Your care should be as unique and individualized as you are.

Personalized Care Matters

MammaPrint® and **BluePrint®** genomic tests provide individualized information for your breast cancer treatment decisions.

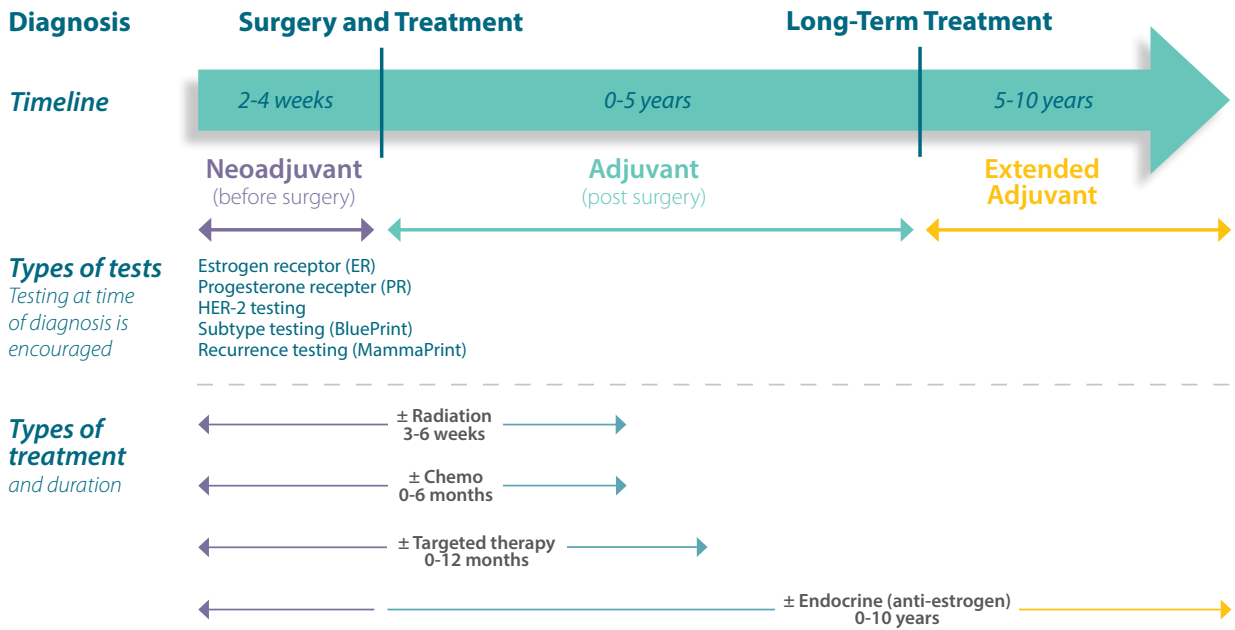
AGENDIA®

MAMMAPRINT+BLUEPRINT

Each woman diagnosed with breast cancer has access to individualized information to help make the right decisions for her breast cancer journey

Many treatment options are available for women diagnosed with breast cancer. Shared decision-making between patient and physician incorporates your test results to plan the best treatment path forward for you.

Although no journey is typical, you may expect to have discussions about the following tests and treatments with your doctor.
(This is not a complete list.)



What are MammaPrint + BluePrint?

MammaPrint and BluePrint are tests that can be ordered by your doctor to help understand more about your individual breast cancer. These are called *genomic tests* and they analyze the activity of genes within each tumor, which helps predict how the tumor will behave, and potentially what treatments may be most effective.

When these two tests are used shortly after diagnosis, multiple questions regarding the best treatment path for you can be addressed.

This information, combined with other routine tests, can help guide what treatment decisions may be right for you.

MammaPrint and BluePrint genomic tests can help you navigate your way through breast cancer.

AGENDIA®
MAMMAPRINT

MammaPrint analyzes 70-genes within your tumor to determine whether your breast cancer may come back. Tumors are classified as either genomically Low Risk or High Risk for recurrence—there is no "gray area," or intermediate result generated, which can be common with other tests and may lead to unclear treatment decisions.

Adding independent genomic information to clinical and pathological factors such as age, tumor size, tumor grade, lymph node involvement, hormone receptor, and HER2 status can help you and your doctor decide whether chemotherapy is likely to benefit you—or if it is safe to withhold chemotherapy.[1]

DEFINITIVE ANSWERS

MammaPrint classifies your breast cancer as having either a "Low Risk" or a "High Risk" of the cancer returning.

LOW RISK

A MammaPrint **"Low Risk"** result indicates low likelihood of your cancer returning and no significant benefit to chemotherapy.

HIGH RISK

A **"High Risk"** result indicates higher likelihood of your cancer returning and the likely benefit from the addition of chemotherapy.

AGENDIA®
BLUEPRINT

BluePrint Molecular Subtyping analyzes 80-genes and helps uncover hidden tumor biology to determine what is driving the tumor's growth. Further classification into one of four categories or subtypes, Luminal A or B, HER2 or Basal-type, provides important information used by your doctor for your personalized treatment decisions:

- **LUMINAL-TYPE:** Luminal-type cancers are likely responsive to hormonal (anti-estrogen) therapy.
- **HER2-TYPE:** HER2-type cancers tend to grow more rapidly and may recur, although they can often be treated with anti-HER2 targeted therapies.
- **BASAL-TYPE:** Basal-type cancers typically do not respond to hormone therapy or anti-HER2 targeted therapy. Basal-type cancers tend to grow more rapidly.

BluePrint is a complementary test to MammaPrint. BluePrint Molecular Subtyping provides information beyond what is included with traditional breast cancer testing. Molecular Subtyping is currently not commercially available through any other lab provider or genomic test.

Together MammaPrint and BluePrint provide the most comprehensive set of answers available to personalize your treatment.

Evidence Matters: The MINDACT Trial

Results from the MINDACT trial provide the basis for MammaPrint's inclusion, with the highest level of evidence, in clinical treatment guidelines around the world used by your cancer treatment team.

LOW RISK

75% of women *with early stage breast cancer have a Low Risk result by MammaPrint, and may safely avoid chemotheraphy (MINDACT trial).*[1]

This study[1] found that nearly ½ of patients initially classified as high risk of breast cancer recurrence based on clinical factors alone were found to have low genomic risk when tested with MammaPrint, and therefore are unlikely to have significant benefit from chemotherapy.

Patients with the most common type of breast cancer (ER/PR positive, HER2 negative, lymph node negative) who are classified as MammaPrint Low Risk, have almost a 98% chance of being metastasis free at 5-years when treated with hormone therapy alone.

Are MammaPrint and BluePrint right for you?

MammaPrint and BluePrint may be appropriate for you if:

- ✔ Your cancer is **early-stage (I or II)**
- ✔ Your tumor size is **5 cm or less**
- ✔ You are **pre, peri or post-menopausal**
- ✔ You are **lymph node-negative** or you have **1-3 positive lymph nodes***

Please note MammaPrint and BluePrint can be utilized in patients regardless of ethnicity and body mass index.

Questions to consider and ask your physician:

- ❑ Is it important for me to understand if there is a risk of the cancer returning?
- ❑ Is having a clear Low or High Risk result important to me?
- ❑ Does my age, weight or ethnicity impact the test results?
- ❑ Will these tests provide information for decision-making for neoadjuvant (before surgery) therapy?
- ❑ Will these tests provide information for decision-making for chemotherapy?
- ❑ Will these tests provide information for decision-making for length of anti-estrogen therapy?
- ❑ Will you order MammaPrint and BluePrint to provide important information for shared decision-making for my treatment?

* 1-3 positive lymph nodes refers exclusively to ASCO and NCCN Clinical Practice Guidelines In Oncology (NCCN Guidelines®) and are not referenced in the MammaPrint FDA clearance.

MammaPrint is currently the only test of its kind that is US FDA cleared for women of all ages. This 70-gene assay is included in Guidelines from the American Society of Clinical Oncology (ASCO) and the National Comprehensive Cancer Network® (NCCN®).[2] These recommendations from ASCO and NCCN are for patients with lymph node-positive early stage breast cancer based on the results of the MINDACT trial.[3]

References

1 Cardoso F, van't Veer LJ, Bogaerts J et al. 70-Gene Signature as an Aid to Treatment Decisions in Early-Stage Breast Cancer. N Engl J Med 2016; 375: 717-29.

2 Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Breast Cancer V.1.2019 © 2019 National Comprehensive Cancer Network, Inc. 2019. All rights reserved. Accessed [April 29, 2019]. To view the most recent and complete version of the guideline, go to NCCN.org. NCCN makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way.

3 Krop I, Ismaila N, Andre F et al. Use of Biomarkers to Guide Decisions on Adjuvant Systemic Therapy for Women With Early- Stage Invasive Breast Cancer: American Society of Clinical Oncology Clinical Practice Guideline Focused Update. DOI: 10.1200/ JCO.2017.74.0472 Journal of Clinical Oncology.

+ The MammaPrint FFPE result is indicated for use by physicians as a prognostic marker only, along with other clinico-pathological factors.

Peace of Mind

Together, you and your care team can consider all of the individual factors that make your situation unique, empowering you to move forward.

MammaPrint and BluePrint provide individualized information to help you and your physician make treatment decisions for today and the future.

"Speaking to an Agendia patient advocate personalized my experience and gave me peace of mind that they would help me through the process."

– Angie L, a breast cancer survivor

Count on Us

We are committed to supporting you every step of the way; from working with your team of doctors, to ordering the test, to navigating coverage and payments.

Ask your doctor to order MammaPrint and BluePrint. Our testing is performed on a tissue specimen that has been previously removed and typically does not require a separate procedure. Results are available within seven to ten working days of being received in our certified laboratory.

Just as our tests help with decision-making during this complicated time, our team can help with any insurance or billing questions you may have.

For patients in the US:

In the US and Puerto Rico, our tests are covered by Medicare and most major health plans. When your doctor orders an Agendia test, we bill your insurance company directly. Your insurer may pay all or part of the test costs, depending on your specific insurance plan coverage. You'll be responsible for any co-insurance, co-payment, or deductible expense as per your plan.

We offer financial assistance to US patients and families who need it, including programs for uninsured, underinsured, and indigent patients. We also offer interest-free payment plans.

Questions? Our dedicated patient advocates will work with you and your insurance company to figure out the specifics of your coverage.

For patients outside of the US:

MammaPrint and BluePrint are covered by selected public healthcare systems across the world. These include several in Europe.

To find out if MammaPrint and BluePrint are covered in your country, or for more information on the reimbursement status or private insurance options, please contact our customer care team.

Connect With Us

www.knowyourbreastcancer.com

In the US, Canada, Latin America, and Oceania, please contact us at customercare@agendia.com or 1 (888) 321-2732

In Europe, Asia, or South Africa, please contact us in the Netherlands at customerservice@agendia.com or +31 20 462 1510

For billing questions contact us at billing@agendia.com or 1 (888) 363-7868

Agendia, Inc.
22 Morgan
Irvine, CA 92618
USA

Agendia NV
Radarweg 60, 1043 NT
Amsterdam
The Netherlands

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 ® FFPE result is indicated for use by physicians as a prognostic marker only, along with other clinicopathological factors.

BluePrint ® is a laboratory-developed test that was developed, validated and is performed exclusively by Agendia. The test is intended for clinical purposes. The test has not been cleared by the U.S. Food and Drug Administration (FDA) but has been CE- marked for use in Europe. The laboratory is regulated under the Clinical Laboratory Improvement Amendments (CLIA) to ensure the quality and validity of the tests. Our laboratories are CAP- accredited and certified under CLIA to perform high complexity clinical laboratory testing.

M-USA-061-V10 (2019MAY)