**Risk of Recurrence***:

* The ROR ranges from 0 through 100 and correlates with the probability of distant recurrence (DR) in the tested patient population. The risk classification is provided to guide the interpretation of the ROR using cutoffs related to clinical outcome.

**Probability of Distant Recurrence:**

In the clinical validation studies, patients who were node-positive (1-3 nodes), luminal A subtype, with an ROR score of 8 were in the low-risk group. This group averaged an 8% probability of distant recurrence at 10 years.

The Prosigna® algorithm has been validated by 2 randomized clinical trials including more than 2400 patients with varying rates of distant recurrence. An analysis of these 2 clinical validation studies shows that the probability of distant recurrence for the low-risk population is 8%, while the high-risk population has a significantly greater probability of distant recurrence.†

†Data apply to patients being treated with hormone therapy for 5 years as in the tested patient population. See Package Insert for further information on therapy regimens and tested patient population. It is unknown whether these findings can be extended to other patient populations or treatment schedules.
Clinical Validation Studies: Prognosis for node-positive (1-3 nodes), luminal A, low-risk breast cancer patients was determined based on the rate of distant recurrence (DR) of this population in 2 prospective-retrospective clinical studies. These studies analyzed more than 2400 samples from postmenopausal women with early stage, hormone receptor-positive breast cancer, using a prospectively defined analysis plan. The data shown are for postmenopausal women with early stage, hormone receptor-positive breast cancer who received 5 years of endocrine therapy after surgical resection of the primary tumor.

Rate of Distant Recurrence (DR) for Node-Positive (1-3 Nodes) Patients

<table>
<thead>
<tr>
<th>Subtype</th>
<th>Luminal A [95% CI]</th>
<th>Luminal B [95% CI]</th>
<th>HER2-enriched</th>
<th>Basal-like</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate of DR</td>
<td>12% [9%-17%]</td>
<td>32% [25%-40%]</td>
<td>*</td>
<td>*</td>
</tr>
</tbody>
</table>

*There were insufficient numbers of basal-like and HER2-enriched patients in these studies to produce data.

Subtype and Prognosis:
Intrinsic subtype is related to prognosis in the tested patient population. The most common subtypes of breast cancer are the luminal subtypes: luminal A and luminal B. In the combined analysis of 2 clinical validation studies of hormone receptor-positive patients, 68% of the tested patient population was found to be luminal A, and 27% was luminal B.1 The gene expression pattern of these subtypes resembles the luminal epithelial component of the breast.3 These tumors are characterized by high expression of estrogen receptor (ER), progesterone receptor (PR), and genes associated with ER activation.3 Luminal A breast cancers exhibit low expression of genes associated with cell cycle activation and generally have a better prognosis than luminal B.

The TransATAC study analyzed 1007 samples using a prospectively defined analysis plan. Data shown are for postmenopausal stage I or II, node-positive, hormone receptor-positive breast cancer patients that received 5 years of endocrine therapy.*

The ABCSG-8 study analyzed 1478 samples using a prospectively defined analysis plan. Data shown are for postmenopausal stage I or II, node-positive, hormone receptor-positive breast cancer patients that received 5 years of endocrine therapy.*

For more information, visit PROSIGNA.com or e-mail info@prosigna.com

*See Package Insert for further information on therapy regimens and tested patient population. It is unknown whether these findings can be extended to other patient populations or treatment schedules.

REFERENCES: