

# Genomic Prostate Score<sup>®</sup> (GPS<sup>™</sup>) Report

PATIENT-LAST-NAME, FIRST-NAME I.

Date of Birth: 01-Jan-1950

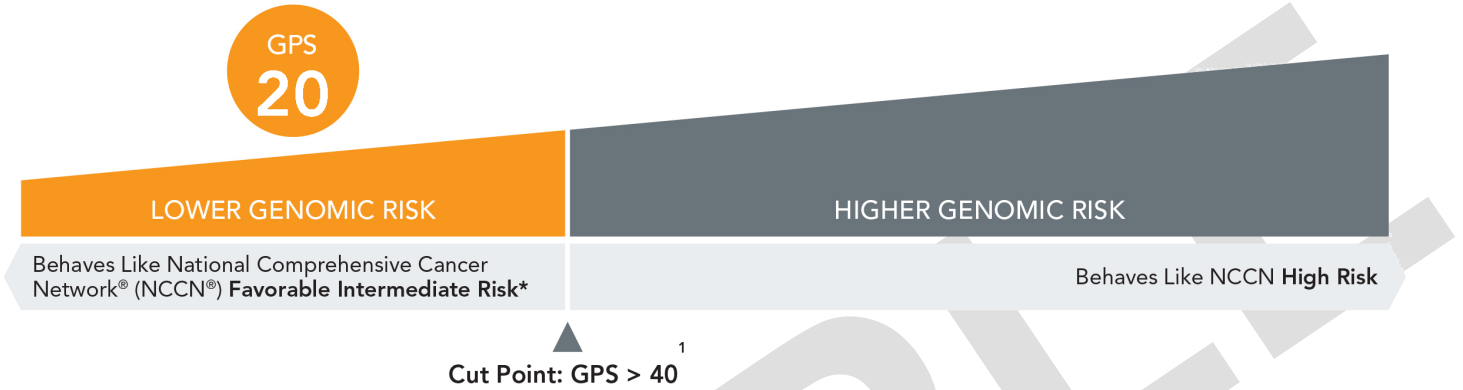
Gender: Male

Report Number: OR000123456-6015

Report Date: 01-Oct-2020

Ordering Physician: Dr. First-Name I. Ordering-Physician-Last-Name

## Genomic Risk:



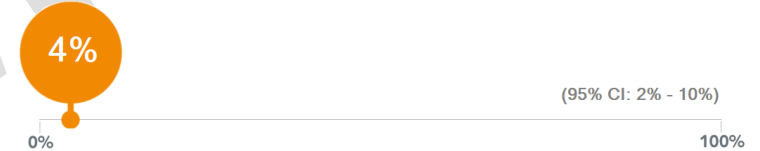
## Clinical Endpoints

## Individualized Risk (95% Confidence Interval [CI])

Prostate Cancer Death Within 10 Years<sup>†</sup>

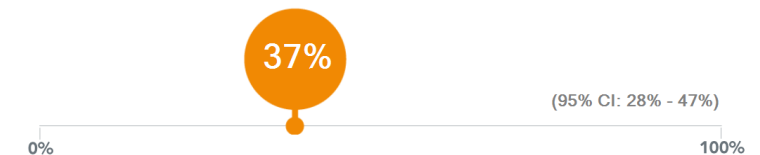


Metastasis Within 10 Years<sup>†§</sup>



Adverse Pathology<sup>†</sup>

(Gleason  $\geq$  4+3 and/or pT3+)



NCCN Risk Group<sup>||</sup>: Unfavorable Intermediate  
Physician-Provided Information<sup>||</sup>:

Gleason Score: 3+4

PSA (ng/mL): 11.0

Clinical Stage: T2b

Max. % of tumor involvement in any core:  $\leq$  50%

Prostate Volume (cc): 30

PSA Density (ng/mL/cc): 0.37

Number of cores positive: 2

Number of cores collected: 12

\* The NCCN Guidelines identify a subset of Favorable Intermediate Risk patients: Gleason Score Group 1 or 2, percentage of positive biopsy cores <50%, and no more than one NCCN Intermediate Risk factor.

<sup>†</sup> In the clinical validation study, all patients received radical prostatectomy. The risk estimates provided are based on the patient's GPS result and NCCN risk group.

<sup>§</sup> In the clinical validation study, metastasis was determined by imaging or biopsy.

<sup>||</sup> Calculated or reported from physician-provided clinical information.

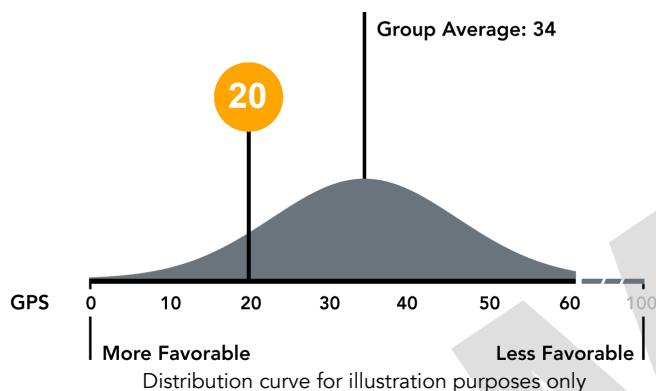
<sup>1</sup> N/A (not available) indicates data has not been provided to Genomic Health.

## PATIENT-LAST-NAME, FIRST-NAME I.

Date of Birth: **01-Jan-1950**      Gender: **Male**      Report Number: **OR000123456-6015**      Report Date: **01-Oct-2020**  
Ordering Physician: **Dr. First-Name I. Ordering-Physician-Last-Name**

Medical Record/Patient #: **1234567-01**      Specimen Source/ID: **Prostate/SP-16\_0123456**  
Date of Collection: **16-Sep-2020**  
Specimen Received: **18-Sep-2020**  
Additional Recipient: **Dr. First-Name I. Recipient-Physician-Last-Name**  
Pathologist: **Dr. First-Name I. Pathologist-Last-Name**

### GPS Distribution in NCCN<sup>®</sup> Unfavorable Intermediate Risk<sup>2,3,5</sup>



### Pathology Endpoints\*\*

### Individualized Risk (95% Confidence Interval [CI])

**High-Grade Disease**  
(Gleason  $\geq 4+3$ )

**17%**

(95% CI: 11% - 25%)

**Non-Organ-Confined Disease**  
(pT3+)

**21%**

(95% CI: 14% - 30%)

This patient has a GPS result that is **lower than the average** GPS result for NCCN Unfavorable Intermediate Risk.

The Oncotype DX Genomic Prostate Score (GPS) test is a continuous scale (0-100) that quantifies expression of 17 genes in tumor tissue as assessed by RT-PCR. The GPS test has been validated in three prospectively designed studies (N=1056) of biopsy tissue from patients with localized prostate cancer.<sup>2,3,5</sup>

Adverse pathology refers to the finding of an aggressive tumor (high grade) or cancer spread outside of the prostate (non-organ confined). Tumors with a low risk of adverse pathology are less likely to be aggressive and spread.

\*\* In the clinical validation study, all patients received radical prostatectomy. The risk estimates provided are based on the patient's GPS result and NCCN risk group.

References: 1. Cullen J, et al. *Urology*. 2020. 2. Klein E, et al. *Eur Urol*. 2014. 3. Cullen J, et al. *Eur Urol*. 2015. 4. Brand T, et al. *Urology*. 2016. 5. Van Den Eeden S, et al. *Eur Urol*. 2017.

Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines<sup>®</sup>) for Prostate Cancer V.2.2020. © National Comprehensive Cancer Network, Inc. 2020. All rights reserved. Accessed July 6, 2020. To view the most recent and complete version of the guideline, go online to NCCN.org.

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### Laboratory Director(s): William P. Joseph, M.D.

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 and qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research.

**EXACT  
SCIENCES**

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