

## For Patients

PATIENT/ID

Pat ient: DOB: Patient #: Gender: **SPECIMEN** 

Requisition: Collection Date: Date Received: Report Date: Specimen Type: **PHYSICIAN** 

Ordering Physician: Account: Address: City, St., Zip:

Your SYMPHONY Results

Your Tumor is High Risk MammaPrint ® Results High Risk of Recurrence Low Risk of Recurrence 0.0 1.0 **ER Negative** -1.0 TargetPrint Results 0.0 PR Negative -1.0 1.0 quantitative mRNA gene expression -1.0 HER2 Negative 0.0 1.0

BluePrint™ Subtype when combined with MammaPrint

High Risk Basal

Probability of Distant Recurrence WITHOUT SYSTEMIC TREATMENT

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

29%

MammaPrint High Risk Within 10 Years

MammaPrint High Risk result means that a patient with early stage breast cancer has a higher risk for distant recurrence without adjuvant systemic therapy. For High Risk patients, there is a 29% probability of distant recurrence within 10 years. See report for details. 1.2

**3** Probability of Distant Recurrence WITH SYSTEMIC TREATMENT

survival after neo-adjuvant chemotherapy. <sup>10</sup> Details on page 2.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

9% High Risk Basal with Chemotherapy 5 years

In a pooled neo-adjuvant study with 435 patients, basal patients with a pCR had a 91% 5 years distant metastasis free

a Secodina cancer



Patient #:

Report Date:

Probability of Response by BluePrint Subtype

Patient:

## Breast Cancer Subtypes: Chemosensitivity and 5 year Distant Metastasis Free Survival

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BluePrint Subtyping	Chemosensitivity pCR/total (%)	All Patients 5yr DMFS	<b>Benefit of Chemo:</b> pCR vs Non pCR at 5 yrs		
Luminal A	5/90 (6%)	93%	pCR no pCR	75% DMFS 94% DMFS	p=0.108
Luminal B	16/154 (11%)	75%	pCR no pCR	85% DMFS 74% DMFS	p=0.025
HER2	33/69 (48%)	77%	pCR no pCR	91% DMFS 64% DMFS	p=0.019
Basal	45/122 (37%)	68%	pCR no pCR	91% DMFS 54% DMFS	p=0.000

pCR=pathologic complete response No pCR=no complete pathologic response DMFS=Distant Metastasis Free Survival

This study evaluated samples from 435 patients enrolled into 4 neo-adjuvant chemotherapy trials <sup>10</sup>: 142 patients from the ISPY 1 trial <sup>6</sup>; 230 patients from 2 biomarker discovery trials at MD Anderson (n=131 <sup>7</sup> and n=99 <sup>8</sup> respectively) and from a trial at the City of Hope (n=63 <sup>9</sup>).

Risk of Recurrence	Molecular Subtype	Chemosensitivity	
Low Risk	Luminal A	Low likelihood of pCR, no expected benefit from chemotherapy, endocrine therapy further reduces risk	
High Risk	Luminal B	Higher likelihood of pCR compared to Low Risk patients. Patients with a pCR have benefit from chemotherapy	
High Risk	HER2	Higher likelihood of pCR, benefit from chemotherapy + Herceptin. Patients with a pCR have benefit from chemotherapy	
High Risk	Basal	Patients with pCR have benefit from chemotherapy	

## SYMPHONY <sup>®</sup> Assay Description

SYMPHONY \* consists of three unique microarray-based expression assays to support your treatment decisions with comprehensive genomic pro files. TargetPrint® utilizes mRNA to quantify expression of receptor status for ER, PR and Her2, while the BluePrint™ molecular subtype verifies whether or not the receptor pathways are active. Used in combination with the MammaPrint® (MP) Low or High Risk categorization, these prognostic tests further stratify the risk of distant metastasis in breast cancer, indicate chemosensitivity and survival prognosis, and which molecular pathway is predominant.

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