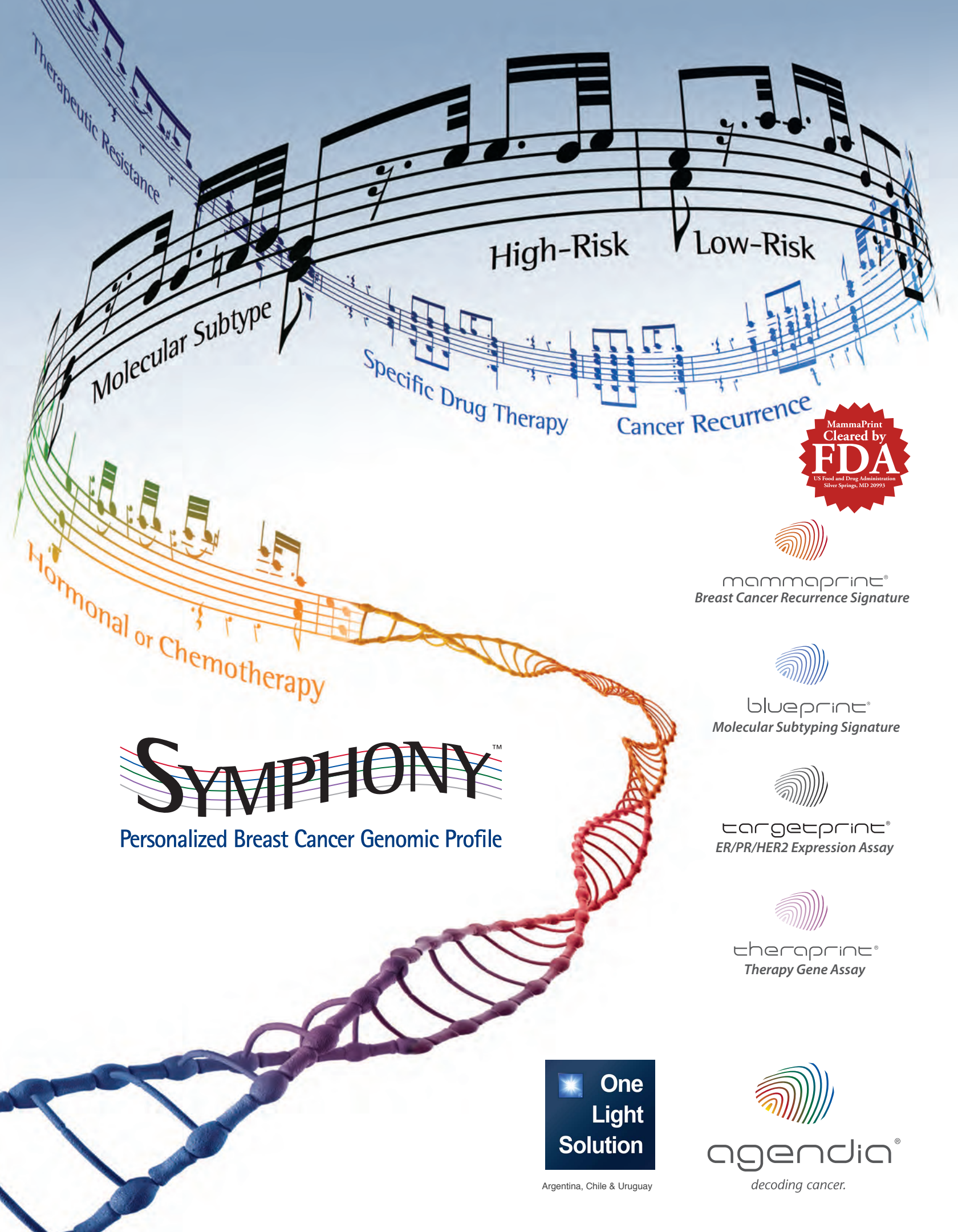


MammaPrint Cleared by FDA
US Food and Drug Administration
Silver Springs, MD 20993

SYMPHONY™

Personalized Breast Cancer Genomic Profile

mammaprint®
Breast Cancer Recurrence Signature

blueprint®
Molecular Subtyping Signature

targetprint®
ER/PR/HER2 Expression Assay

theraprint®
Therapy Gene Assay

One Light Solution
Argentina, Chile & Uruguay

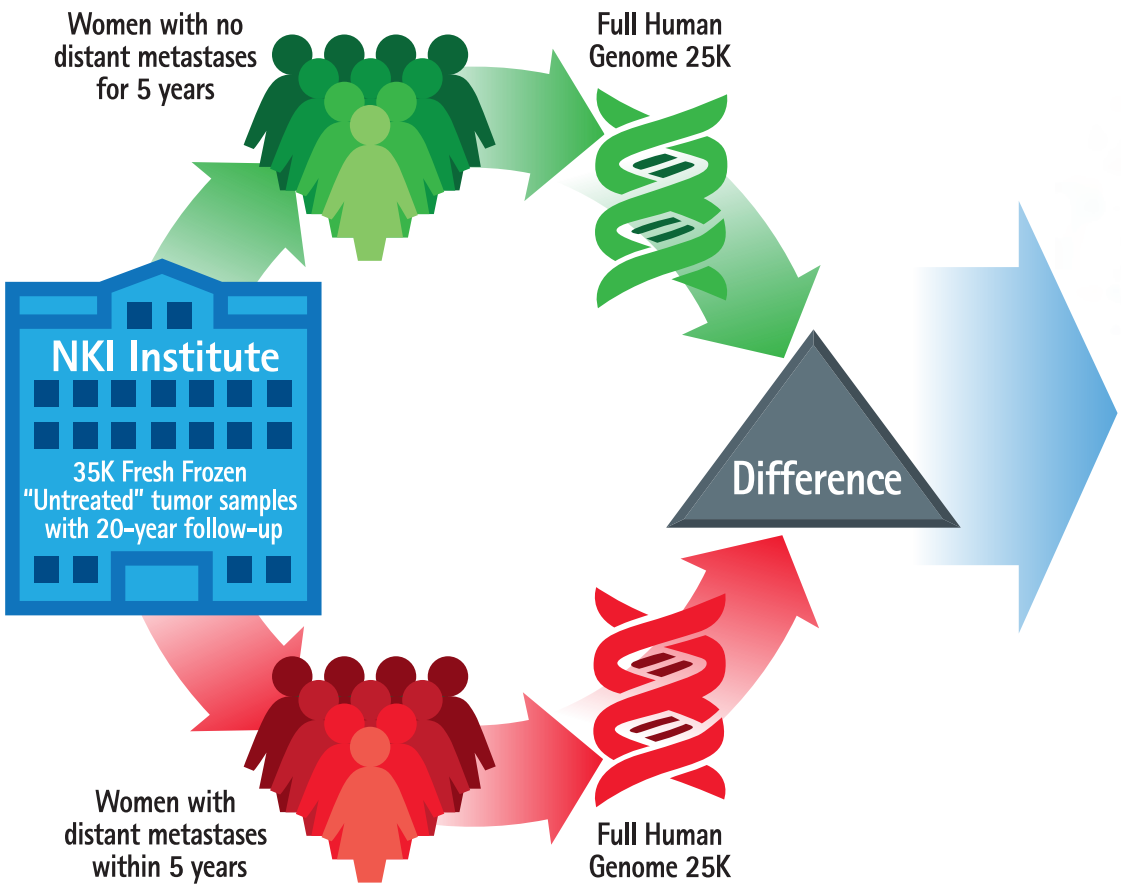
agendia®
decoding cancer.

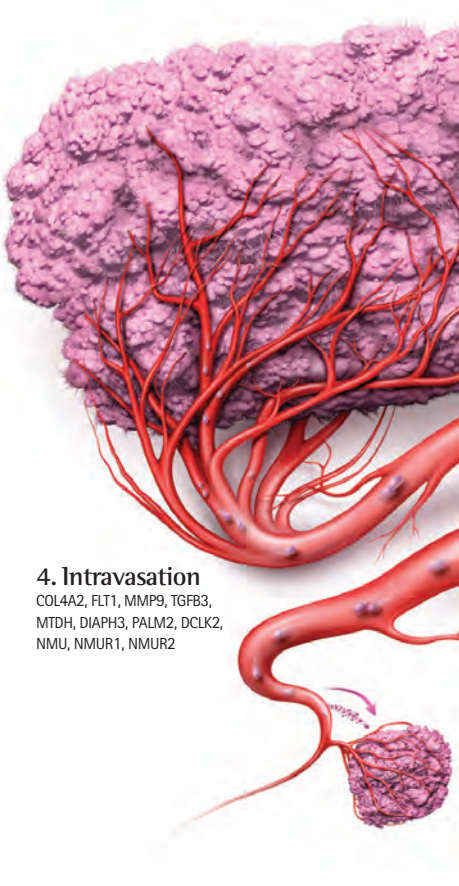
When biology speaks, we listen.

Achieving definitive results by analyzing the entire human genome.

The SYMPHONY™ signature development process began by identifying two groups of women: those who had a recurrence within five years following surgery and those who were cancer free at five years. The entire human genome of 25,000 genes was analyzed for both groups, and the resulting differences in gene expression were captured. What's more significant, is that none of the women in either group were treated with either chemo or hormonal therapy. This control process allowed the pure biology of the tumors to be followed for more than 20 years — ultimately ensuring a definitive, actionable result for each of your patients.

Analyzing genome in all

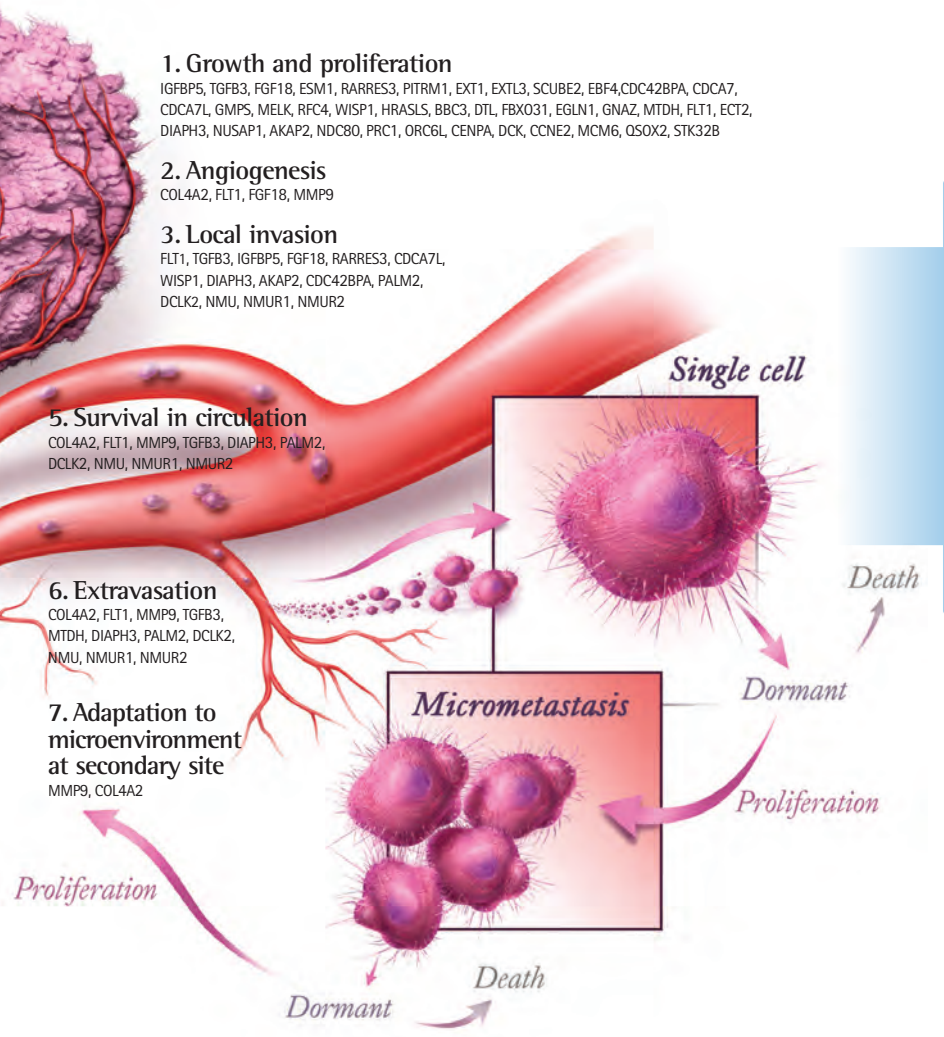




The benefit – 100% definitive results.

SYMPHONY results are valid at the time of diagnosis. Agendia's signatures were developed independent of drug therapy. Thus, the actual test result will indicate the prognosis for your patient if no therapy is provided. You do not have to assume that your patient will remain on a course of therapy to validate the test results. Which makes the SYMPHONY suite of genomic assays the perfect accompaniment to your current protocols.

the entire human ensures gene coverage 7 Metastatic Pathway steps.



Can chemotherapy be withheld safely from patients identified as "Low Risk"?

mammaprint®
Breast Cancer Recurrence Signature
70-gene signature
Prognostic and predictive tumor analysis

What therapy is most appropriate for the patient's molecular subtype?

blueprint®
Molecular Subtyping Signature
80-gene signature
Profiles Basal, Luminal and HER2 subtypes

Is the patient a candidate for targeted therapy?

targetprint®
ER/PR/HER2 Expression Assay
Centralized quantification of mRNA for receptor status

What potential therapy options are available if the patient's cancer recurs?

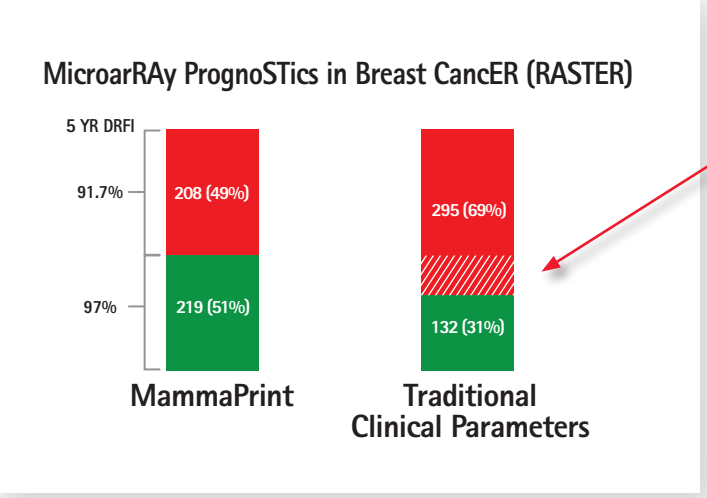
theraprint®
Therapy Gene Assay
56-gene measurement
Gene expression analysis for alternative therapy

SYMPHONY™ MammaPrint®.

A powerful, prognostic and predictive biomarker that helps you determine if you can safely withhold CT from "Low Risk" patients.

5 Year Prospective Evidence >97% DRFI

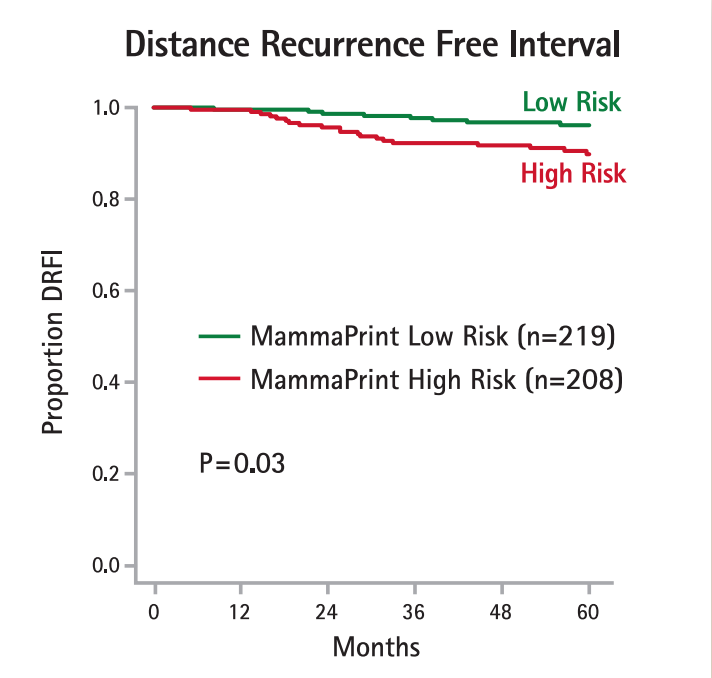
RASTER (MicroarRAy PrognoSTics in Breast CancER)
Linn, et al – 427 patients with 5 years follow-up (EBCC, 2012)



MammaPrint identified 29% more Low Risk patients than traditional clinical parameters with 98.4% DRFI.

Results

- Low Risk – 5yr DRFI = 97% (85% no chemotherapy)
  - ▼ Low Risk – 5yr DRFI = 97% (no chemotherapy)
- High Risk – 5yr DRFI = 91.7% (81% chemotherapy)
- MammaPrint helps to identify the right patients for the right therapy

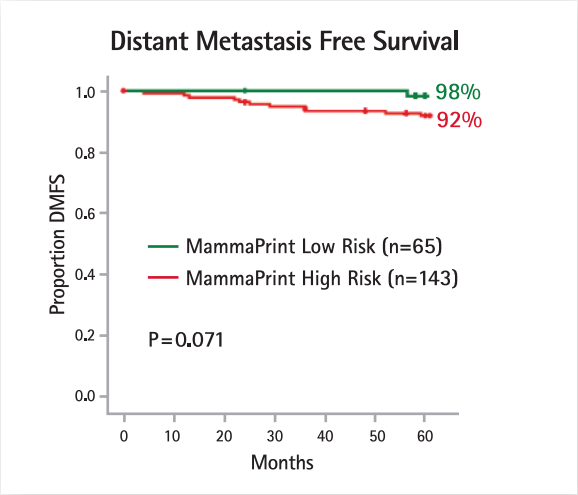


5 Year Retrospective Evidence >95% DMFS

Christofanilli, et al – 208 patients with 11.3 years follow-up (ASCO, 2012)

Results

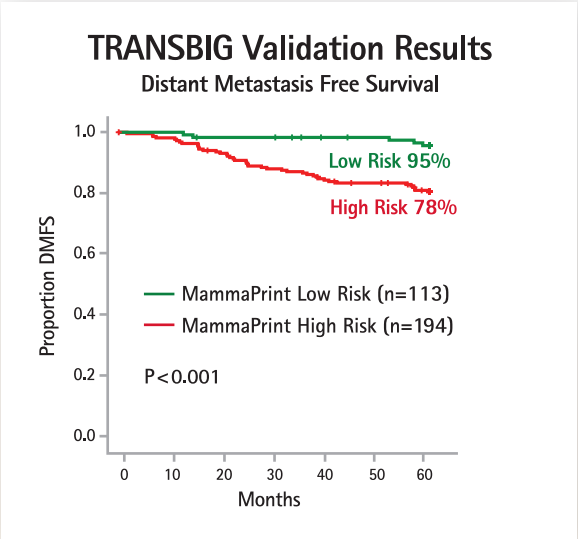
- Low Risk – 5yr DMFS = 98% (36% chemo)
  - ▼ Low Risk – 5yr DMFS (no chemo) = 100%
- High Risk – 5yr DMFS = 92%
  73% treated with adj CT



Buyse – 307 patients with 13.6 years follow-up (Journal National Cancer Institute, 2006)

Results

- Low Risk – 5yr DMFS = 95% DMFS
  (No Adjuvant therapy)
- High Risk – 5yr DMFS = 78% DMFS
  (No Adjuvant therapy)
- Independent FDA clearance validation

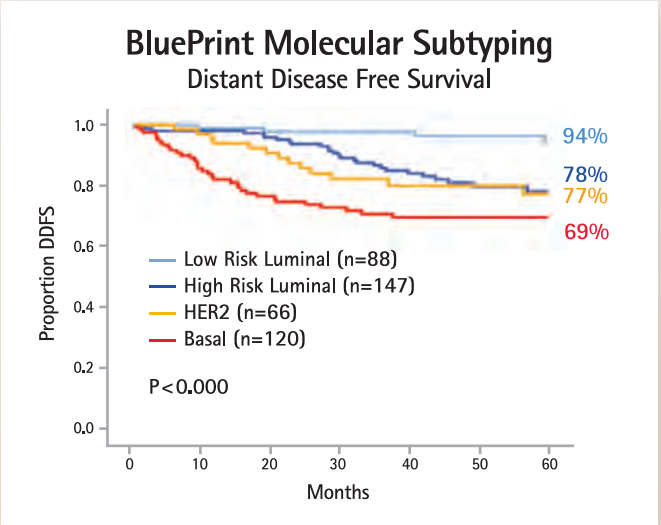


5 Year Neo-Adjuvant Evidence >94% DDFS

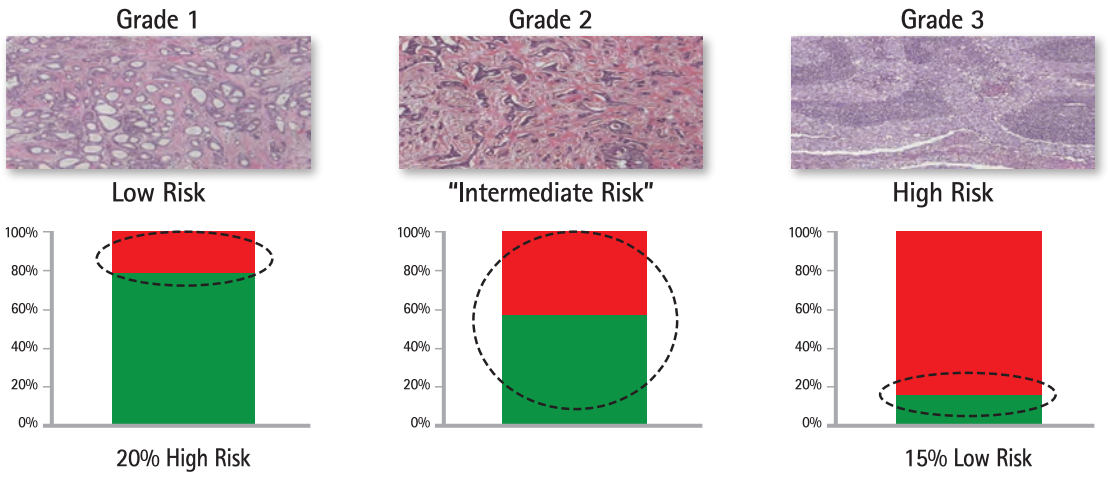
Glück, et al – 421 patients (ASCO, 2012)

Results

- Low Risk – 5yr DDFS = 94%
- Low Risk – 3% pCR yet 94% DDFS



MammaPrint provides additional biological information on indeterminate cases.

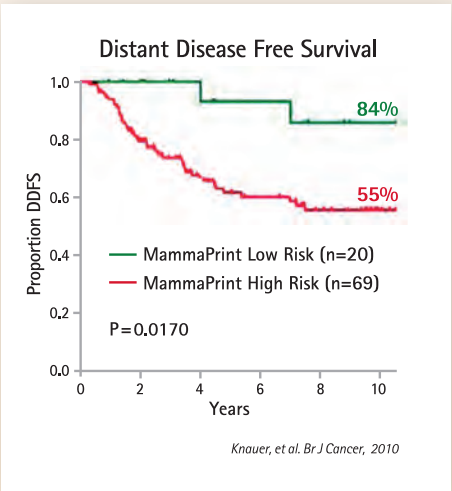


Pooled analysis included 1630 patients, 764 (47%) were classified as Low Risk and 866 (53%) were classified as High Risk by MammaPrint. Histological grading was centrally reviewed for all patients.

Knauer, et al. J Clin Onc 2010 (Suppl, ab st 561)

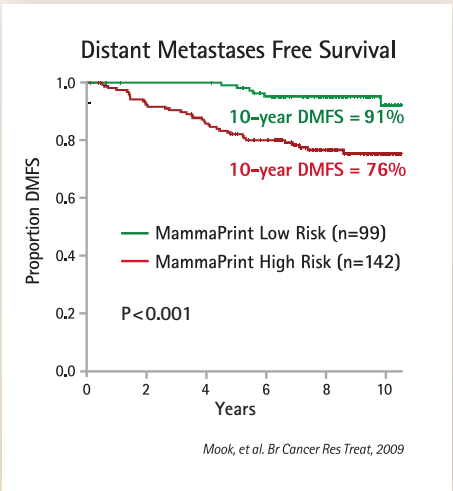
MammaPrint provides additional biological information even with traditional clinically determinate cases.

Not all HER2+ and lymph node positive cases are High Risk and not all Node negative, small tumors are Low Risk. MammaPrint will stratify these cases into Low and High Risk. This information may be helpful for your treatment decisions with patients who have significant co-morbidities.



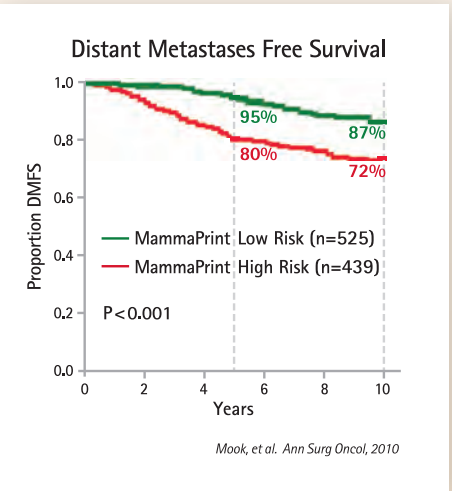
Knauer, et al. Br J Cancer, 2010

HER2+



Mook, et al. Br Cancer Res Treat, 2009

LN+ (1-3)



Mook, et al. Ann Surg Oncol, 2010

T1

The MammaPrint gene signature has been extensively validated.

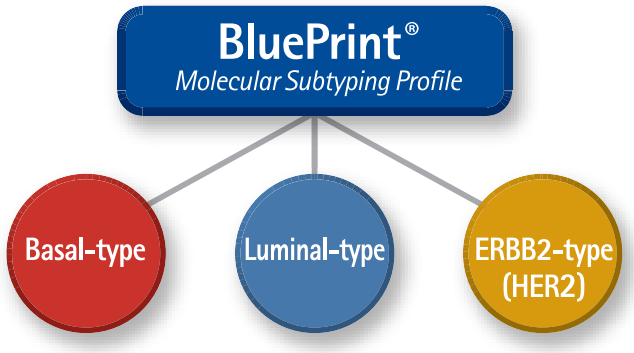
Publications	Country	Reference	Patients							
			2002	2006	2007	2008	2009	2010	2011	2012
MammaPrint Discovery		van 't Veer, et al. Nature	78							
Primary Validation Study		van de Vijver, et al. NEJM	295							
Independent European Study		Buyse, et al. JNCI		302						
Prospective Impact Study		de Mesquita, et al. Lancet Oncology			427					
Core Needle Biopsies		Mayordomo, et al. ESMO Meeting				35				
Validation in Older US Patients		Wittner, et al. Clin Cancer Res				100				
Validation in 1-3 LN+ Patients		Mook, et al. Br Cancer Res Tr				241				
Dutch Patient Cohort		de Mesquita, et al. Eur J Can				123				
Patients Treated with Tamoxifen		Kok, et al. Eur J Can					192			
Japanese Patient Cohort		Ishitobi, et al. JJCO					118			
Validation in 4-9 LN+ Patients		Saghastchian, et al. St. Gallen Conf					167			
Neoadjuvant Predictive Study		Straver, et al. Br Cancer Res Tr					162			
Predictiveness (Meta-Analysis) Study		Knauer, et al. Br Cancer Res Tr						1,696*		
Validation in Post Menopausal Women		Mook, et al. Ann Oncology						148		
Identification of Low Risk Patients in HER2+		Knauer, et al. British Journal of Cancer						168		
Comparison to German Guidelines		Gebensleben, et al. Int J Mol Med						140		
Validation in T1 Tumors		Mook, et al. Ann Surg Oncol						964*		
Prospective Validation MINDACT		Rutgers, et al. Eur J Can							6,600	
Validation in US Patient Cohort		Yao, et al. ASCO								208
5 Year Prospective Validation		Linn, et al. EBCC								427
Predicting Local Recurrence		Beitch. ASBS								594*
Neoadjuvant Prediction		Glück, et al. ASCO								421*
Implementation in US Population		Nguyen, et al. Ann Sur Onc								135

MammaPrint Cleared by FDA
US Food and Drug Administration
Silver Springs, MD 20993

* Pooled analysis

SYMPHONY™ BluePrint®.

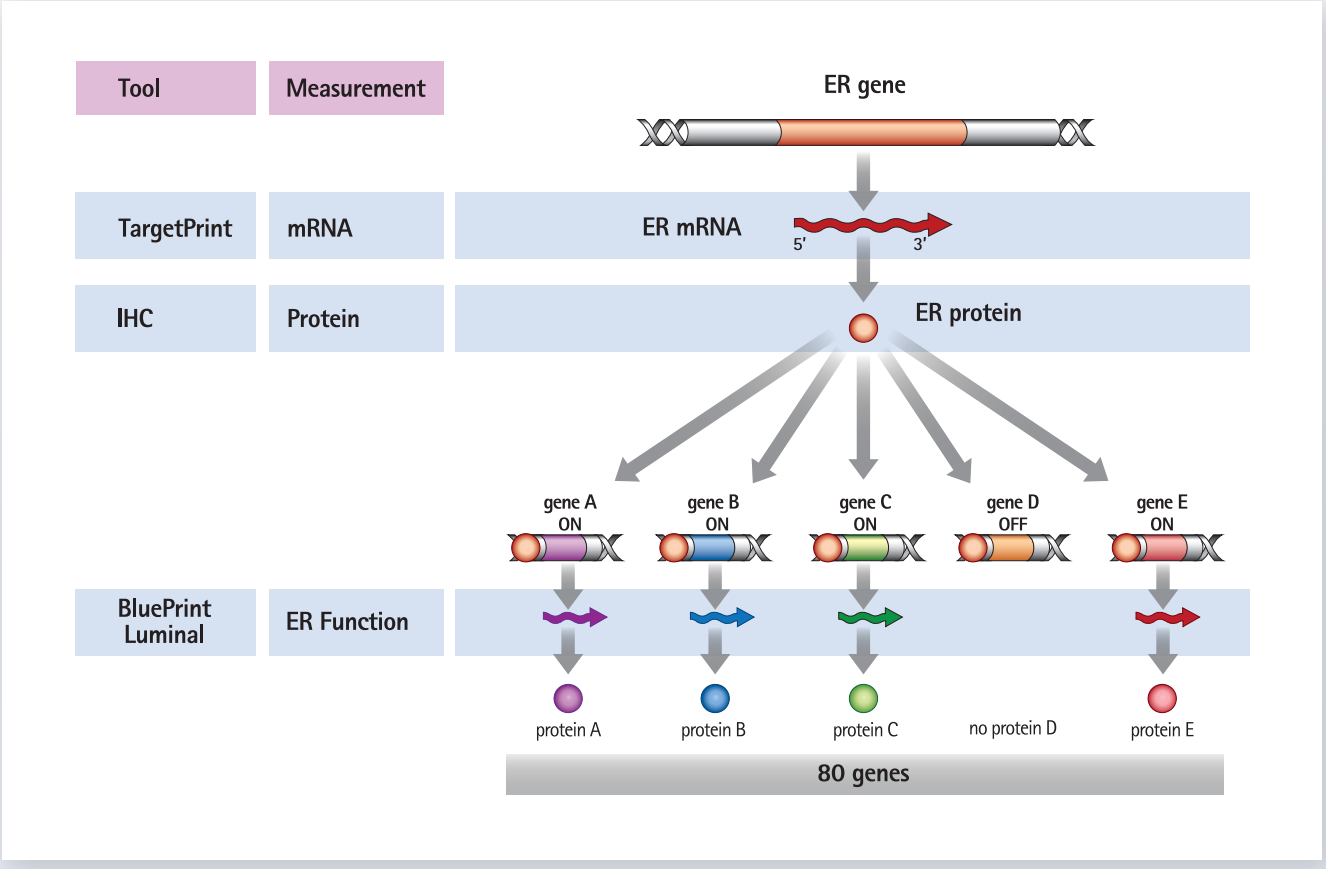
Identifies molecular subtypes to help you select the right therapies for each patient.



In *Nature* 2000, Sorlie and Perou identified tumor subtypes that may respond differently to adjuvant therapy. Agendia has developed a multi-gene profile for the classification of breast cancer into Basal-type, Luminal-type and ERBB2-type (HER2) molecular subtypes. The BluePrint molecular subtyping signature provides a greater level of clinical information to assist in therapeutic decision-making.

BluePrint measures gene function – not just the presence of the protein receptor.

While the two common ways (IHC/FISH) to measure ER/PR/HER2 will determine if the receptor is present, they do not determine their functional activity. BluePrint gene signature was designed to measure actual gene function, alerting you to the potential effect of adjuvant therapy.



SYMPHONY™ BluePrint®.

MINDACT – Clinical data from the first 600 patients supports the clinical utility of BluePrint molecular subtyping.

HER2+ and ER+ are often BluePrint Luminal.

- There is a large group of clinical HER2+ cases that are BluePrint Luminal type (46%)
- In this group the tumor's expression of the Luminal profile is dominant over the expression of the HER2+ profile
- These patients may have a lower response to Trastuzumab (von Minckwitz, et al, 2012)
- Patients with co-morbidities, where there is a concern about aggressive therapy, may fall within a recently identified subset

Even the best Ki-67 assessment shows 30% discordance with MammaPrint.

- Ki-67 is assumed to be a fairly reliable measure of proliferation. Ki-67 is utilized as a biomarker for chemotherapy
- The concordance between MammaPrint and centrally assessed Ki-67 in Luminal-type patients is 71%, with a k score of 0.35 (95% CI 0.26-0.45)
- The relatively high discordance with MammaPrint indicates that Ki-67 and MammaPrint cannot reliably substitute for each other

	BluePrint Molecular Subtyping[1]				
IHC/FISH	Luminal A	Luminal B	HER2	Basal	Total
ER+ and/or PR+ HER2-, Ki-67 low	263	19	4	1	287
ER+ and/or PR+ HER2-, Ki-67 high	111	70	4	11	196
ER+ and/or PR+ HER2+	25	3	31	1	60
ER-/PR-/HER2+	1	0	13	2	16
ER-/PR-/HER2-	0	0	1	61	62
Total	400	92	53	76	621

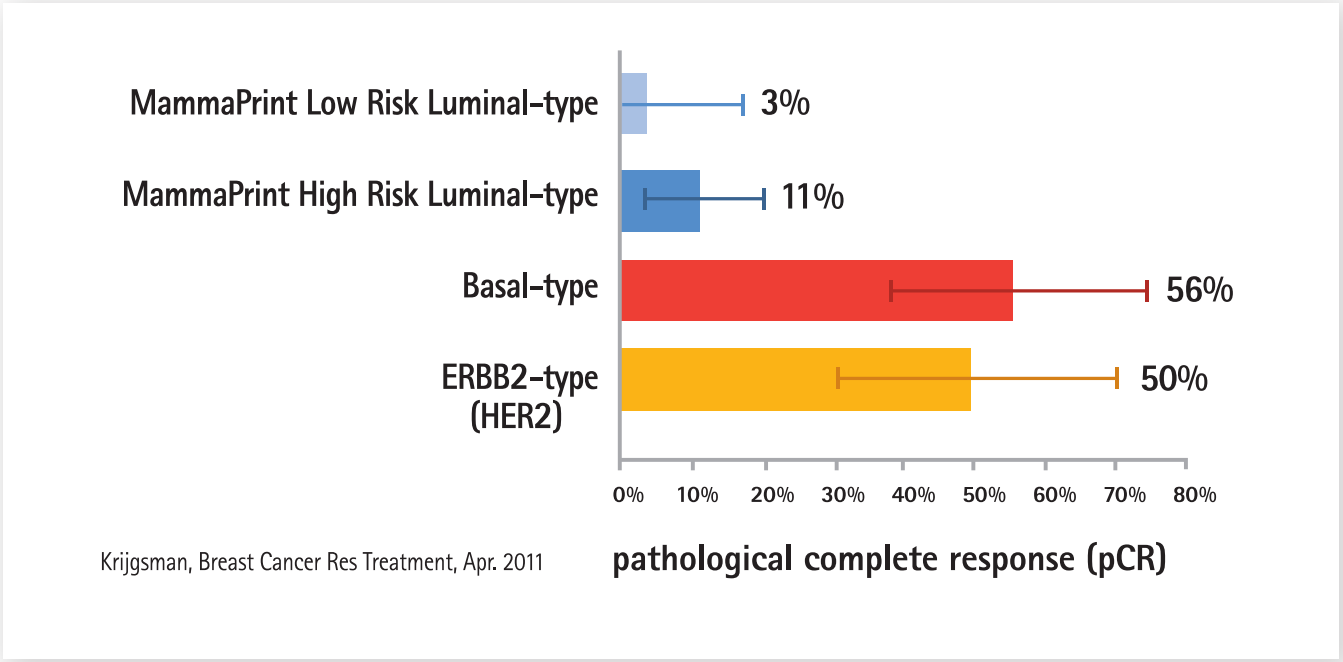
1. Viale, et al. (ASCO, 2012)

20% of BluePrint Basals were IHC ER+.

- These patients might not benefit from Endocrine therapy
- Of the BluePrint Basal cases, 20% are not pathological Basal (16% ER+, 4% HER2+)
- Of the 16% ER+ cases, the majority (80% are IHC ER/PR borderline (≥1% and <10%)

The predictive advantage of adding BluePrint to MammaPrint.

The BluePrint gene signature, when combined with MammaPrint risk recurrence, provides additional information to therapy response.



Krijgsman, Breast Cancer Res Treatment, Apr. 2011

Basal and HER2-type show significantly higher pCR rates when treated with standard neo-adjuvant chemotherapy.

Therapy response varies by molecular subtype.

SYMPHONY Result	Prognosis	Chemosensitivity	Survival with recommended therapy
Low Risk Luminal	Good baseline prognosis	Low pCR, no expected benefit from chemotherapy	Excellent
High Risk Luminal	Poor baseline prognosis	Relatively low pCR, some benefit from chemotherapy	Good
High Risk ERBB2	Poor baseline prognosis	High pCR, especially with targeted therapy	Increased with therapy
High Risk Basal	Poor baseline prognosis	High pCR, high benefit from chemotherapy	Increased with therapy

Glück, et al. (ASCO, 2012)

SYMPHONY™ TargetPrint®

Objectively measures mRNA to accurately quantify your patients' ER/PR/HER2 levels.

In 2010, ASCO and CAP found in a review of the literature published since 1990, that up to 20% of current IHC determinations of ER/PR may be inaccurate[1] due to pre-analytic variables, with thresholds for positivity and interpretation criteria being the major causes.

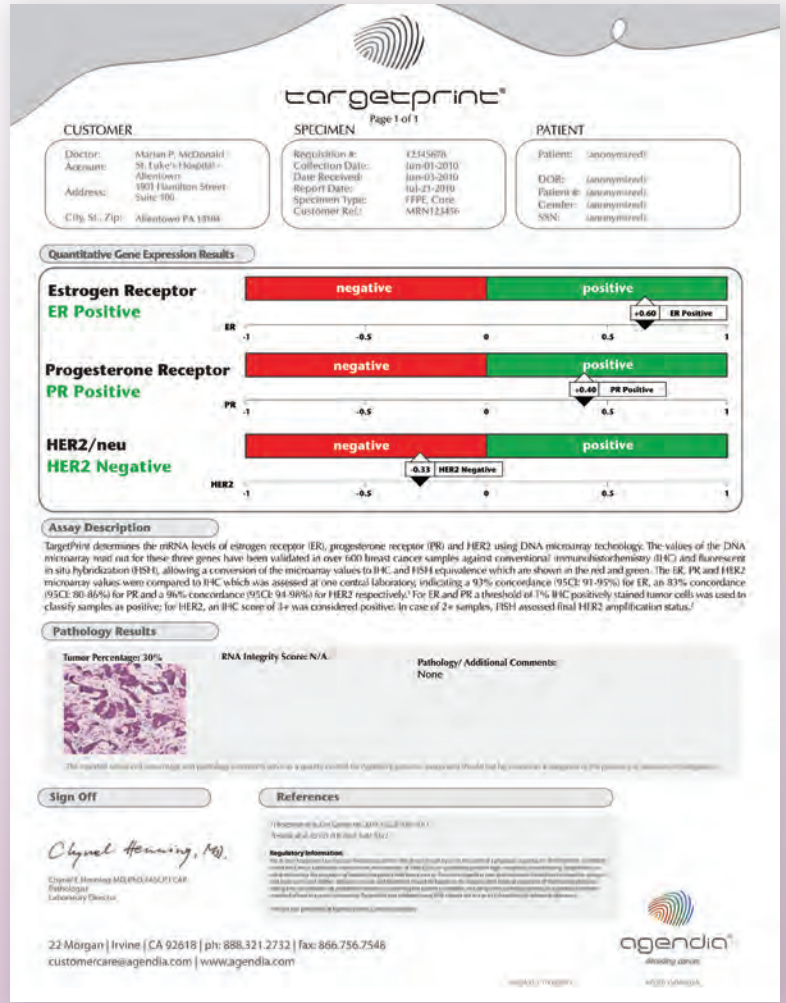
- Subsequently, Viale, et al reported false negative rates for ER/PR ranges from 20%–30% and up to 60%–70%[2].
- Perez, et al also reported that the false positive rates for HER2 ranged from 20%–30% for IHC and 10%–15% for FISH[3].
- Ma, et al found that "As part of our study, we demonstrated that determining hormonal receptor status by mRNA expression from FFPE tissues provided excellent concordance with IHC, as reported by others — and mRNA-derived receptor status **is more strongly associated with clinical outcome**"[4].

High concordance of protein (by centralized IHC using FDA-cleared kits), gene (by FISH; HER2 only) and microarray readout (by TargetPrint) of ER/PR/HER2: results from the MINDACT trial.

TargetPrint	Concordance (95% CI)
ER	98% (96–99%)
PR	85% (82–88%)
HER2	96% (94–97%)

N=626. Viale, et al., SABCS Poster Presentation 2011.

The microarray-based assessment of ER, PR and HER2 gives results comparable to IHC and FISH and provides an objective and quantitative assessment of tumor receptor status. TargetPrint is part of a multi-profile platform for breast cancer treatment management.



1. Hammond M, Hayes D, Allred, D, et al. American Society of Clinical Oncology/College of American Pathologists guidel one recommendations for immunohistochemical testing of estrogen and progesterone receptors in breast cancer. J Clin Oncol. 2010;28 (16):2784-95
2. Viale G, Regan MM, Maiorano E, et al. Prognostic and predictive value of centrally reviewed expression of estrogen and progesterone in receptors in a randomized trial comparing letrozole and tamoxifen adjuvant therapy for postmenopausal early breast cancer: BIG 1-98. J Clin Oncol 2007; 25: 3846-52
3. Perez EA, Suman VJ, Davidson NE, et al. HERT testing by local, central, and reference laboratories in specimens from the North Central Cancer Treatment Group N9831 intergroup adjuvant trial. J Clin Oncol 2006;24:3032-8
4. Ma X, et al. The HOXB13:IL17BR Expression Index Is a Prognostic Factor in Early-Stage Breast Cancer. J Clin Oncol. 2006; 24:4611-4619

SYMPHONY™

Personalized Breast Cancer Genomic Profile

Working in concert with you for better patient care.

SYMPHONY is the most comprehensive decision support profile available for physicians treating breast cancer. By providing a complete profile of genomic assays, SYMPHONY gives you the tools needed to address complete decisions for any type and stage of breast cancer.

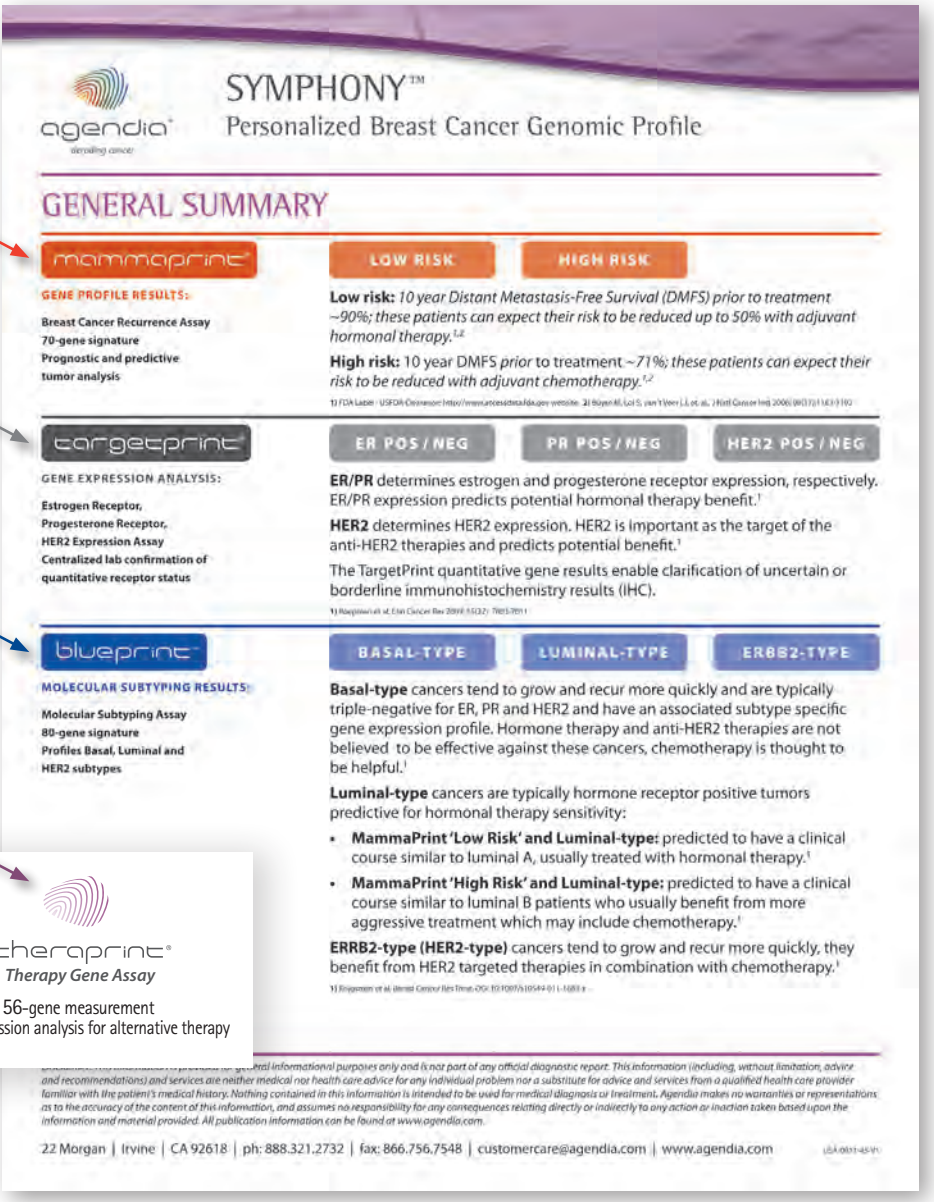
Physician Summary Report

A powerful prognostic and predictive biomarker that helps you determine if you can safely withhold chemotherapy.

Identifies targets for therapy.

Identifies molecular subtypes to help you select the right therapies for each patient.

Potential alternate therapy when there was no response to standard therapies.



agendia

SYMPHONY™

Personalized Breast Cancer Genomic Profile

GENERAL SUMMARY

MammaPrint — LOW RISK | HIGH RISK

GENE PROFILE RESULTS:

Breast Cancer Recurrence Assay
70-gene signature
Prognostic and predictive tumor analysis

Low risk: *10 year Distant Metastasis-Free Survival (DMFS) prior to treatment ~90%; these patients can expect their risk to be reduced up to 50% with adjuvant hormonal therapy.*

High risk: 10 year DMFS *prior* to treatment ~71%; *these patients can expect their risk to be reduced with adjuvant chemotherapy.*

TargetPrint — ER POS / NEG | PR POS / NEG | HER2 POS / NEG

GENE EXPRESSION ANALYSIS:

Estrogen Receptor,
Progesterone Receptor,
HER2 Expression Assay
Centralized lab confirmation of quantitative receptor status

ER/PR determines estrogen and progesterone receptor expression, respectively. ER/PR expression predicts potential hormonal therapy benefit.

HER2 determines HER2 expression. HER2 is important as the target of the anti-HER2 therapies and predicts potential benefit.

The TargetPrint quantitative gene results enable clarification of uncertain or borderline immunohistochemistry results (IHC).

BluePrint — BASAL-TYPE | LUMINAL-TYPE | ERBB2-TYPE

MOLECULAR SUBTYPING RESULTS:

Molecular Subtyping Assay
80-gene signature
Profiles Basal, Luminal and HER2 subtypes

Basal-type cancers tend to grow and recur more quickly and are typically triple-negative for ER, PR and HER2 and have an associated subtype specific gene expression profile. Hormone therapy and anti-HER2 therapies are not believed to be effective against these cancers, chemotherapy is thought to be helpful.

Luminal-type cancers are typically hormone receptor positive tumors predictive for hormonal therapy sensitivity:

- **MammaPrint 'Low Risk' and Luminal-type:** predicted to have a clinical course similar to luminal A, usually treated with hormonal therapy.
- **MammaPrint 'High Risk' and Luminal-type:** predicted to have a clinical course similar to luminal B patients who usually benefit from more aggressive treatment which may include chemotherapy.

ERRB2-type (HER2-type) cancers tend to grow and recur more quickly, they benefit from HER2 targeted therapies in combination with chemotherapy.

...informational purposes only and is not part of any official diagnostic report. This information (including, without limitation, advice and recommendations) and services are neither medical nor health care advice for any individual problem nor a substitute for advice and services from a qualified health care provider familiar with the patient's medical history. Nothing contained in this information is intended to be used for medical diagnosis or treatment. Agendia makes no warranties or representations as to the accuracy of the content of this information, and assumes no responsibility for any consequences relating directly or indirectly to any action or inaction taken based upon the information and material provided. All publication information can be found at www.agendia.com.

22 Morgan | Irvine | CA 92618 | ph: 888.321.2732 | fax: 866.756.7548 | customercare@agendia.com | www.agendia.com

theraprint®

Therapy Gene Assay

56-gene measurement
Gene expression analysis for alternative therapy

Exclusive Distribution **One Light Solution**
f: (786) 218-3810 | www.onelightsolution.com
argentina@onelightsolution.com | +54 11 2632-3800
chile@onelightsolution.com | +56 2 2570-3702
uruguay@onelightsolution.com | +54 11 2632-3800

One Light Solution

Argentina, Chile & Uruguay