coloprint®

Colon Cancer
Gene Expression Signature

| PATIENT/ID		SPECIMEN		PHYSICIAN	
Patient:	Jane Doe	**Requisition:**	DP 90022403	**Ordering Physician:**	James Edney, MD
DOB:	31-Oct-1963	**Date of Surgery:**	25-Mar-2012	**Ordering Facility:**	Univ. of Nebraska Med. Ctr
Patient #:	024836267	**Date Received:**	25-Mar-2012	**Address:**	42nd and Emile
Gender:	Female	**Report Date:**	29-Mar-2012	**City, St., Zip:**	Omaha, NE 68198
		Specimen Type:	Surgical		

COLOPRINT® ASSAY DESCRIPTION

ColoPrint® is a microarray-based expression profile that was developed using an unbiased analysis of the entire human genome (~25,000 genes). The gene signature was validated in multiple independent validation sets[1,2] and accurately predicts the risk of relapse in stage II colon cancer patients. ColoPrint® results are independent of MSI status.

COLOPRINT® RESULT

LOW RISK

A Low Risk result means that a patient with stage II colon cancer has an 8% risk of relapse within 3 years and an 11% risk of relapse within 5 years[3] without adjuvant systemic therapy.
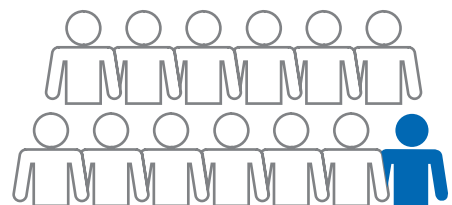
COLOPRINT® CLINICAL RELEVANCE

High Risk
35% of population

Low Risk
65% of population

p=0.007
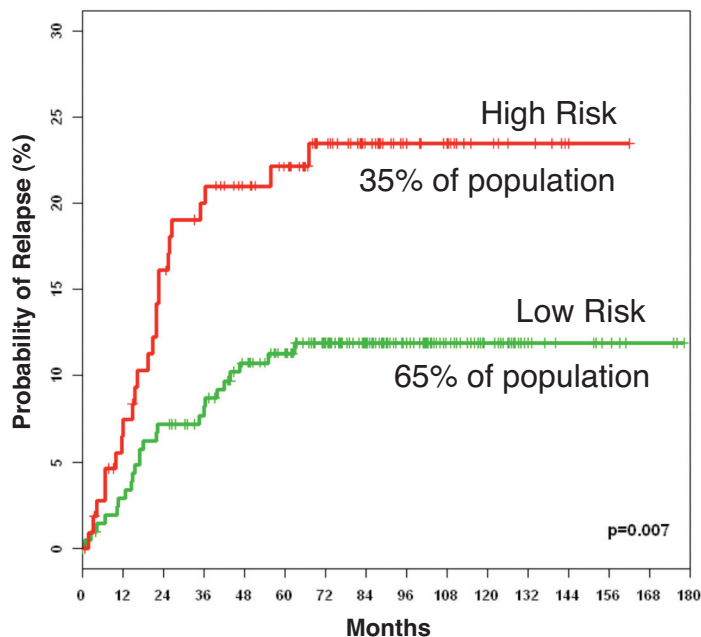
Probability of Relapse[3].

ColoPrint® High Risk patients have a 1 in 5 risk of relapse within 3 years.

ColoPrint® Low Risk patients have a 1 in 13 risk of relapse within 3 years.

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| PATIENT/ID | Patient: Jane Doe | DOB: Oct-31-196 | Patient #: 024836267 | Report Date : Mar-29-2012 |

COLOPRINT® RELEVANCE IN COMBINATION WITH OTHER RISK FACTORS

The combination of ColoPrint® with clinical and pathological factors further personalizes the estimate of a patient's risk of relapse. Patients who are ColoPrint® Low Risk and have at least one clinical high risk factor have an estimated 12% risk of experiencing relapse in 3 years, while ColoPrint® Low Risk patients with no clinical high risk factors have an estimated 5% risk of relapse in 3 years without adjuvant systemic therapy.
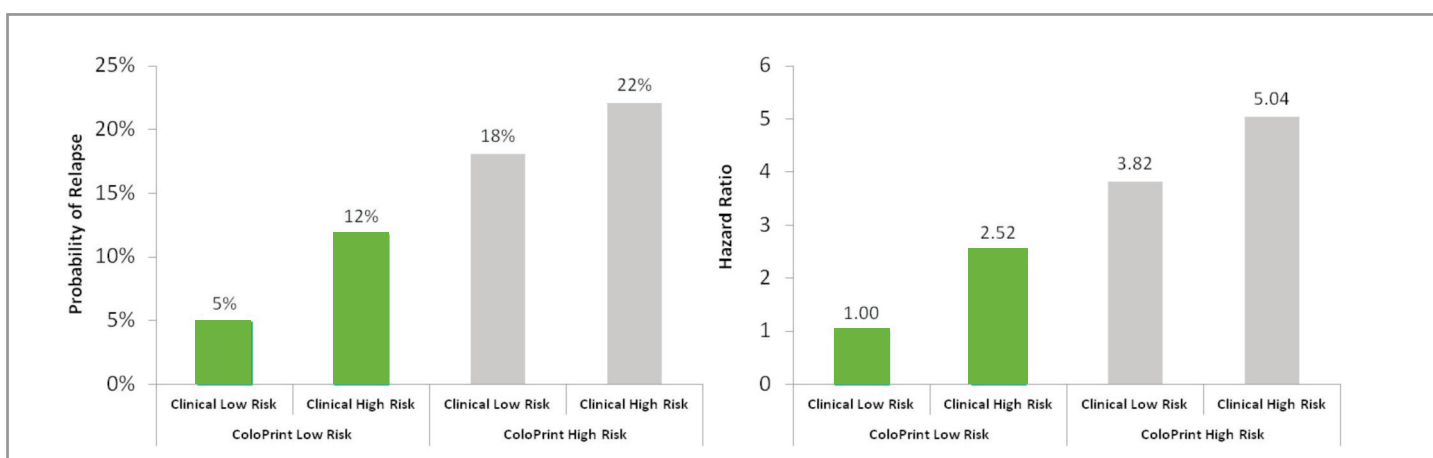
Guidelines[4] are used to classify patients as clinical low or clinical high risk. Stage II patients with T4 tumors, grade 3-4 (exclusive of those cancers that are MSI-H), lymphatic/ vascular invasion, obstructions, less than 12 LN assessed, perineural invasion, localized perforation or positive margins are classified as high risk.

Based on meta-analysis of multiple clinical trials[5], the absolute benefit of chemotherapy for patients with low relapse risk is estimated to be less than 2%.

Treatment number= **1/50**

In other words, 50 patients need to be treated
so that 1 patient will benefit from chemotherapy.

Sign Off
Paul Kirshman, MD
Pathologist, Laboratory Director

References:
1. Salazar et al. J Clin Oncol. 2011 Jan 1;29(1):17-24
2. Maak et al. Annals of Surgery. 2012 (in press)
3. Tabernero et al. J. Clin Oncol. 2012 30 (suppl 4;abstr 384)
4. NCCN Guideline Version 2012.3 Colon Cancer
5. Sargent et al. J Clin Oncol. 2009 Feb 20;27(6):872-7