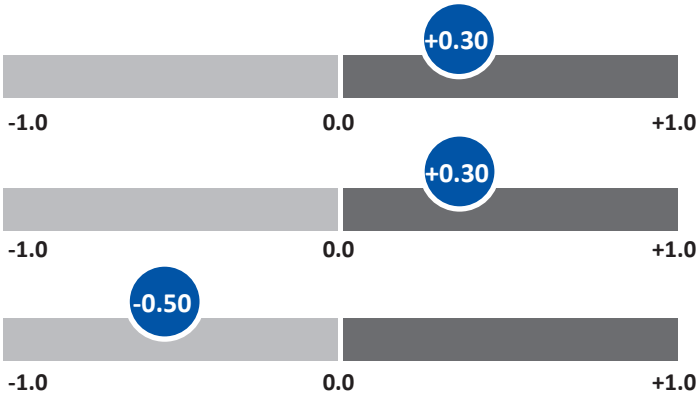
TargetPrint®: ER/PR/HER2 Expression Assay

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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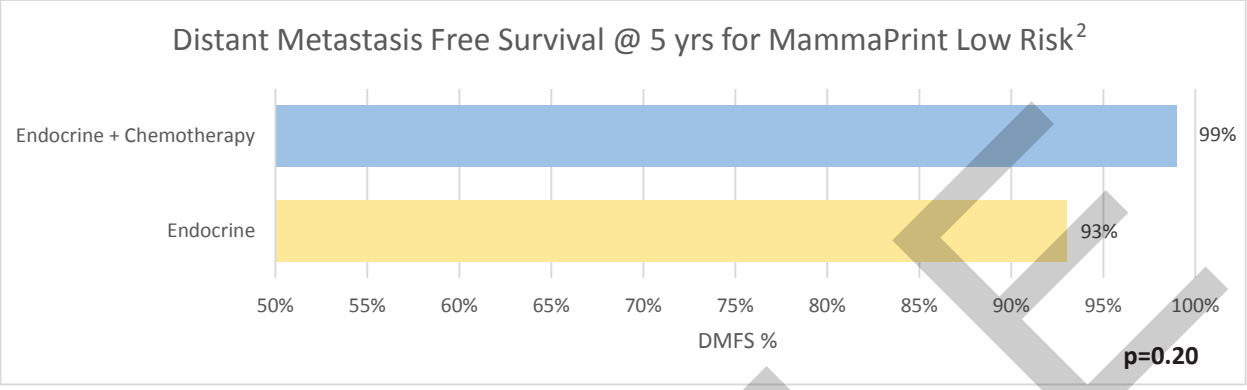
decoding cancer.

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

Adjuvant Response to Therapy

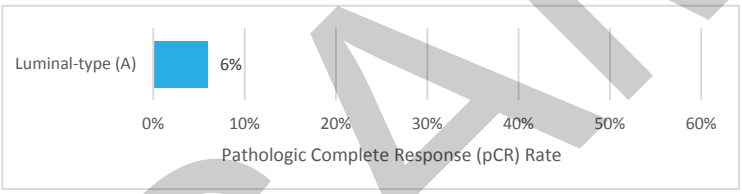


- The MammaPrint result provides independently validated, statistically significant, additive information for physicians to assist them in making treatment decisions for early stage breast cancer patients.
- If the risk assessment by MammaPrint and clinicopathological characteristics is concordant and indicates a Low Risk of recurrence, endocrine therapy (ET) alone should be adequate treatment.
- If the risk assessment by MammaPrint and clinicopathological characteristics is discordant, MammaPrint Low Risk and clinically stratified High Risk patients will likely benefit from ET alone for highly endocrine-responsive patients (≥50% ER positivity), as defined by the 2009 St. Gallen consensus panel. Since the risk of recurrence for these patients is so low, they will likely gain little or no benefit from additional chemotherapy (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]

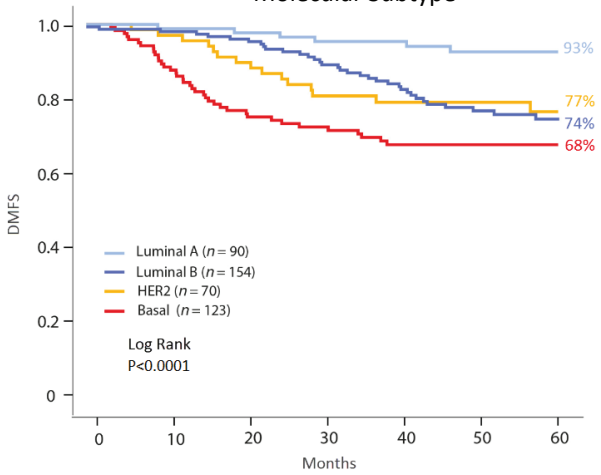
Neoadjuvant Response to Therapy

Low Risk Luminal-type (A) Neoadjuvant Chemosensitivity[4]



Molecular Subtype	Chemosensitivity Relevance
Low Risk Luminal-type (A)	• Low likelihood of pCR • No expected benefit from chemotherapy • Endocrine therapy further reduces risk

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) Perez EA, Romond EH, Suman VJ, et al., J Clin Oncol. 2014;32(33):3744-52. (4) Gluck S, de Snoo F, Peeters J et al., Breast Cancer Res Treat. 2013;139(3):759-67.

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