



SAMPLE

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

1 Your SYMPHONY® Results

MammaPrint® Results



TargetPrint® Results

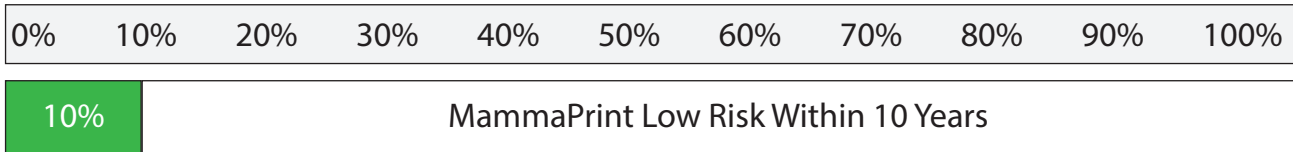
quantitative mRNA gene expression



Blueprint™ Subtype when combined with MammaPrint

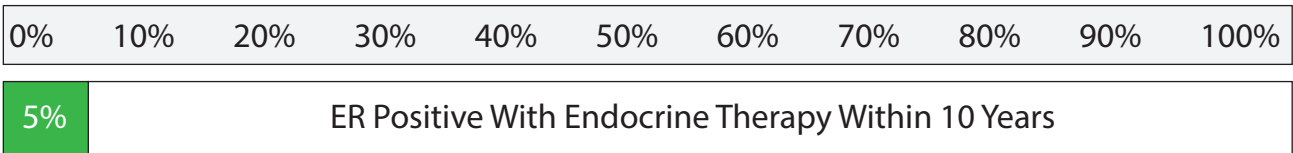
Low Risk Luminal

2 Probability of Distant Recurrence WITHOUT SYSTEMIC TREATMENT



A MammaPrint Low Risk result means that a patient with early stage breast cancer has a good baseline prognosis and an excellent prognosis for survival without adjuvant systemic therapy. For Low Risk patients, there is a 10% probability of distant recurrence within 10 years. See report for details. ^{1,2} In the RASTER Trial MammaPrint Low Risk patients who did not receive any systemic treatment had 100% Distant Recurrence Free Interval at 5 years. ⁵

3 Probability of Distant Recurrence WITH SYSTEMIC TREATMENT



For ER positive patients in general, endocrine therapy can reduce the risk of recurrence up to 50%. ^{3,4}



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 trials¹⁰; 142 patients from the ISPY 1 trial⁶; 230 patients from 2 biomarker discovery trials at MD Anderson (n=131⁷ and n=99⁸ respectively) and from a trial at the City of Hope (n=63⁹).

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 profiles. 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.

Disclaimer: This information is provided for general informational purposes only and is not part of any official diagnostic report. This information (including, without limitation, advice and recommendations) and services are neither medical nor health care advice for any individual problem nor a substitute for advice and services from a qualified health care provider familiar with the patient's medical history. Nothing contained in this information is intended to be used for medical diagnosis or treatment. Agendia makes no warranties or representations as to the accuracy of the content of this information, and assumes no responsibility for any consequences relating directly or indirectly to any action or inaction taken based upon the information and material provided. All publications on information can be found at www.agendia.com.

References:

1. FDA Label- USFDA Clearance; http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/pmn_template.cfm?id=k062694
2. Buyse et. al. J Natl Cancer Inst. 2006 Sep 6;98(17):1183-92
3. Lancet 2012; 379: 432-44; Lancet 2005; 365: 1687-717
4. Dowsset 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

