agendia
Decoding Cancer

PATIENT NAME: LAST NAME, FIRST NAME
DOB: 10-JAN-1961

GENDER:	Female	**ORDERED BY:**	Dr John Doe	**REQUISITION #:**	000
SPECIMEN ID:	MRN 123456	**ACCOUNT:**	John Doe Hospital	**SPECIMEN TYPE:**	FFPE, Core
PATIENT/MRN:	945839302		12 Main St.	**SPECIMEN SOURCE:**	Left Breast
CUSTOMER REF:	123456789		1011 AL Amsterdam,	**COLLECTED DATE:**	18-Feb-2018
			The Netherlands	**RECEIVED DATE:**	19-Feb-2018
				REPORTED DATE:	21-Feb-2018

Summary of Results: **LOW RISK LUMINAL-TYPE (A)**

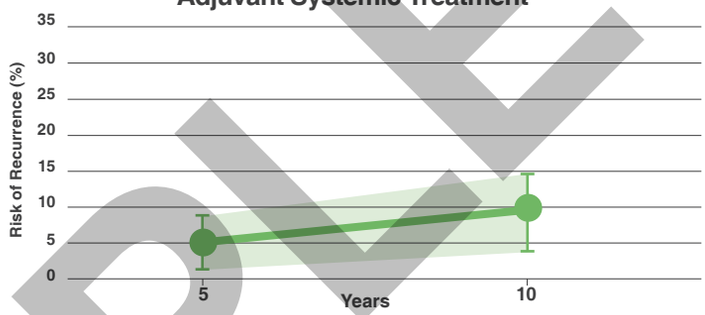
MammaPrint Risk-of-Recurrence Result:
LOW RISK

MammaPrint Index:
+0.155
Low Risk Range: 0.001-1.000

Average 10-Year Risk-of-Recurrence if Untreated:[1] **10%**

BluePrint Molecular Subtype Result:[2]
LUMINAL-TYPE

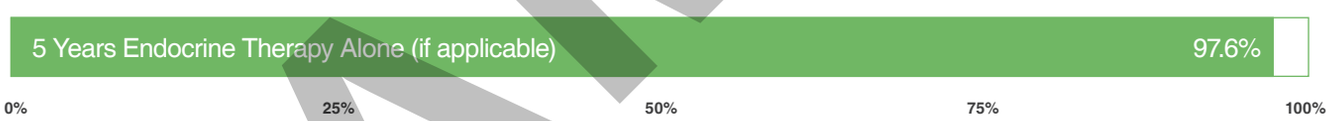
Predicted Risk of Recurrence Without Adjuvant Systemic Treatment[1]



The integration of clinical risk assessment with MammaPrint results can help refine an individual's prognosis to help better guide the most appropriate treatment strategy. The percentage of patients without distant recurrence at 5 years (DMFS) shown in the diagrams below were observed in the MINDACT trial (clinical risk can be determined by utilizing the clinical risk algorithm on page 2).

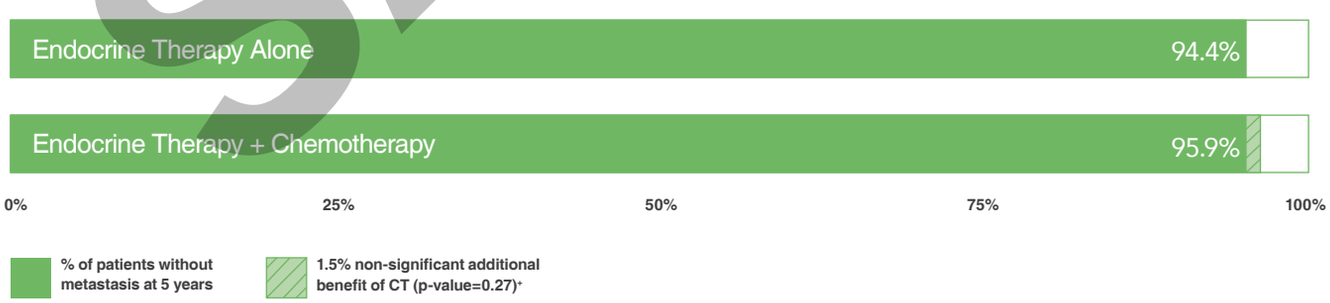
Clinical Pathological Low Risk/MammaPrint Low Risk[3]

% of patients without metastasis at 5 years (Distant Metastasis Free Survival)



Clinical Pathological High Risk/MammaPrint Low Risk[3]

% of patients without metastasis at 5 years (Distant Metastasis Free Survival)



A MammaPrint Low Risk result does not guarantee that cancer will not recur. A High Risk result does not guarantee that cancer will recur. Individual results may vary. MammaPrint results should be taken in the context of other relevant clinico-pathological factors and standard practice of medicine.

+ A p-value is the likelihood of obtaining a statistical result by chance, assuming there is no difference between the treatments being investigated. The lower the p-value the less likely the result happened by chance, and the more likely the result can be attributed to the drug being tested.

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Clinical Risk Assessment in the MINDACT Trial[3]

ER Status	HER2 status	Grade	Nodal Status	Tumor Size	Clinical Risk in MINDACT
ER positive	HER2 negative	Well differentiated (Grade 1)	Node-negative	≤ 3cm	Low
				3.1-5cm	High
			1-3 positive nodes	≤ 2cm	Low
				2.1-5cm	High
		Moderately differentiated (Grade 2)	Node-negative	≤ 2cm	Low
				2.1-5cm	High
			1-3 positive nodes	Any size	High
		Poorly differentiated or undifferentiated (Grade 3)	Node-negative	≤ 1cm	Low
				1.1-5cm	High
			1-3 positive nodes	Any size	High
	HER2 positive	Well differentiated OR Moderately differentiated (Grade 1 / Grade 2)	Node-negative	≤ 2cm	Low
				2.1-5cm	High
			1-3 positive nodes	Any size	High
		Poorly differentiated or undifferentiated (Grade 3)	Node-negative	≤ 1cm	Low
				1.1-5cm	High
			1-3 positive nodes	Any size	High
ER negative	HER2 negative	Well differentiated (Grade 1)	Node-negative	≤ 2cm	Low
				2.1-5cm	High
			1-3 positive nodes	Any size	High
		Moderately differentiated OR Poorly differentiated or undifferentiated (Grade 2 / Grade 3)	Node-negative	≤ 1cm	Low
				1.1-5cm	High
			1-3 positive nodes	Any size	High
	HER2 positive	Well differentiated OR Moderately differentiated (Grade 1 / Grade 2)	Node-negative	≤ 1cm	Low
				1.1-5cm	High
			1-3 positive nodes	Any size	High
		Poorly differentiated or undifferentiated (Grade 3)	Any	Any Size	High

Survival Stratified by BluePrint Molecular Tumor Subtyping[2]

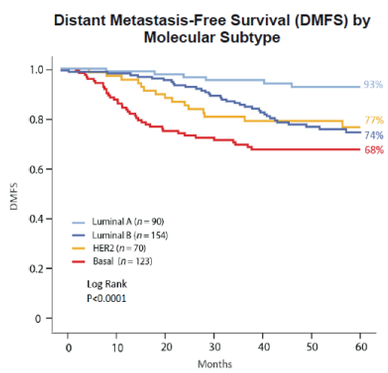
Breast cancer is a heterogeneous disease and the grouping of breast cancers into distinct clinically-relevant subtypes enables more informed treatment decision-making.

BluePrint is a functional molecular subtyping assay that classifies breast cancer into three distinct subtypes: Luminal-type, HER2-type and Basal-type by determining the mRNA levels of 80 genes that best discriminate among the following molecular subtypes.[2,4,5]

Combining MammaPrint and BluePrint allows patients to be stratified into these subgroups:

- Luminal-Type/MammaPrint Low Risk (Luminal A)
- Luminal-Type/MammaPrint High Risk (Luminal B)
- HER2-Type
- Basal-Type

Subtype	Chemosensitivity Relevance[2]
Low Risk Luminal-Type (A)	Low likelihood of pathologic complete response (pCR) (6%)
High Risk Luminal-Type (B)	Improved pCR compared to Luminal A (10% vs 6%)
HER2-Type	pCR 47%
Basal-Type	pCR 37%



Survival rates according to stratification by BluePrint and MammaPrint after neoadjuvant chemotherapy.

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[1] Buyse, et al. J Natl Cancer Inst. 2006 Sep 6.98(17): 1183-92. [2] Glück S, et al. Breast Cancer Res Treat. 2013 Jun;139(3):759-67. [3] Cardoso, F et al. N. Engl J Med. 2016 Aug 25, 375 (8): 717-29.
[4] Whitworth P, et al. Ann Surg Oncol (2017) 24:669–675. [5] Whitworth P, et al. Ann Surg Oncol. 2014 Oct;21(10):3261-7.

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