Summary of Results

PATIENT NAME: **Last Name, First Name** DOB: **23-Jan-1922**

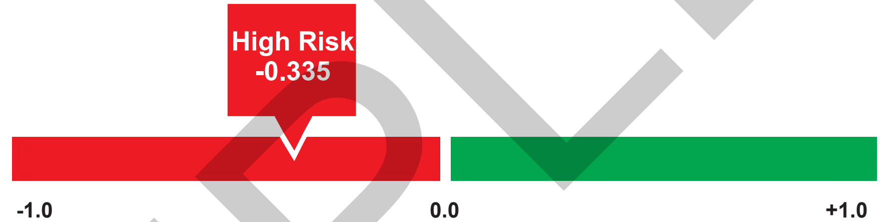
GENDER:	Female	**ORDERED BY:**	M.D. Irvine - IT Test, Doctor	**REQUISITION #:**	R# 2345678
SPECIMEN ID:	SID 234/6-A	**ACCOUNT:**	IRV - Agendia IT Test 12345 Main St Some City CA 99999 US	**SPECIMEN TYPE:**	FFPE, Needle Core
PATIENT/MRN:	MRN 123456			**SPECIMEN SOURCE:**	Right Medial Breast
CUSTOMER REF:	CR 98765			**COLLECTED DATE:**	13-Jan-2015
				RECEIVED DATE:	14-Jan-2015
				REPORTED DATE:	27-Jan-2015

Summary of Results: ***High Risk Basal-type***

Risk of Recurrence	Molecular Subtype
High Risk	***Basal-type***

MammaPrint® FFPE: 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: -0.280

HER2-type: -0.540

Basal-type: +0.578

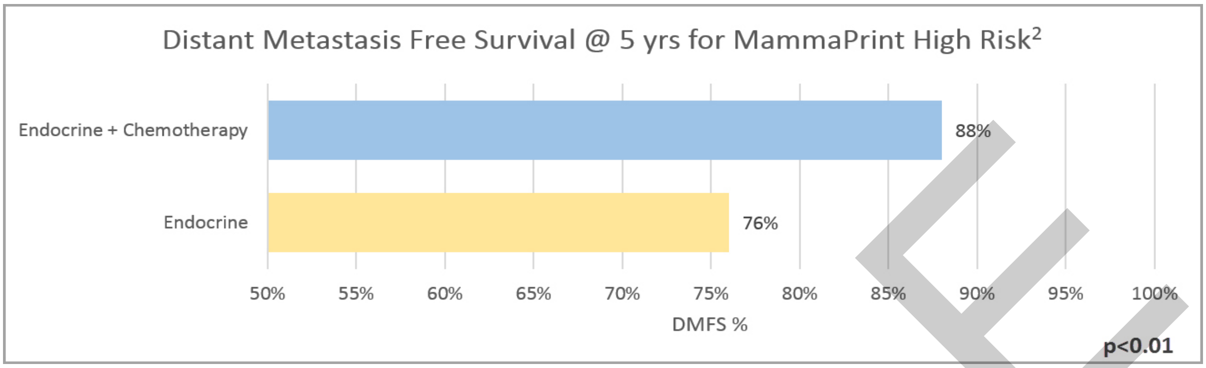
Note: This information is provided for general informational purposes. It is not part of any official diagnostic report. Please refer to individual MammaPrint and BluePrint reports for comments, assay information, disclaimer and references.

agendia
decoding cancer

PATIENT NAME: **Last, First**

REPORTED DATE: **27-Jan-2015**

Adjuvant Response to Therapy

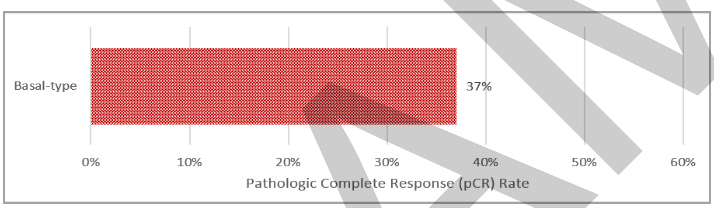


- The MammaPrint result provides independently validated, statistically significant, additive information for physicians to assist them in making treatment decisions for early stage breast cancer patients.
- If the risk assessment by MammaPrint and clinicopathological characteristics is concordant and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

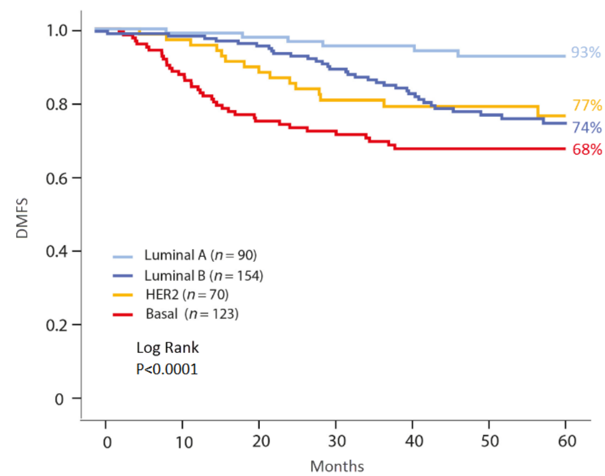
Neoadjuvant Response to Therapy

Basal-type Neoadjuvant Chemosensitivity[4]



Subtype Results	Chemosensitivity Relevance
Basal-type	• pCR indicates improved 5-year DMFS (91%) as compared to no pCR (54%) • May benefit from chemotherapy

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.

Agendia Summary Page
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