Next Steps & Support

Questions to Ask Your Doctor:

Am I a candidate for MammaPrint? Why or why not?

What are the pros and cons of hormone therapy in my case?

How does my stage affect treatment decisions?

How does BluePrint support my treatment plan?

Understanding if MammaPrint + BluePrint are right for you.

It may be appropriate if:*

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

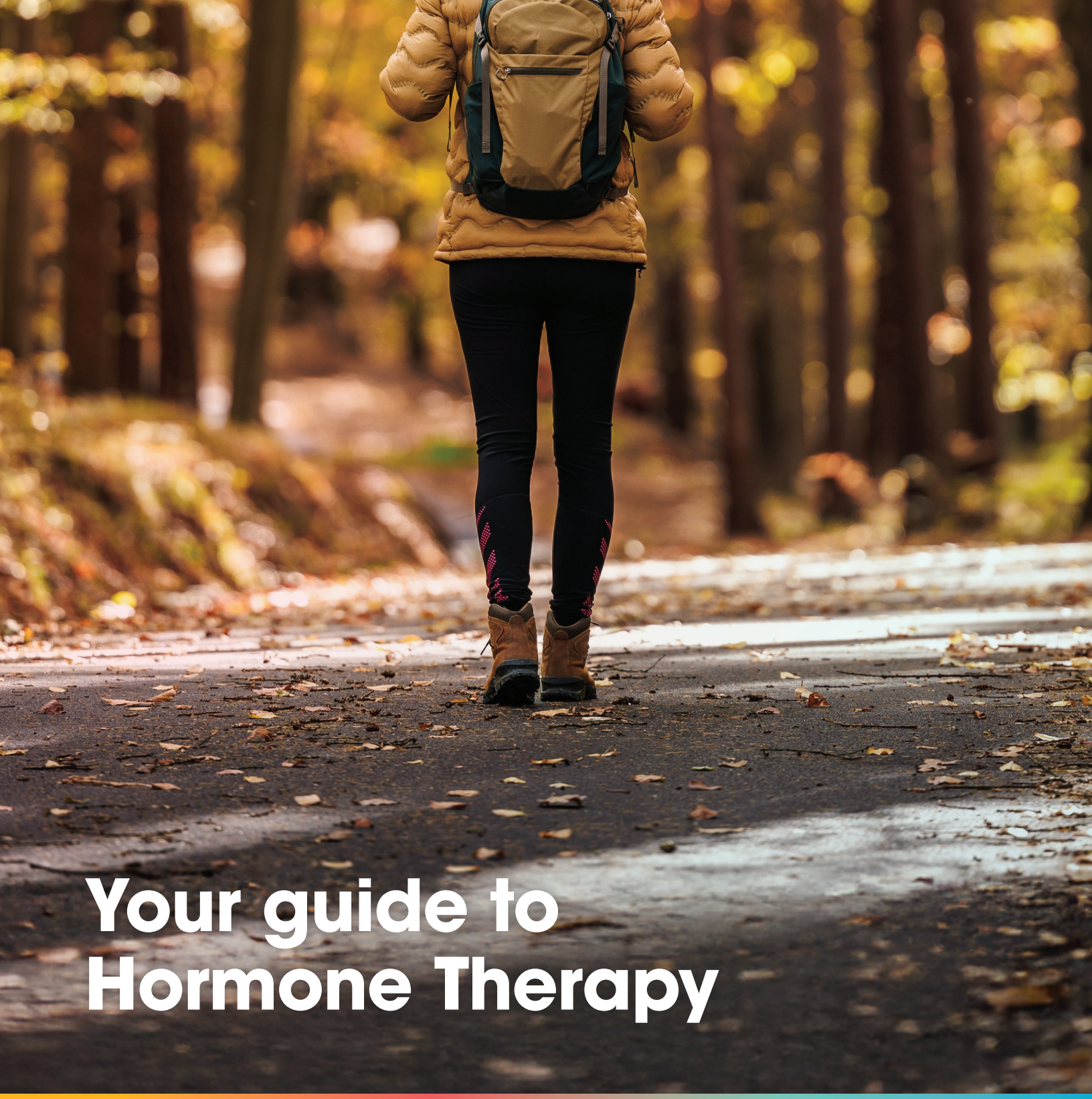
SCAN FOR
ADDITIONAL RESOURCES

SCAN TO
CONTINUE LEARNING

1. NCCN. Breast Cancer. Version 3.2024. JNCCN. 2024;22(5):331–357.
2. Esserman LJ et al. JAMA Oncol. 2017;3(11):1503-1510.
3. Rastogi P et al. J Clin Oncol. 2024;00:1-9.
4. van 't Veer LJ, et al. JAMA. November 2024

* 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 MammaPrintR 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."

AGENDIA®
Illuminating Your Path Forward



Your guide to Hormone Therapy

Understanding your breast cancer treatment options with help from **MammaPrint®**

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Illuminating Your Path Forward

Hormone Therapy Overview

What is Hormone Therapy?

- Also known as endocrine therapy, it is a medication that blocks or lowers estrogen to prevent cancer growth
- Common drugs such as: Tamoxifen, Femara, Lupron

When is it Used?

- Before surgery (neoadjuvant therapy)
- After surgery (adjuvant therapy)
- Long-term to reduce the risk of the cancer returning, also known as a recurrence

Benefits and Side Effects

- Reduces risk of recurrence
- Side effects vary and may include hot flashes, joint pain, bone thinning

Providers recommend which hormone therapy to prescribe and for how long based on a combination of factors:



Tumor Biology

Is your tumor hormone receptor-positive?

(Estrogen receptor [ER] and/or progesterone receptor [PR] positive tumors are more likely to respond to hormone therapy.)



Menopausal Status

Are you pre-menopausal, perimenopausal, or post-menopausal?

(Your menopausal status helps guide the type of hormone therapy that's most effective for you.)



Risk of Recurrence

What is your risk of the cancer coming back?

(This is based on genomic testing like MammaPrint, as well as clinical features such as tumor size, grade, and lymph node involvement.)



Side Effects and Patient Preferences

How might hormone therapy affect your daily life, and what matters most to you?

(Adjusting or switching your medications may help reduce side effects while making sure you still get the benefit of the treatment.)

What is MammaPrint?

MammaPrint is a genomic test that analyzes 70 genes within your tumor to assess whether your breast cancer will return. Adding these results to other factors can help you and your care team decide what treatments are likely to benefit you, like hormone therapy.

Your result will fall within 1 of 4 MammaPrint Risk Groups as shown below:

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MAMMAPRINT

THE 4 MAMMAPRINT RISK GROUPS

High Risk 2	High Risk 1	Low Risk	UltraLow Risk

Clinical studies shows that MammaPrint can help guide how long you need to take hormone therapy.

The standard treatment for hormone-positive breast cancer is 5 years of hormone therapy.[1]

MAMMAPRINT RISK GROUP	TREATMENT LENGTH	CONSIDERATIONS
UltraLow Risk	Up to 5 years	If you are post-menopausal, have no cancer in your lymph nodes, and your MammaPrint result shows an UltraLow risk, studies suggest you may not need the full five years of therapy.[2] If you are experiencing significant side effects, talk to your healthcare provider—shortening the duration of hormone therapy may be a safe option.
Low Risk	10 years	For MammaPrint Low Risk tumors, studies show that taking hormone therapy for up to 10 years may help lower the risk of a late recurrence.[3-4] Talk to your healthcare provider—extending the duration of hormone therapy may be a beneficial option.
High Risk 1	5 years	For MammaPrint High Risk 1 tumors, studies suggest continuing hormone therapy beyond five years is generally not necessary.[3-4] Discuss your treatment plan and options with your provider to ensure it aligns with your individual needs.
High Risk 2	5 years	For MammaPrint High Risk 2 tumors, studies suggest continuing hormone therapy beyond five years is generally not necessary.[3-4] Discuss your treatment plan and options with your provider to ensure it aligns with your individual needs.