Patient Summary

Patient Name: Last Name, First Name

DOB: DD-MMM-YYYY

AGENDIA
PRECISION ONCOLOGY

Requisition #: ######
Ordered by: Dr. Joe, John
Account: John Doe Hospital

Gender: Female
Specimen ID: SP19-123
Specimen Source: Left Breast

Collected Date: DD-MMM-YYYY
Received Date: DD-MMM-YYYY
Report Date: DD-MMM-YYYY

YOUR RESULTS

MammaPrint® Index (MPI): +0.255
BluePrint® Subtype: Luminal-type

LOW RISK

Luminal-type (A)

EXPECTED OUTCOME BASED ON YOUR RESULTS*

Patients with MammaPrint LOW RISK

	5-Year Metastasis-Free Survival (Hormone Therapy Alone)	Absolute Chemotherapy Benefit (Average)
Node-Negative (LN-)	97%	<1.5%
Node-Positive (LN+)	96%	

Expected Outcome Based on Your MammaPrint Results Combined With Clinical Risk Assessment†

		5-Year Metastasis-Free Survival[1] (Hormone Therapy Alone)
MammaPrint LOW RISK +	Clinical Low Risk	98%
	Clinical High Risk	95%

†Your clinical risk assessment is based on clinical factors alone. See glossary for more information. Discuss with your doctor to determine if you are clinically low or clinically high risk.

SUMMARY

No potential significant chemotherapy benefit.

Your MammaPrint + BluePrint results indicate your cancer subtype is Low Risk Luminal-type A. Studies have shown that MammaPrint Low Risk Luminal-type A patients derive no significant benefit from the addition of chemotherapy and have a low risk for distant metastasis.[1,2]

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.

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*EXPECTED OUTCOMES BASED ON YOUR RESULTS

5-Year Metastasis-Free Survival: This is the percentage of patients whose cancer did not spread from the original tumor to distant sites after 5 years when treated with hormone therapy alone. Node-negative results were observed in ER+, LN- patients in the MINDACT trial; node-positive results were observed in clinically high risk, ER +/-, LN+ patients in the MINDACT trial.[1]

Absolute Chemotherapy Benefit (average): A difference of 1.5% was observed between clinically high risk patients with MammaPrint Low Risk results who were treated with hormone therapy alone versus those who were treated with hormone therapy and chemotherapy in the MINDACT trial.[1] This difference of 1.5% is considered not statistically significant, meaning the results are not definite and could be due to chance.

GLOSSARY OF TERMS

Cancer/Molecular Subtype: In breast cancer, most studies divide breast cancer into four major molecular subtypes: Luminal A, Luminal B, Triple-negative/Basal-like, and HER2 type. The BluePrint subtypes are defined by these active biological pathways. Knowing your cancer's subtype can help determine the best course of treatment

- **Luminal-type:** Luminal-type cancers are typically hormone receptor-positive tumors and are likely responsive to hormonal therapy.
- **Basal-type:** Basal-type cancers are typically "triple-negative" for ER, PR and HER2 receptor expression. These tumors typically do not respond to hormone therapy or anti-HER2 targeted therapy. Basal-type cancers tend to grow more rapidly.
- **HER2-type:** HER2-type cancers tend to grow more rapidly and may recur, although they can often be treated with anti-HER2 targeted therapies such as trastuzumab, pertuzumab and lapatinib.

Chemotherapy: Chemotherapy can be an effective treatment for properly selected patients. It is called a systemic therapy because the drugs enter the bloodstream and travel throughout the body. It works by killing cells that divide rapidly, like cancer cells. Side effects may include hair loss, nausea, mouth sores, nerve damage, and other problems.

Clinical Risk: The estimated risk of recurrence based on clinical factors alone, such as receptor status, tumor size, tumor grade, and lymph node status.

Hormone Therapy (anti-estrogen): Treatment typically used with breast cancers that are "estrogen receptor-positive" (ER+) and/or "progesterone receptor-positive" (PR+). Some tumors need estrogen and/or progesterone to keep growing. Hormone therapy either stops your body from making those hormones, or blocks the receptors so the cancer cannot use the hormones for its growth.

"Low/High Risk" MammaPrint Results: The MammaPrint test classifies your breast cancer as having either a "Low Risk" or a "High Risk" of recurrence. A MammaPrint "Low Risk" result indicates low likelihood of your cancer recurring, and a "High Risk" result indicates higher likelihood of your cancer returning.

Metastasis/Distant Metastasis: The spread of cancer cells from the original (primary) tumor to distant organs or distant lymph nodes. The absence of metastasis in a given time period is also referred to as Distant Metastasis-Free Survival (DMFS).

Node-Negative (also known as Lymph Node-Negative or LN-): When lymph nodes are free, or clear, of cancer.

Node-Positive (also known as Lymph Node-Positive or LN+): A finding of cancer cells in the lymph nodes.

Statistically Significant: A difference in results that is not attributed to chance, or in other words a reliable result.

RESOURCES TO LEARN MORE

For other resources, please visit the American Cancer Society at www.cancer.org, our corporate website at Agendia.com, or connect with our patient community through the Symphony Sisterhood Facebook page, or @SymphonySister on Twitter.

TREATMENT NOTES

References:
1. Cardoso, F., et al. N Engl J Med. 2016 Aug 25;375(8):717-29.
2. Whitworth, P., et al. Ann Surg Oncol. 2014 Oct;21(10):3261-7.

MammaPrint® FFPE is a qualitative in vitro diagnostic test, performed in a central laboratory, using the gene expression profile obtained from formalin-fixed paraffin embedded (FFPE) breast cancer tissue samples to assess a patient's risk for distant metastasis within 5 years. The test is performed for breast cancer patients, with Stage I or Stage II disease, with tumor size ≤ 5.0 cm and lymph node negative. The MammaPrint result is indicated for use by physicians as a prognostic marker only, along with other clinico-pathological factors. **BluePrint®** was developed and its performance characteristics determined by Agendia. It has not been cleared or approved by the US Food and Drug Administration (FDA). The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendments (CLIA) as qualified to perform high-complexity clinical laboratory testing. It has also been CE-marked for use in Europe.

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