SYMPHONY™ Summary

Personalized Breast Cancer Genomic Profile

For Patients

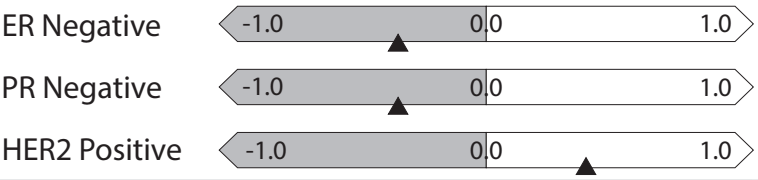
PATIENT/ID	SPECIMEN	PHYSICIAN
Pat ient:	Requisition:	Ordering Physician:
DOB:	Collection Date:	Account:
Patient #:	Date Received:	Address:
Gender:	Report Date:	City, St., Zip:
	Specimen Type:	

1 Your SYMPHONY Results

MammaPrint® Results

TargetPrint® Results

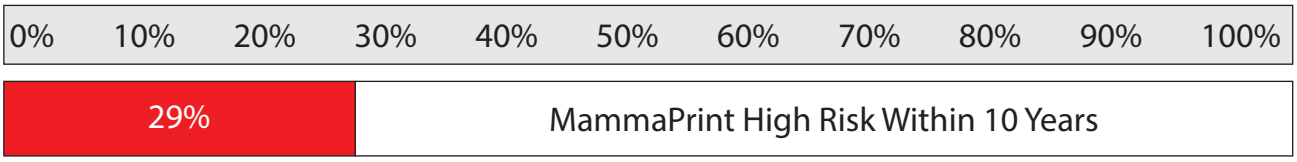
quantitative mRNA gene expression



BluePrint™ Subtype when combined with MammaPrint

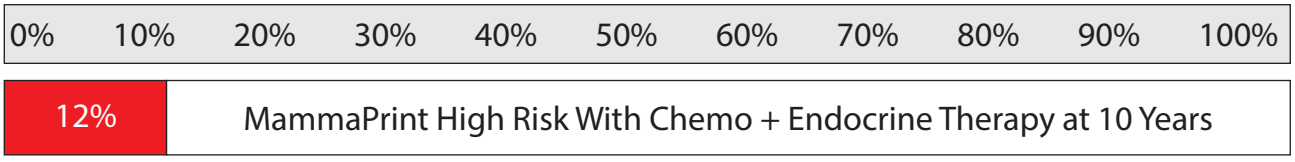
High Risk ERBB2

2 Probability of Distant Recurrence WITHOUT SYSTEMIC TREATMENT



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



For early stage breast cancer patients in general, chemotherapy can reduce the risk of recurrence up to 20%. [3] For ER positive patients in general, endocrine therapy can further reduce the risk of recurrence up to 50%. [3,4]

In the RASTER trial, MammaPrint High Risk patients had a 91.2% Distant Recurrence Free Interval at 5 years. [5] 81% of the High Risk patients received chemotherapy and 91% of the ER+ patients received endocrine therapy.

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agendia®
decoding cancer.

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For Physicians

PATIENT/ID Patient: | DOB: | Patient #: | Report Date:

4 Probability of Response by BluePrint Subtype

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

BluePrint Subtyping	Chemosensitivity pCR/total (%)	All Patients 5yr DMFS	Benefit of Chemo: 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 [10]: 142 patients from the ISPY 1 trial [6]; 230 patients from 2 biomarker discovery trials at MD Anderson (n=131 [7] and n=99 [8] respectively) and from a trial at the City of Hope (n=63 [9]).

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

5 SYMPHONY ® 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.

References:
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3. Lancet 2012; 379: 432–44; Lancet 2005; 365: 1687–717
4. Dowset et al J Clin Oncol 2010Jan20;28(3):509-18
5. Linn et al. EBCC 2012 (RASTER)
6. Esserman, et al. J Clin Oncol 2012; 30: 3242-3249
7. Hess, et al. J Clin Oncol 2006;24:4236-4244
8. Iwamoto, et al. Breast Cancer Res Treat 2011;130:155–164
9. Somlo, et al. J Clin Oncol 28:15s, 2010 (suppl; abstr 540)
10. Glück, SABCS 2012; Cancer Research. #P3-06-11

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