

Agendia Can Help Uncover Your Tumor's Hidden Biology

Learn More



MammaPrint and BluePrint, when performed on your tumor, can help answer some of your questions.

What are my treatment options?

What's the likelihood that my cancer will recur?

Should I consider chemotherapy?

What is my tumor's functional molecular subtype?

Will hormone therapy provide added benefit?



Better together

For more information contact:



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You have just been diagnosed with breast cancer...

Now What?



USA-008-V6

Every tumor is different... Why should they all be treated the same?

When you first hear that you have breast cancer, many questions may pop into your head:

- Will my cancer recur?
- Will I need chemotherapy?
- What treatment gives me the best chance at beating this?

These are appropriate questions that you may be asking your doctor. With advancements in cancer medicine, there are *genomic* tests today that can help answer these questions by uncovering more about your tumor's biology. These tests help identify your specific tumor type, the likelihood of its recurrence, and how it may respond to various treatments.

What is genomic testing?

Genomic tests look at your specific tumor's genes, to help find out what's driving its growth. Using gene expression testing to help design a tailored treatment plan is called *personalized medicine*. These are not the same as *genetic* tests that determine your inherited risk or hereditary predisposition for cancer.

Your physician will assess many factors prior to determining your treatment plan, including the size of the tumor, lymph node involvement, and the hormone receptor status of your cancer. These factors, along with your tumor's *genomic profile*, can help you and your physician make the most informed treatment decisions for your specific type of cancer.

How do I get a personalized genomic test done on my tumor?

Ask your doctor to run **MammaPrint®** and **Blueprint®** testing together on your breast cancer. These tests can be run on a sample of your tumor that was removed during biopsy or surgery and was embedded in paraffin for storage. No new biopsy or surgical tissue sample is typically required. Local Agendia Oncology Specialists can assist your doctor in getting this done.

What information will the MammaPrint test result show?

MammaPrint is a 70-gene test that will assess your cancer's risk of recurrence, or how likely the cancer is to return in the future. You are given definitive results, either a Low Risk or High Risk result, with no intermediate or undetermined results. A Low Risk result means you have a 10%, or 1 in 10 chance of your cancer returning. A High Risk result means you have a 29%, or 3 out of 10 chance of it returning. These results are based on a 10-year follow-up of a reference group of patients who had no additional treatment.¹ A Low Risk result doesn't guarantee that your cancer will not recur, and a High Risk result doesn't guarantee that your cancer will. These results, in addition to all other factors help you and your doctor make the most appropriate breast cancer treatment decisions.

What if I am in the Low Risk group?

If you are in the Low Risk group, you have a lower chance of the cancer returning, and there is little, if any, benefit to getting chemotherapy. Studies have shown that the addition of hormone therapy alone for ER-positive breast cancer can lower the risk of recurrence by up to 50%.²

What if I am in the High Risk group?

If you are in the High Risk group, the addition of chemotherapy may be considered as part of your treatment plan. High Risk patients can be further divided into subtypes, which can refine your treatment plan. These subtypes provide additional information about what your tumor may respond to best: hormone therapy, chemotherapy, targeted therapy or a combination.

What information will my Blueprint test results show?

Blueprint is an 80-gene test that uncovers your tumor's functional molecular subtype. Molecular subtyping informs your doctor about how the tumor is functioning underneath the surface. Traditional subtyping (such as IHC or FISH) assess a tumor by looking at cell surface characteristics, while molecular subtyping looks deeper at the functional level, to see which genes are driving the tumor's behavior. Combined with MammaPrint, Blueprint will determine if

your breast cancer is Luminal-type (A or B), Basal-type, or HER2-type. These findings are important when deciding which treatment is most appropriate for your specific tumor.

Why should I use MammaPrint and Blueprint?

MammaPrint and Blueprint provide you and your doctor deeper insight into tumor pathways, uncovering your hidden tumor biology. By combining risk of recurrence, with molecular subtyping, you get a clearer picture of how your breast cancer is functioning, leading to more informed treatment decision making. MammaPrint is the first FDA-cleared breast cancer recurrence assay, and is the only breast cancer recurrence assay backed by peer-reviewed, prospective outcome data.³ Blueprint molecular subtyping is the most widely available molecular subtyping assay that helps identify your potential level of responsiveness to chemotherapy more accurately than IHC/FISH, with better correlation to long-term clinical treatment outcomes.⁴

Will my insurance cover the test?

Agendia will bill your insurance company directly (throughout the United States). Based on your specific benefit level, the insurance company may choose to pay a portion or all of the cost of the tests run by Agendia. You may be responsible for any co-insurance, co-pay, or deductible per your health insurance plan terms.

What if I don't have insurance or my health plan doesn't cover it?

Agendia is a compassionate company offering a wide range of financial assistance programs. Please contact Agendia's patient advocates at 888-363-7868 or billing@agendia.com.

know *Your* breast cancer.com
Because every tumor is unique

1. Buysse M, et al. *J Nat Cancer Institute*. 2006;98:17;1183-92.

2. American Cancer Society. "Tamoxifen and Raloxifene." *Cancer.org*, 17 July 2013. Web. 17 July 2013.

3. Drukker CA, et al. *J Cancer*. 2013;13(1):1-2.

4. Glück S, et al. *Breast Cancer Res Treat*. 2013;141(1):67.

