MammaPrint® + BluePrint® tests for early-stage breast cancer

Knowing Matters

Navigating cancer is hard enough. We believe your treatment decisions shouldn't be.

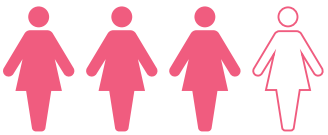
AGENDIA®

Illuminating Your Path Forward

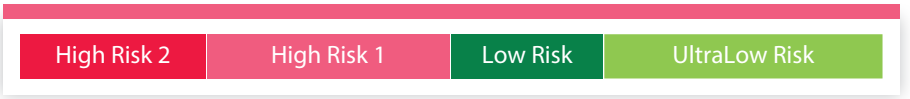
Together, MammaPrint + BluePrint analyze a total of 150 genes in your breast tumor

AGENDIA® MAMMAPRINT

3 out of 4 women with early-stage breast cancer have a low risk of their cancer coming back—and may safely avoid chemotherapy.[1]

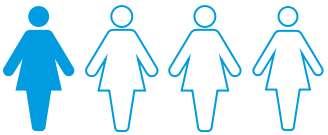


MammaPrint looks at 70 genes in your tumor to find out how likely it is that the cancer will come back. Based on the results, your tumor is placed into one of four risk groups: UltraLow Risk, Low Risk, High 1 Risk, or High 2 Risk. These results, along with other information like your age, tumor size, and whether the cancer has spread to lymph nodes, help you and your doctor decide which treatments are most likely to help you.

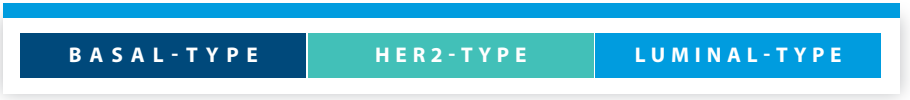


AGENDIA® BLUEPRINT

About 1 out of 4 cases adds further clinical detail beyond pathology[2]



BluePrint looks at 80 different genes in your tumor to find out its specific type—called a molecular subtype. The three main types are Luminal, HER2, and Basal. Each type acts differently and responds to treatment in its own way. Knowing your tumor's type helps your care team create a treatment plan that's right for you. It can help decide when to have treatment (before or after surgery), what kind of treatment to use, and which options may work best.



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 Whitworth, P., et al. Ann Surg Oncol (2022) 29:4141–4152

We believe all cancer patients have the right to best-in-class **genomic** testing

A new breast cancer diagnosis can feel overwhelming — an emotional rollercoaster filled with unfamiliar terms and complex medical information.

Genetic and **genomic** are two different types of test that are often confused with one another. In breast cancer diagnostic testing, these terms have different meanings.

Genetic testing in breast cancer looks at specific inherited genes to understand if you were born with a higher risk of developing cancer. This information can help guide decisions for you and your family about prevention, screening, or treatment options.

Think of genetic testing as checking your ***"family history written in your genes."***

Genomic testing looks at the genes inside the tumor to understand how the cancer behaves. It helps predict how likely the cancer is to grow, spread, or return, and whether certain treatments—like chemotherapy—may be effective.

Think of genomic testing as analyzing the cancer's ***"behavior or personality."***

Illuminate Your Path Forward

MammaPrint + BluePrint are two **genomic** tests that can help bring clarity during a difficult time. By analyzing how your tumor behaves, they provide valuable information that can guide personalized treatment decisions—so you and your care team can move forward with confidence.

How MammaPrint + BluePrint works

Step 1:

In most cases, the tissue from your original biopsy is sent to our lab and no extra procedures are required. If you are later on in your treatment, a sample from your surgery may also be used.

Step 2:

Test results are sent to your doctor within 7-10 days*

Step 3:

You and your doctor review the results together to choose which treatment will be most appropriate for you.

Your **MammaPrint + BluePrint** results add new information to the traditional factors your care team is already looking at:

- Tumor Size
- Tumor Grade
- Estrogen Receptor Status
- Progesterone Receptor Status
- HER2 Receptor Status
- Age at diagnosis
- Lymph node involvement
- Family planning
- Genetic mutations
- Menopausal status

Traditional factors + **MammaPrint + BluePrint** = **More Comprehensive Picture of your Tumor**

*7-10 days from when Agendia receives tumor sample.

MammaPrint + **BluePrint** can help guide several important decisions throughout your breast cancer treatment.

Before Surgery

- Should I have surgery or medical treatment first?
- How might my tumor respond to chemotherapy before surgery?

After Surgery

- Will I benefit from chemotherapy?

Survivorship

- Will I benefit from hormonal therapy?
- How long will I need hormonal therapy?
- If I have too many side effects for standard hormonal therapy, what other options do I have?

Your results are provided on a simplified summary

MammaPrint® and BluePrint® Summary

Patient Name: Last, First

Age: 73 **DOB:** 01-Jun-1950 **Specimen ID:** SID-124856789XX **MRN:** MRN-123456789XX

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MAMMAPRINT+BLUEPRINT

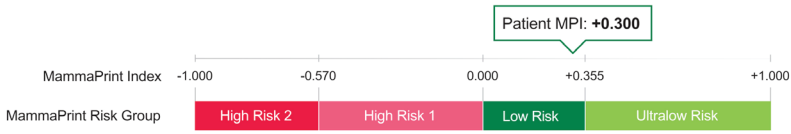
CLINICAL INFORMATION

Receptor Status: ER+ / PR+ / HER2–
Tumor Grade: 1
Specimen Type: FFPE, NeedleCore
Nodal Status: Negative
Tumor Size: 2.8 cm
Age: >50 years

Clinical characteristics were determined using information that was provided at the time of test request from:
Test Pathology Lab, 123 Main St., Irvine, CA 92618

GENOMIC TESTING RESULTS

MammaPrint Risk Group	MammaPrint Index	BluePrint Molecular Subtype
Low Risk	+0.300	Luminal A



CLINICAL IMPLICATIONS

Neoadjuvant Chemotherapy Planning

Probability of pCR with Neoadjuvant Chemotherapy

2%

NBRST[A]

Adjuvant Chemotherapy Planning

Absolute Chemotherapy Benefit

<1.0%

MINDACT[D]

5-Yr Distant Metastasis Free Interval with Endocrine Therapy Alone

Lymph Node Negative	Lymph Node Positive
98%	96%

MINDACT[D]

Adjuvant Endocrine Therapy Planning

Standard Endocrine Therapy Benefit

Yes

STO-3[C]

Absolute Benefit from Extended Endocrine Therapy (DFS)

9.5%

Risk Reduction of Late Recurrence (Years 5-15)

NSABP B-42[E]

DFS: Disease Free Survival | **MPI:** MammaPrint Index | **pCR:** Pathologic Complete Response

Note: This summary is provided for general informational purposes. It is not part of any official diagnostic report. Please refer to individual MammaPrint and BluePrint reports for comments, assay information, and references. Expected chemotherapy benefit is based on administration of therapy within standard guidelines and timeframe.

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Understanding if MammaPrint + BluePrint are right for you.

It may be appropriate if:[1]

Your cancer is early-stage (I,II or operable stage III)

Lymph node-negative or have 1-3 positive lymph nodes

Tumor size is less than 5cm

MammaPrint + BluePrint are widely accessible, with $0 to minimal out-of-pocket costs for most patients[1]

1. FDA Intended Use: the test is performed for breast cancer patients with Stage I or Stage II disease with tumor size ≤5.0cm and lymph node negative. The MammaPrint® FFPE result is indicated for use by physicians as a prognostic marker only, along with other clinicopathological factors. Coverage criteria for majority of health plans include early stage breast cancer, tumor size ≤5.0cm, up to 3 positive lymph nodes and independent of receptor status as validated in the 6,693 patient MINDACT trial.

SCAN TO
CONTINUE LEARNING

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