

Quantitative Single Gene Report

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www.oncotypedx.com CLIA Number 05D1018272

Report Number: OR000123456-3052 Specimen Received: 22-Dec-2017 Date Reported: 04-Jan-2018

The Oncotype DX[®] test uses RT-PCR to determine the RNA expression of the genes below. These results may differ from estrogen receptor (ER), progesterone receptor (PR), or human epidermal growth factor receptor 2 (HER2) results reported using other methods or reported by other laboratories. The ER, PR, and HER2 Scores are also included in the calculation of the Recurrence Score result.

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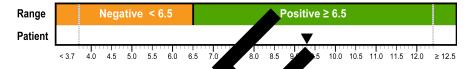


Patient/ID: PATIENT, SAMPLE

Date of Birth: 01-Jan-1950

Gender: Female

Positive



The ER Score positive/negative cut-off of 6.5 units was validated from a study of 761 samples using the 1D5 nmunohistochemistry) and 607 samples using the SP1 antibody (immunohistochemistry). The standard deviation for the ER Score is less than ts.2

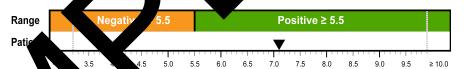
Clinical Experience:

rom 6.5 to ≥12.5.³ For ER+ breast cancer, the magnitude of tamoxifen benefit increases as the ER Score incre

Please note: The Average Risk of Distant Recurrence reported on Page 1 based on the Recur Score result was determined in patients who received 5 years of tamoxifen treatment and takes into account the magnitude of tamoxifen by e ER Score cated



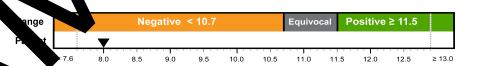
Positive



The PR Score positive/negative cut-off of 5.5 units was validated from rusing the PR636 antibody (immunohistochemistry) and 61 sam e standard deviation for the PR Score is less than 0.5 units. another study of 607 samples using the PR636 antibod mmunohistoc

Score





ge from 10.7 to 11.4 units, and negative cut-off of <10.7 units were validated from concordance The HER2 positive cut-off of ≥ 11.5 units, equ studies of 755 samples u cenTest^{TI} ay (immunohistochemistry) and another study of 568 samples using the PathVysion assay (FISH). The standard deviation ne HER2 score is les

References:

- 1. ER Score based on quanti sion (estro eceptor); PR Score based on quantitative PGR expression (progesterone receptor); HER2 Score based on quantitative ERBB2 expression.
- 2. Badve et al. J Clin Oncol. 2003. Kim et al. J Clin Oncol. 2011. ner et al. ASC ast 2007. Abstract 88.
- Breast 2007. Abstract 41 4. Baehner et al. J Clin Oncol. 2010. and Baehner et al

Laboratory Director(s): S. Shak, MD; F. Baehner, MD; H. Bailey, MD & P. Joseph, MD

This test was developed and its performance characteristics determined by Genomic Health, Inc. It has not been cleared or approved by the FDA, nor is it currently required to be. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research.