The OncoType DX® Colon Cancer Assay is the first commercial test to provide a quantitative Recurrence Score® result, which gives you a more complete view of recurrence risk, so you can individualize treatment for your stage II colon cancer patients.1

A New Paradigm for Quantitative Assessment of Recurrence Risk in Stage II Colon Cancer: Recurrence Score®, MMR Status, and T-stage.
Is Something Missing From Your Colon Cancer Treatment Decision?

Treatment Decisions in Stage II Colon Cancer Require an Individualized Approach

“Oncologists have struggled for a long time with the standard risk stage 2 patients in large part because the existing markers suffer from lack of reproducibility and supporting evidence. The Oncotype DX® Colon Cancer Assay, a rigorously and well validated test, thus represents a significant advance, providing individual recurrence risk information that has not been possible until now. An informed patient is a happy patient and the Recurrence Score® now enables patients to have a more complete picture when deciding on a treatment plan.”

— Professor David Kerr, MD, University of Oxford
• MMR testing is clinically useful for identifying the ~15% of stage II patients with MMR-Deficient (MMR-D) tumor biology who have low recurrence risk and thus may be candidates to forego adjuvant chemotherapy.

• MMR testing also enables identification of patients with T3 MMR-Proficient (MMR-P) tumors, standard risk patients constituting the majority of stage II colon cancer, in whom the Recurrence Score provides valuable recurrence risk discrimination that is not available with conventional clinical and pathologic factors.

<table>
<thead>
<tr>
<th>MMR Status IHC1,2,5</th>
<th>Definitions of MMR/MSI Result</th>
<th>PCR</th>
</tr>
</thead>
<tbody>
<tr>
<td>MMR-P</td>
<td>Intact expression of MMR proteins</td>
<td>MSI-L; MSS</td>
</tr>
<tr>
<td>MMR-D</td>
<td>Loss of expression of at least 1 MMR protein</td>
<td>MSI-H</td>
</tr>
</tbody>
</table>

MSI-L = microsatellite low; MSS = microsatellite stable; MSI-H = microsatellite high.
Gene Expression Can Help You Find What’s Been Missing From Your Stage II Colon Cancer Treatment Decision

Oncotype DX®: A Powerful, Standardized, Quantitative Assay that Individualizes Recurrence Risk

Performing the assay

- Genomic Health® proprietary technology, using formalin-fixed, paraffin-embedded tumor (FPET) tissue, aligns with standard surgery and pathology processes to provide ease in sample collection¹,⁶
- RNA is extracted and analyzed using quantitative reverse transcriptase-polymerase chain reaction (RT-PCR)¹,⁷-⁹
- Colon cancer Recurrence Score® result is calculated with the Genomic Health proprietary algorithm using the gene expression results¹

Genomic Health’s board-certified surgical pathologists take additional steps to ensure accuracy and reproducibility¹:
- Perform microscopic examination of H&E section from each sample
- Perform manual microdissection to enrich for invasive tumor tissue

Why RT-PCR was chosen for the Oncotype DX Colon Cancer Assay¹:
- Precise, accurate, and highly reproducible over a wide dynamic range
- Minimizes variability that may result from:
  - Tissue preparation method, type of fixative, and fixation time
  - Tumor block age, storage, and variability in preparation
  - Sample heterogeneity

The Oncotype DX Colon Cancer Assay measures tumor gene expression to produce a quantitative, individualized assessment of recurrence risk.¹
Genomic Analysis Puts the Pieces Together for a Clearer Picture of Recurrence Risk

**Development and Validation of the Oncotype DX® Colon Cancer Assay**

- **Colon Cancer Technical Feasibility**
- **Development Studies**
  - Surgery Alone
    - NSABP C-01/C-02 (n=270)
    - Cleveland Clinic (n=765)
  - Surgery + 5FU/LV
    - NSABP C-04 (n=308)
    - NSABP C-06 (n=508)

**Selection of Final Gene List and Algorithm**

**Standardization and Validation of Analytical Methods**

**Clinical Validation Study**
- Stage II Colon Cancer
  - QUASAR (n=1,436)

**Confirmatory Study**
- Stage II Colon Cancer
  - CALGB 9581 (n=690)

---

**The Oncotype DX® Colon Cancer Assay 12-Gene Panel**

<table>
<thead>
<tr>
<th>Cell Cycle</th>
<th>Stromal</th>
</tr>
</thead>
<tbody>
<tr>
<td>KI-67</td>
<td>FAP</td>
</tr>
<tr>
<td>C-MYC</td>
<td>BGN</td>
</tr>
<tr>
<td>MYBL2</td>
<td>INHBA</td>
</tr>
</tbody>
</table>

- **7 Cancer Genes** Consistently Associated with Outcomes in Colon Cancer
- **GADD45B**
- **ATP5E**, **PGK1**, **GPX1**, **UBB**, **VDAC2**

- **5 Reference Genes**
  - Normalize the Expression of Cancer-related Genes

**Gene Expression Levels Determine the Recurrence Score® (RS) Result**

\[
RS = +0.15 \times \text{Stromal Group} - 0.30 \times \text{Cell Cycle Group} + 0.15 \times \text{GADD45B}
\]
A Significant, Independent, Quantitative Indicator of Individual Recurrence Risk\textsuperscript{5}

- Prospective analysis of archived FPET samples\textsuperscript{5}
- 1,436 stage II colon cancer patients randomized to surgery or surgery + 5FU/LV\textsuperscript{5}

The Recurrence Score\textsuperscript{\textregistered} Result is What’s Been Missing to Help Better Determine Recurrence Risk

In Stage II Patients Following Surgery, Recurrence Score Values Predict Individual Recurrence Risk\textsuperscript{1,5}

- Recurrence Score is significantly associated with recurrence-free interval ($P=.004$), disease-free survival ($P=.01$), and overall survival ($P=.04$)\textsuperscript{5}
QUASAR Demonstrates the Significant Roles of Recurrence Score®, MMR Status, and T-stage

- Recurrence Score result, MMR, and T-stage were most significantly associated with recurrence risk, independent of other available measures.

The Recurrence Score Result will Provide the Greatest Clinical Utility in Patients for Whom MMR and T-stage are Uninformative

<table>
<thead>
<tr>
<th>Variable</th>
<th>Categories</th>
<th>Hazard Ratio (HR)</th>
<th>HR 95% CI</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recurrence Score</td>
<td>Continuous per 25 Units</td>
<td>1.61</td>
<td>(1.13, 2.29)</td>
<td>.008</td>
</tr>
<tr>
<td>MMR</td>
<td>13% Deficient vs 87% Proficient</td>
<td>0.32</td>
<td>(0.15, 0.69)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>T-Stage</td>
<td>15% T4 vs 85% T3</td>
<td>1.83</td>
<td>(1.23, 2.75)</td>
<td>.005</td>
</tr>
<tr>
<td>Tumor Grade</td>
<td>29% High vs 71% Low</td>
<td>0.62</td>
<td>(0.40, 0.96)</td>
<td>.026</td>
</tr>
<tr>
<td>Number of Nodes Examined</td>
<td>62% &lt;12 vs 38% ≥ 12</td>
<td>1.47</td>
<td>(1.01, 2.14)</td>
<td>.040</td>
</tr>
<tr>
<td>Lymphovascular Invasion</td>
<td>13% Present vs 87% Absent</td>
<td>1.40</td>
<td>(0.88, 2.23)</td>
<td>.175</td>
</tr>
</tbody>
</table>
CALGB 9581: Confirms the Ability to Differentiate Risk of Recurrence in Stage II Colon Cancer Patients

Second Successful Prospectively-Designed Validation Study for the Oncotype DX Colon Cancer Assay

- Confirms the performance of the Oncotype DX 12-gene Recurrence Score® (RS), previously validated in QUASAR² as a predictor of recurrence risk in stage II colon cancer
- In this prospectively-designed study of patient samples from CALGB 9581*, a US phase III cooperative group clinical trial, the continuous 12-gene RS was significantly associated with the risk of recurrence in stage II colon cancer, providing value beyond conventional markers

CALGB 9581 – A Unique Opportunity to Test the Oncotype DX Colon Cancer Assay in Low/Standard Risk Stage II Colon Cancer

- Cohort sampling design with 690 evaluable patients, including 162 recurrence events, representing 1672 stage II colon cancer patients from CALGB 9581
- Age and nodal sampling reflective of contemporary clinical practice
- Low/standard recurrence risk population; excluded patients with pT4b stage, perforation, obstruction, positive margins
- A population where risk discrimination with conventional clinical and pathologic factors is challenging

*Collaborative Study Between Genomic Health and CALGB, Presented at ASCO 2011, Chicago, Illinois – Abstract #3518

- These results from CALGB 9581, together with previously reported studies, support the paradigm for quantitative assessment of recurrence risk in stage II colon cancer emphasizing the value of the Recurrence Score, MMR status, and T-stage

Patient Characteristics of the Validation Studies

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>CALGB</th>
<th>QUASAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age &gt;70 Years</td>
<td>35%</td>
<td>20%</td>
</tr>
<tr>
<td>T4</td>
<td>6%</td>
<td>15%</td>
</tr>
<tr>
<td>&lt;12 Nodes Examined</td>
<td>47%</td>
<td>62%</td>
</tr>
<tr>
<td>Lymphovascular Invasion</td>
<td>11%</td>
<td>14%</td>
</tr>
<tr>
<td>High Tumor Grade</td>
<td>32%</td>
<td>31%</td>
</tr>
<tr>
<td>MMR-D</td>
<td>22%</td>
<td>14%</td>
</tr>
<tr>
<td>Recurrence Risk (5 Years)</td>
<td><strong>14.6%</strong></td>
<td><strong>21.7%</strong></td>
</tr>
</tbody>
</table>
Clinical trials often have different entry criteria, making inter-study comparisons difficult, and allowing for a variety of results, particularly in multivariate analysis (like with MMR), but the OncoType DX Colon Cancer Assay consistently shows to be highly predictive of recurrence with a statistically significant p value in this confirmatory trial just like in the QUASAR validation study.

While the impact of MMR appears to be minimized in the multivariate analysis of all these older, lower risk patients, when analyzed where it matters most, in the MMR-D T3 vs. MMR-P T3 patients, it is clear that the prognostic strength of MMR is maintained with a p value of 0.043.

The OncoType DX Colon Cancer Assay identified 22% of patients with an average 5-year recurrence risk of 21% (95% confidence interval 16%, 26%) thus improving the ability to discriminate high from low recurrence risk stage II colon cancer patients beyond known prognostic factors, even in this cohort of apparently low risk patients.
Interpreting the Recurrence Score® Result for Treatment Planning

Recurrence Score <30:
- Recurrence Risk: ≤15%
- Absolute Benefit: <3% benefit with 5FU
- Percentage of Patients: ~45%

Recurrence Score ≥30:
- Recurrence Risk: >15%
- Absolute Benefit: >3% benefit with 5FU
- Percentage of Patients: ~55%

Recurrence Score ≥41:
- Recurrence Risk: >18% overlaps with T4 patients
- Absolute Benefit: ~4–5% absolute benefit with 5FU, within the range of benefit observed for T4 disease
- Percentage of Patients: ~25%
Presenting the Value of Absolute Benefit with Your Patients

Patients with High Recurrence Score Values are Expected to Derive Larger Absolute Benefit than Patients with Low Recurrence Scores

- Criteria other than pathologic stage and currently defined high-risk features are necessary to improve prognosis, so that:
  - High-risk patients can receive therapies that offer a larger potential benefit and
  - Patients with a low risk of recurrence are spared unnecessary treatment offering little or no benefit.

Better estimates of the risk of recurrence allow one to better estimate the absolute benefit from chemotherapy

**Patient Case**

53-Year-old Male with 3.0 cm Tumor
- **Tumor Type:** Adenocarcinoma of the Colon
- **Tumor Size:** 3.0 cm
- **T-Stage:** 3
- **Histologic Grade:** Low Grade
- **Lymph Node Status:** Negative
- **Number of Lymph Nodes Assessed:** 24
- **Mismatch Repair (MMR) Status:** MMR-P (IHC)
- **Lymphovascular Invasion:** No
- **Perforation:** N/A
- **Obstruction:** N/A

**Recurrence Score:** 5
**Risk of Recurrence:** 10%
**Expected Absolute Benefit:** 2%  
*Based on a 20% Relative Risk Reduction*

**Patient Case**

72-Year-old Male with 1.5 cm Tumor
- **Tumor Type:** Adenocarcinoma of the Sigmoid Colon
- **Tumor Size:** 1.5 cm
- **T-Stage:** 3
- **Histologic Grade:** Low Grade
- **Lymph Node Status:** Negative
- **Number of Lymph Nodes Assessed:** 16
- **Mismatch Repair (MMR) Status:** MMR-P (IHC)
- **Lymphovascular Invasion:** No
- **Perforation:** No
- **Obstruction:** No

**Recurrence Score:** 51
**Risk of Recurrence:** 22%
**Expected Absolute Benefit:** 4.4%  
*Based on a 20% Relative Risk Reduction*
The Oncotype DX® Colon Cancer Assay Report

PATIENT REPORT

Patient/ID: Doe, Jane  
Requisition: R00003G
Sex: Female  
Specimen Received: 05-May-2009
Date of Birth: 01-Jan-1950  
Date Reported: 15-May-2009
Medical Record/Patient #: 556677771  
Client: Community Medical Center
Date of Surgery: 25-Sep-2008  
Ordering Physician: Dr. Harry D Smith
Specimen Type/ID: Colon/SURG-0001  
Submitting Pathologist: Dr. John P Williams
Study #: 1122334455  
Additional Recipient: Dr. Sally M Jones

COLON CANCER ASSAY DESCRIPTION

Oncotype DX Colon Cancer Assay uses RT-PCR to determine the expression of a panel of 12 genes in tumor tissue. The Recurrence Scoreª is calculated from the gene expression results. The Recurrence Score range is from 0-100.

RESULTS

Colon Cancer  
Recurrence Score = 48

The findings summarized in the Clinical Experience section below are applicable to stage II colon cancer patients with adenocarcinoma or mucinous carcinoma. It is unknown whether the findings apply to other patients outside these criteria.

CLINICAL EXPERIENCE: STAGE II COLON CANCER

In the clinical validation study1, patients with stage II colon cancer randomized to surgery alone who had a Recurrence Score of 48 had a risk of recurrence at 3 years of 21% (95% CI: 17%-25%).

Risk of Recurrence at 3 Years vs Recurrence Score

Aid for Interpretation

Impact of Nodes Assessed
The 3-year recurrence risk for patients with ≥12 nodes examined was ~5% (range: 2% - 8%) lower than that shown in the figure. For patients with <12 nodes examined, the 3-year recurrence risk was ~2% higher.

5 years vs 3 years Recurrence Risk
The 5-year recurrence risk was ~5% higher (range 4% - 8%), than that shown in the figure for 3 years.

Relevance for Chemotherapy Benefit
Similar proportional reductions in recurrence risk with 5FU/LV chemotherapy treatment were observed across the range of Recurrence Scores.

ªThe clinical experience with Oncotype DX on this page is from a clinical validation study with prospectively defined endpoints involving 1,436 stage II colon cancer patients from the QUASAN clinical trial 711 randomized to surgery alone and 726 to surgery followed by 5FU/LV chemotherapy. 1 A second prospectively designed study with 690 stage II colon cancer patients from the CALGB 58811 clinical trial provided additional independent confirmation that the Oncotype DX Colon Cancer Assay predicts individual recurrence risk with value beyond conventional measures. 2 Gray RO et al., J Clin Oncol 2011. 2, Ken D et al., ASCO 2009, 4400. 3 Yonouchi A et al., ASCO 2011, A3518.

There were no patients who had a Recurrence Score > 67.

Laboratory Directors: Steven Shih, MD, Frederick Baehner, MD, and Patrick Joseph, MD

CLIA Number: 05D1018727

This test was developed and its performance characteristics determined by Genomic Health, Inc. The laboratory is regulated under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) as qualified to perform high-complexity clinical testing. This test is used for clinical purposes only and should not be regarded as investigational or for research. These results are additive to the ordering physician’s workload.

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A Detailed Report to Show You What’s Missing From Your Colon Cancer Treatment Decision

**Patient/ID: Doe, Jane**  
**Sex:** Female  
**Date of Birth:** 01-Jan-1950  
**Specimen Received:** 05-May-2000  
**Date Reported:** 15-May-2009

**Results**

**Colon Cancer Recurrence Score = 48**

The findings summarized in the Clinical Experience section below are applicable to stage II colon cancer patients with adenocarcinoma or mucinous carcinom. It is unknown whether the findings apply to other patients outside these criteria.

**Clinical Experience: Stage II Colon Cancer (continued)**

In the clinical validation study¹, three groups of patients with different risks of recurrence that are clinically important were identified by pre-specified analysis of the Recurrence Score, tumor stage (T stage) and mismatch repair (MMR) status.

- 13% of patients had T4 Stage, MMR Proficient (MMR-P) tumors and generally higher recurrence risk.
- 11% of patients had T3 Stage, MMR Deficient (MMR-D) tumors and generally lower recurrence risk.
- 74% of patients had T3 Stage, MMR-P tumors with recurrence risk similar to that shown on page 1.

**Risk of Recurrence Over 3 Years by Recurrence Score, T Stage and MMR Status**

<table>
<thead>
<tr>
<th>Recurrence Score</th>
<th>T4 Stage, MMR Proficient (13% of patients)</th>
<th>T3 Stage, MMR Proficient⁺ (74% of patients)</th>
<th>T3 Stage, MMR Deficient (11% of patients)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-9</td>
<td>5%</td>
<td>10%</td>
<td>15%</td>
</tr>
<tr>
<td>10-19</td>
<td>10%</td>
<td>20%</td>
<td>25%</td>
</tr>
<tr>
<td>20-29</td>
<td>15%</td>
<td>30%</td>
<td>35%</td>
</tr>
<tr>
<td>30-39</td>
<td>20%</td>
<td>40%</td>
<td>45%</td>
</tr>
<tr>
<td>40-49</td>
<td>25%</td>
<td>50%</td>
<td>55%</td>
</tr>
<tr>
<td>50-59</td>
<td>30%</td>
<td>60%</td>
<td>65%</td>
</tr>
<tr>
<td>60-69</td>
<td>35%</td>
<td>70%</td>
<td>75%</td>
</tr>
<tr>
<td>70-79</td>
<td>40%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>80-89</td>
<td>45%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>90-99</td>
<td>50%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

¹ There were no patients who had a Recurrence Score > 67.
⁺ Rare patients (2% of all patients) with T4, MMR-D tumors had estimated recurrence risks that approximated (with large confidence intervals) those for patients with T3 stage, MMR-P tumors and were not included in this figure.

Laboratory Directors: Steven Shak, MD, Frederick Baehner, MD, and Patrick Joseph, MD

CLIA Number 05D1016272

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391 Penobscot Drive  
Redwood City, CA 94063 USA  
Toll Free Tel 1-800-ONCOTYPE (662-8697)  
Website: www.oncotypeDX.com
The Oncotype DX® Colon Cancer Assay
MMR Proficient (MMR-P) Report

PATIENT REPORT

Patient ID: Doe, Jane
Sex: Female
Date of Birth: 01-Jan-1950
Medical Record/Patient #: 566677771
Date of Surgery: 25-Sep-2008
Specimen Type ID: Colon/SURG-0001
Study #: 112234455

Requisition: R002330G
Specimen Received: 05-May-2009
Date Reported: 15-May-2009
Client: Community Medical Center
Ordering Physician: Dr. Harry D Smith
Submitting Pathologist: Dr. John P Williams
Additional Recipient: Dr. Sally M Jones

MISMATCH REPAIR (MMR) ASSAY RESULTS

Mismatch Repair Status = MMR Proficient (MMR-P)

<table>
<thead>
<tr>
<th>Antibody</th>
<th>Clone</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>MLH1</td>
<td>E905</td>
<td>Expressed</td>
</tr>
<tr>
<td>MSH2</td>
<td>G219-1129</td>
<td>Expressed</td>
</tr>
</tbody>
</table>

MMR Status Determination for Recurrence Risk:
- MMR Proficient (MMR-P) if both MLH1 and MSH2 are expressed
- MMR Deficient (MMR-D) if one or both of MLH1 and MSH2 are not expressed

CLINICAL EXPERIENCE: MMR FOR RECURRENCE RISK ASSESSMENT IN COLON CANCER

MMR deficiency (MMR-D) defines a subset of ~15% of stage II colon cancer patients who have significantly lower recurrence risk compared to patients with MMR proficient (MMR-P) tumors. MMR-D tumors may also have limited benefit from 5-FU based chemotherapy. As reported in the QUASAR validation study, where MMR status was assessed by IHC for MLH1 and MSH2, stage II colon cancer patients with T3 MMR-D tumors had point estimates for three-year recurrence risk of ~3%, while stage II patients with T3 MMR-P tumors had three year recurrence risk ranging from 10% to 26%. Assessment of MMR status using IHC for MLH1 and MSH2 is highly concordant (~95%) with microsatellite instability (MSI) using PCR, where MMR-D corresponds to high-degree MSI (MSI-H). MMR testing using IHC as screening for hereditary cancer syndromes is typically performed by assessment of staining for MLH1, MSH2, PMS2, and MSH6, with further workup of MMR-D cases according to physician discretion and institutional guidelines. Assessment of PMS2 and MSH6 expression, which are not part of this recurrence risk assay, may identify an additional ~1-2% of colon cancers as MMR-D.


IMMUNOHISTOCHEMISTRY (IHC) METHODOLOGY AND SCORING

Antigen detection is performed using a biotin-free, polymer based IHC methodology with the antibodies listed above on fixed, paraffin embedded tissue sections. Results for MLH1 and MSH2 are scored as expressed if any fraction of tumor cells are immunoreactive, or not expressed if no tumor cells are found to be immunoreactive. The internal and external tissue and reagent controls are reviewed and determined to be satisfactory.

Reviewing Pathologist: GHI Pathologist, MD

Laboratory Directors: Steven Shao, MD, Frederick Baechner, MD, and Patrick Joseph, MD

CLIA Number: 05D1018272

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Ordering the Oncotype DX® Colon Cancer Assay and MMR Test in One Convenient Step

- Tumor analysis requires either 1 paraffin-embedded tumor block or 15 unstained slides. Neutral buffered formalin is the preferred fixative.

- Materials necessary for sample submission are provided in the Oncotype DX Specimen Kit

If the Sequential Assay option is selected:

- MMR-P Result: an Oncotype DX assay will be performed, and in one convenient report, both results will be provided in 7–10 days from the date laboratory processing begins*
- MMR-D Result: an Oncotype DX assay will not be performed, and the ordering physician will be provided with a MMR report only

*Please allow 1-2 additional days for MMR testing.

- Results are returned via online secure access, fax, and/or overnight mail to the:
  - Treating physician
  - Submitting pathologist
  - Additional physician as requested

- Reimbursement: the Genomic Access Program (GAP) assists patients and physicians throughout the entire reimbursement process
- The GAP provides financial assistance and an Uninsured Patient Program

The GAP can be contacted by calling 866-ONCOTYPE (866-662-6897) or e-mailing customerservice@genomichealth.com within the United States, and +1-650-569-2080 or e-mailing international@genomichealth.com outside the United States.

Order the Oncotype DX Colon Cancer Assay by filling out a requisition form available from your Genomic Health® Representative or online at https://online.genomichealth.com.
The OncoType DX® Colon Cancer Assay: An Individualized Approach to Stage II Colon Cancer Treatment Planning

- QUASAR and CALGB results support a new paradigm for quantitative assessment of recurrence risk in stage II colon cancer, emphasizing Recurrence Score®, MMR status, and T-stage1,5
- The Recurrence Score Result will provide the greatest clinical utility in standard-risk T3, MMR-P patients1,5
- The clinically validated Recurrence Score result produces an individualized and independent assessment of recurrence risk, allowing for personalized treatment planning in stage II colon cancer1,5
- The OncoType DX Colon Cancer offering has now been expanded to include immunohistochemistry (IHC) testing for MMR status to assess mismatch repair for stage II colon cancer recurrence risk assessment
- Expanding payor coverage including both public and private payors
- Patients can receive assistance obtaining the assay through the Genomic Access Program1
- For online ordering, online results, and important customer information postings, sign up for the Customer Portal at https://online.genomichealth.com

For customer service, please contact 866-ONCOTYPE (866-662-6897) or e-mail customerservice@genomichealth.com within the United States, and +1-650-569-2080 or e-mail international@genomichealth.com outside the United States.

www.oncotypeDX.com

References: