Summary of Results

PATIENT NAME: **Last Name, First Name** DOB: **10-Jan-1961**

AGENDIA PRECISION ONCOLOGY

GENDER:	Female	**ORDERED BY:**	Dr. Doe, John	**REQUISITION #:**	1234567
SPECIMEN ID:	MRN 123456	**ACCOUNT:**	John Doe Hospital	**SPECIMEN TYPE:**	FFPE, Core
PATIENT/MRN:	945839302		1234 Main St.	**SPECIMEN SOURCE:**	Left Breast
CUSTOMER REF:	123456789		Irvine CA 92618 USA	**COLLECTED DATE:**	18-Feb-2017
				RECEIVED DATE:	19-Feb-2017
				REPORTED DATE:	21-Feb-2017

Summary of Results: HIGH RISK LUMINAL-TYPE (B)

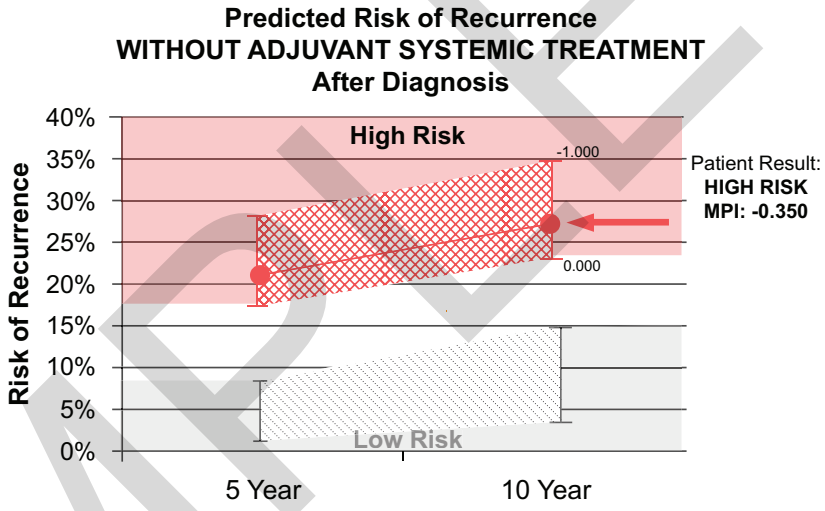
MammaPrint 70-Gene Risk of Recurrence	BluePrint 80-Gene Molecular Subtype
HIGH RISK	**LUMINAL-TYPE**

Patient's MammaPrint Result: HIGH RISK

Average 10-year Risk of Recurrence Untreated[1]: **29%**

Patient's MammaPrint Index: (MPI) **-0.350**

MPI High Risk Reference Range:
0.000 → -1.000



Expected Values§

Predicted Prognosis for MammaPrint HIGH RISK[2]

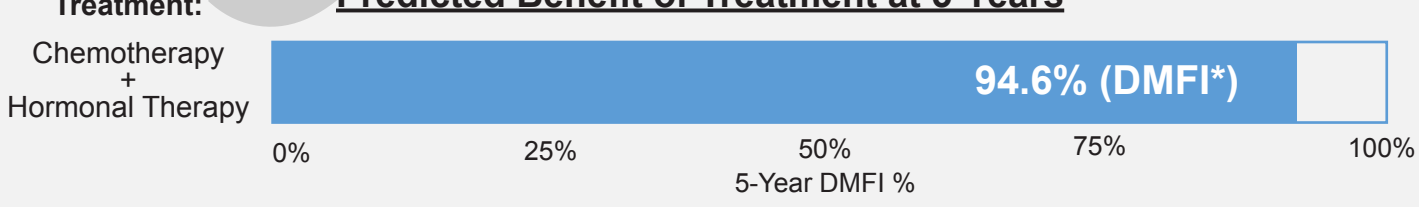
Observed Population: ER positive, HER2 negative, Lymph Node negative patients (ER+/HER2-/LN0) from the MINDACT trial

94.6%*

94.6% of HIGH RISK MammaPrint patients who were treated with chemotherapy in addition to hormonal therapy (Tamoxifen/Aromatase Inhibitor) are living without distant recurrence of breast cancer at 5-years (DMFI*).

***Distant Metastasis Free Interval (DMFI):**
Freedom from distant recurrence or deaths due to breast cancer at 5-years
***Treatment:** Chemotherapy + Hormonal Therapy

Predicted Benefit of Treatment at 5-Years[2]



MammaPrint HIGH RISK: Potential Chemotherapy Benefit

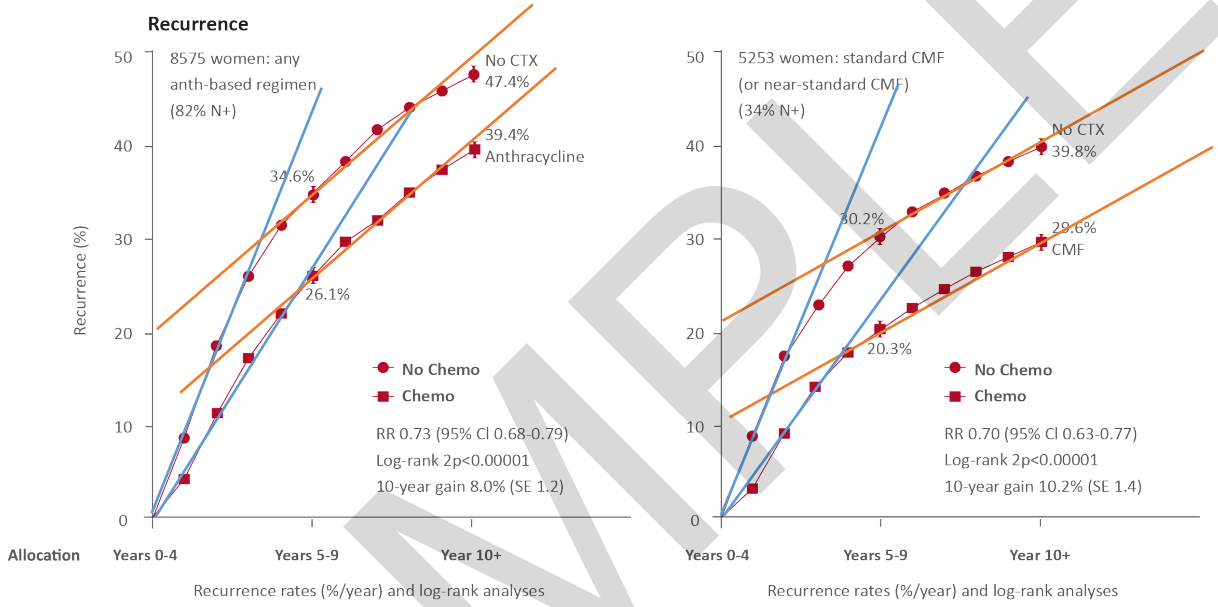
Note: This information is provided for general information purposes. It is not part of any official diagnostic report. Please refer to individual MammaPrint and BluePrint reports for comments, assay information, disclaimer and references.

AGENDIA
PRECISION ONCOLOGY

Benefit of Chemotherapy is Realized Within the First 5 Years (Oxford Overview)[3]

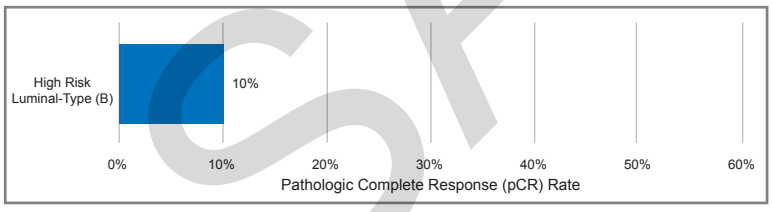
NOTE: The following Oxford Overview data should not be used as an indication for an individual patient's potential risk of recurrence, but only as a broad overview of the potential benefit of chemotherapy.

As observed in a broad and historical group of patients, the results from the Oxford Overview by the Early Breast Cancer Trialists' Collaborative Group (EBCTCG) re-affirm with peer-reviewed data that the benefit of chemotherapy in reducing distant recurrence is realized within the first 5 years. "In both cases the main recurrence reductions were during years 0–4". As depicted in the graphs below, the blue lines below indicate the greatest separation between CT vs no CT arms within the first 5 years. After year 5, the parallel orange lines indicate no additional separation after year 5. The benefit of chemotherapy in the first 5 years was seen in both anthracycline containing regimens, as well as CMF based regimens.



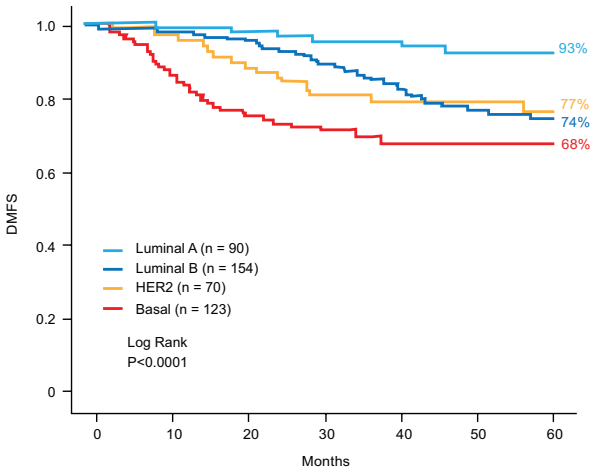
Neoadjuvant Response to Therapy According to Molecular Subtyping[4]

High Risk Luminal-Type (B) Neoadjuvant Chemosensitivity



Subtype Results	Chemosensitivity Relevance
High Risk Luminal-Type (B)	• Improved pCR compared to Luminal A (10% vs 6%) • pCR indicates improved 5-year DMFS (85%) as compared to no pCR (72%)

Distant Metastasis-Free Survival (DMFS) by Molecular Subtype



Note: This information is provided for general information 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 Inc. I 22 Morgan I Irvine I CA I 92618 I Ph. 888.321.2732 I Fax 844.711.9132
customercare@agendia.com I www.agendia.com I © 2019

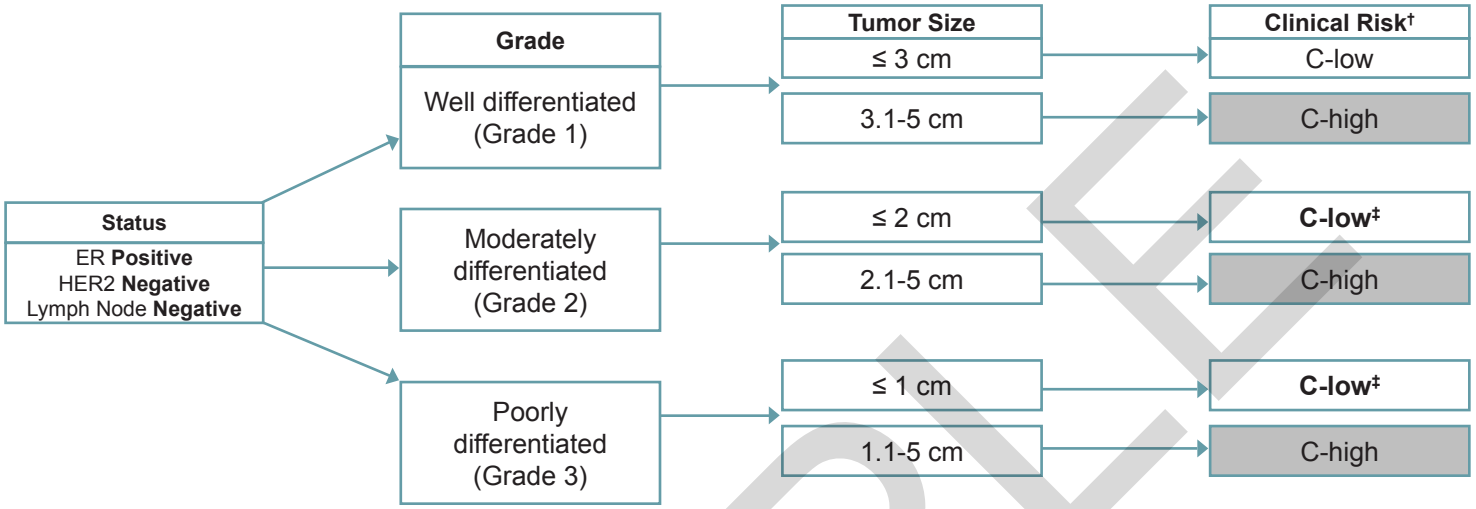
FFPE#1234567890

M-USA-001-V6 (2019MAR)

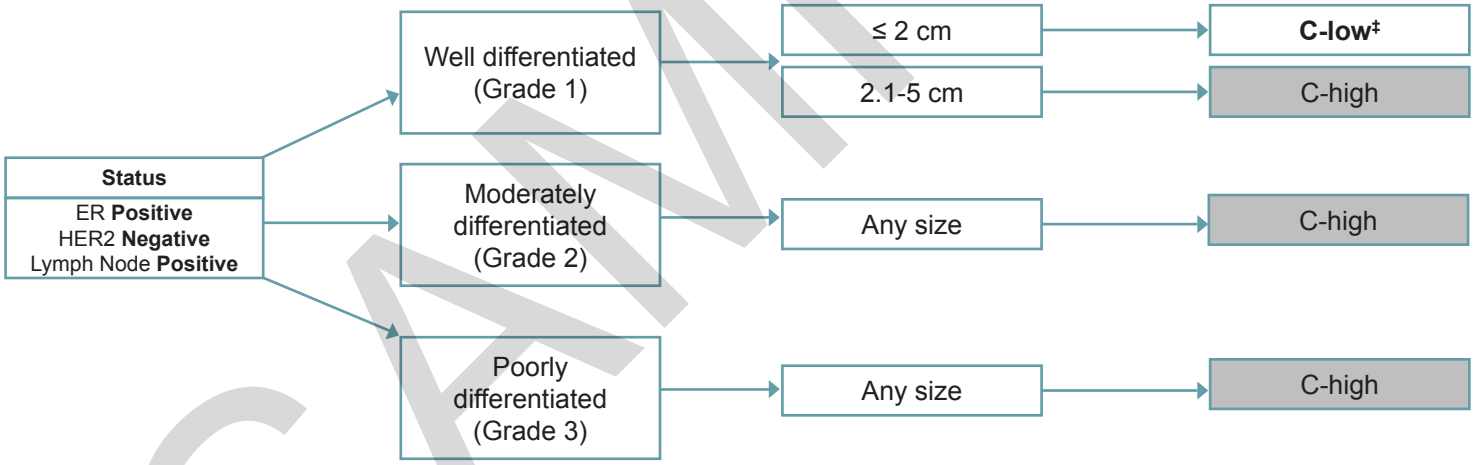
AGENDIA
PRECISION ONCOLOGY

Clinical Risk Assessment in the MINDACT Trial[2]

Hormone Receptor Positive, HER2 Negative, Lymph Node Negative (HR+, HER2-, LN0):



Hormone Receptor Positive, HER2 Negative, Lymph Node Positive (HR+, HER2-, LN+ 1-3):



† Clinical Low Risk was defined using Adjuvant!Online (modified version 8.0, including HER2) as greater than 88% breast cancer specific survival capability at 10-years, without systemic therapy to account for the average absolute benefit of adjuvant endocrine therapy for ER+ patients.

‡ Comprehensive Consensus Guidelines may differ and categorize a patient with these clinical factors as high risk.

§**Expected Values**: Expected values for prognosis are based on a patient population average as observed in the MINDACT trial[2]

References:
1. Buyse M, et al. J NatlCancer Inst. 2006 Sep 6;98(17):1183-92.
2. Cardoso F, et al. N Engl J Med. 2016 Aug 25;375(8):717-29.
3. Adapted from EBCTCG, et al. (Oxford Overview) Lancet. 2012 Feb 4;379(9814):432-44.
4. Glück S, et al. Breast Cancer Res Treat. 2013 Jun;139(3):759-67.