Not all colon cancer patients are alike. One assay helps you see the difference.
IN EARLY STAGE* COLON CANCER, THE DIFFERENCE IS AS IMPORTANT AS THE SIMILARITIES. ONE ASSAY HELPS YOU SEE THE KEY DIFFERENCE.

No two patients—and no two tumors—are alike. Despite similarities, not all patients have the same recurrence risk and not all patients benefit equally from the same treatment. Using traditional clinical and pathologic measures, it can be difficult to determine:

• What is the precise estimate of recurrence risk for your patient?
• Which stage II patients have higher risk, and are likely to have a greater absolute benefit from chemotherapy?
• Which stage III patients have lower risk, and may receive less absolute benefit from oxaliplatin?

Increase confidence in your patient’s treatment plan by having a precise and more accurate estimate of the recurrence risk.1-3

*Stage II and stage III

Both George and Julia have stage II, T3 colon cancer. Is chemotherapy the right answer for them both?

“Most of the conventional clinical and pathological features in use suffer from a lack of standardization, reproducibility, and prospective validation criteria which should apply to any marker, new or old, for clinical decision making.”

— Venook, et al.?
THE RIGHT TREATMENT CHOICE DIFFERS FROM PATIENT TO PATIENT. TUMOR BIOLOGY HOLDS THE KEY

The Oncotype DX® Colon Cancer Assay analyzes individual tumor biology to assess each patient’s specific recurrence risk, and helps guide appropriate treatment.

- Measures the expression of 12 genes in each tumor specimen
- Provides a quantitative, reproducible, and individualized Recurrence Score® result—prospectively validated in multiple studies, in over 3,000 patients
- Improves ability to quantify recurrence risk, beyond known prognostic factors, so that:
  - Higher-risk patients can receive therapies that offer a greater absolute benefit
  - Lower-risk patients may be spared treatment that may offer little absolute benefit

THE RECURRANCE SCORE RESULT ENABLES A MORE INDIVIDUALIZED DISCUSSION WITH YOUR PATIENT AND HELPS GUIDE TREATMENT DECISIONS

Based on the results of the Oncotype DX test, each patient receives an individual Recurrence Score result. This independent, quantitative assessment of recurrence risk allows for truly personalized treatment planning, so you and your patient can proceed with the most appropriate treatment option. The Recurrence Score result provides the greatest utility in patients who are:

- Stage II, T3 MMR*-P—a standard-risk population in which traditional markers are not adequately informative
- Stage III A/B, for whom the addition of oxaliplatin may not be the best choice

“Oncologists have struggled for a long time with the standard-risk, stage II 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 result now enables patients to have a more complete picture when deciding on a treatment plan.”
— Professor David Kerr, MD, University of Oxford

*MMR = Mismatch Repair; P = proficient
The Oncotype DX® Colon Cancer Assay

RIGOROUS STANDARDS AND PROVEN TECHNOLOGY

The Oncotype DX Colon Cancer Assay was developed and refined in several collaborative studies that included both stage II and stage III colon cancer patients. By leveraging the trusted Oncotype DX platform, scientists were able to identify the genes that provide actionable insights into colon cancer tumor biology which impacts recurrence risk.4

“Being able to predict which patients are most likely to benefit would not only save patients from unnecessary toxicity and inconvenience, but might facilitate their receiving drugs that are more likely to help them. In addition, the current overtreatment of patients results in major expenses for individuals and society, an expense that may not be indefinitely sustainable.”

— Simon R.6
The Oncotype DX Colon Cancer Assay

THE 12-GENE PANEL REVEALS THE UNDERLYING TUMOR BIOLOGY

Beginning with 761 genes, scientists identified a final set of 12 genes that form the panel for the Oncotype DX Colon Cancer test. These included seven genes, from two predominant biological pathways, shown to be consistently associated with colon cancer recurrence across studies, and five reference genes used to normalize expression.\textsuperscript{4-6}

THE ONCOTYPE DX COLON CANCER ASSAY 12-GENE PANEL

<table>
<thead>
<tr>
<th>Cell Cycle</th>
<th>Stromal</th>
<th>GADD45B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ki-67</td>
<td>FAP</td>
<td>ATP5E</td>
</tr>
<tr>
<td>C-MYC</td>
<td>BGN</td>
<td>PGK1</td>
</tr>
<tr>
<td>MYBL2</td>
<td>INHBA</td>
<td>GPX1</td>
</tr>
</tbody>
</table>

7 Cancer Genes Consistently Associated with Colon Cancer Recurrence

5 Reference Genes Normalize the Expression of Cancer-related Genes

Recurrence Score\textsuperscript{®} result = 0.15 x Stromal Group - 0.30 x Cell Cycle Group + 0.15 x GADD45B

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Stage II Validation

The Oncotype DX® Colon Cancer Assay

VALIDATED AS AN INDEPENDENT, QUANTITATIVE ASSESSMENT OF RECURRENT RISK IN STAGE II COLON CANCER

The first clinical validation study for the assay, using patient samples and clinical data from the QUASAR trial, clearly demonstrated significant association between the Recurrence Score result and the risk of recurrence.1

- This prospectively-designed study included archived tissue from 1,436 stage II colon cancer patients randomized to surgery or surgery + 5-FU/LV
- In the multivariable analysis of patients randomized to surgery alone (n=605), the most significant independent predictors of recurrence risk were:
  - Recurrence Score result
  - Mismatch Repair (MMR) status
  - T-stage
- With similar relative risk reduction across the range of Recurrence Score results, patients at higher Recurrence Score results are expected to derive larger absolute benefit from 5-FU/LV, than patients with lower Recurrence Score results
- T3 MMR-P patients with Recurrence Score results ≥ 41 (~25% of total)
  - Had recurrence risks that overlap with recurrence risk of T4 MMR-P patients
  - Were expected to have higher absolute benefit with 5-FU/LV compared to patients with low Recurrence Score results

The Recurrence Score® result further risk stratifies patients, beyond conventional measures such as MMR status and T-stage

T3, MMR-P patients constitute the majority of stage II colon cancer

T3, MMR-P patients constitute the majority of stage II colon cancer

Stage II T3, MMR-D patients have a very low risk of recurrence and are expected to have little if any absolute benefit from 5-FU adjuvant therapy. Use of this assay is not recommended for stage II MMR-D patients.
The Oncotype DX Colon Cancer Assay

CONFIRMED AS AN INDEPENDENT, QUANTITATIVE ASSESSMENT OF RECURRENCE RISK, BEYOND T-STAGE AND MMR, IN STAGE II COLON CANCER

The second clinical validation study, using patient samples and clinical data from the CALGB 9581 trial, confirmed the Recurrence Score result as a predictor of recurrence risk.²

- This prospectively-designed study included archived tissue from 690 stage II colon cancer patients considered to be low/standard recurrence risk (based on the clinical and pathologic characteristics), with an average 5-year recurrence risk of approximately 15%
- The Recurrence Score result identified 22% of the patients with an average recurrence risk of 21% at 5 years. Thus the Recurrence Score result can discriminate a higher-risk patient population beyond conventional measures—even in a cohort of relatively low-risk patients
- The Recurrence Score result was the most significant predictor of recurrence risk in multivariable analyses

The Recurrence Score result reveals the underlying tumor biology and enables a more personalized treatment plan.
The Oncotype DX® Colon Cancer Assay

THE RECURRENCE SCORE® RESULT HAS BEEN CLINICALLY VALIDATED FOR RECURRENCE RISK IN STAGE III, AS WELL AS STAGE II COLON CANCER

The third clinical validation study using patient samples from the NSABP C-07 trial further confirmed the ability of the Recurrence Score result to predict recurrence risk in stage II patients treated with either 5-FU/LV or 5-FU/LV + oxaliplatin, and validated the assay as a predictor of recurrence risk in patients with stage III colon cancer.3

- This prospectively-designed clinical study used archived tissue from 892 patients
- Recurrence Score results predicted recurrence risk beyond conventional measures, including T and N stage, and MMR
- With similar relative risk reduction across the range of Recurrence Score results, patients’ absolute benefit from the addition of oxaliplatin increased with higher Recurrence Score values

Patients’ absolute benefit from the addition of oxaliplatin increased with higher Recurrence Score values; this was most apparent in stage II and stage III A/B patients

Differentiation of Risk and Absolute Oxaliplatin Benefit by Recurrence Score Group

KAPLAN-MEIER (KM) ANALYSIS IN STAGE III A/B PATIENTS

<table>
<thead>
<tr>
<th>Recurrence Score Risk Group</th>
<th>Patients (n)</th>
<th>Events (n)</th>
<th>5-FU/LV</th>
<th>5-FU/LV + Oxaliplatin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low (&lt; 30)</td>
<td>169</td>
<td>31</td>
<td>19%</td>
<td>17% (12%, 28%)</td>
</tr>
<tr>
<td>Intermediate (≥ 30)</td>
<td>138</td>
<td>38</td>
<td>30%</td>
<td>19% (11%, 30%)</td>
</tr>
<tr>
<td>High (≥ 41)</td>
<td>102</td>
<td>40</td>
<td>43%</td>
<td>31% (20%, 46%)</td>
</tr>
</tbody>
</table>
The Oncotype DX Colon Cancer Assay

THE RECURRENCE SCORE RESULT INFORMS INDIVIDUALIZED TREATMENT DECISIONS

Historically patients with stage III colon cancer have been treated similarly with adjuvant chemotherapy. However, the actual risk of recurrence and the expected benefit from chemotherapy can vary greatly and is unique to each individual patient. Thus Recurrence Score results may have an important implication for clinical practice.

- There is a wide range of Recurrence Score results and associated recurrence risk observed among stage III A/B (1-3 positive nodes, AJCC 6th edition) patients: Recurrence risks with 5-FU/LV range from 12% to 58% and overlap with stage II and IIIC.
  - Stage III A/B patients with low Recurrence Score values have risks comparable to some patients with stage II disease. Conversely, patients with high Recurrence Score values have risks comparable to some stage III C patients.
- With higher Recurrence Score results, patients are expected to derive larger absolute benefit from the addition of oxaliplatin to 5-FU/LV.
  - For stage III A/B, patients with Recurrence Score values < 30 derive a 3-4% absolute benefit from the addition of oxaliplatin, while patients with Recurrence Score values ≥ 41 derive a 7-10% absolute benefit.
- Stage III C patients treated with 5-FU/LV had 5-year recurrence risks ranging from 27% to 84% across Recurrence Score results, thus this assay has limited clinical applicability in patients with stage III C colon cancer.

With the Recurrence Score result, each patient’s treatment can be individualized based on their specific recurrence risk and the expected absolute benefit from the addition of oxaliplatin to 5-FU/LV.
The Oncotype DX® Colon Cancer Assay Report (Page 1 of 2)

KNOW THE RECURRENT RISK FOLLOWING SURGERY ALONE

To enable an informed discussion with your patient, discuss the recurrence risk estimate associated with your patient’s Recurrence Score® result following surgery alone.

Stage II Colon Cancer Report
Following Surgery Alone

Patient ID: DOE, JANE ELIZABETH
Sex: Female
Date of Birth: 01-Jan-1950
Medical Record/Patient #: 556677771
Date of Surgery: 25-Sep-2012
Specimen Type ID: Colon/TRT00481

Recurrent Score® Result

OncoType DX® Colon Cancer Assay uses RT-PCR to determine the expression of a panel of 12 genes in tumor tissue. The Recurrence Score® result is calculated from the gene expression results, and ranges from 0-100. These findings are applicable to stage II patients with adenocarcinoma or mucinous carcinoma limited to the colon. It is unknown whether the findings apply to other patients outside these criteria.

Clinical Experience

Relevance for Chemotherapy Benefit: Based on the results in QUASAR (N=1, 436) that randomized patients to surgery/surgery+5FU/LV, the proportional reductions in recurrence risk with 5FU/LV were similar across the range of Recurrence Score results, with larger absolute benefit at higher Recurrence Score results. In the parent QUASAR trial, 5FU/LV treatment resulted in ~20% relative risk reduction of cancer recurrence.

Supplies clear summary of recurrence risk following surgery alone

Recurrence Score result, visible at a glance

Provides recurrence risk estimate following surgery for MMR-P patients by T-stage

Highlights patients at higher risk, whose Recurrence Score result is ≥ 41

Stage II Recurrence Risk
Following Surgery Alone

34% T4, MMR-P
(95% CI: 24%-46%)

20% T3, MMR-P*
(95% CI: 16%-26%)

* 2% of all patients with T4, MMR-D tumors had estimated recurrence risk that approximated (with large confidence intervals) those for patients with T3 stage, MMR-P tumors and were not included in this figure.

Impact of Nodes Assessed: For patients with ≥ 12 nodes examined the 3-year recurrence risk was lower than that shown in the Figure. For T3 MMR-P patients the reduction in risk ranged from 2% to low for 6% for high Recurrence Score results. For T4 MMR-P patients the reduction in risk ranged from 4% to 10%, respectively. For all MMR-P patients with < 12 nodes examined, the recurrence risk was 2-3% higher.


Laboratory Director: Patrick Joseph, MD

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. It should not be regarded as investigational or for research. These results are not interpretable by the ordering physician’s workspace.

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The Oncotype DX Colon Cancer Assay Report (Page 2 of 2)

UNDERSTAND THE ABSOLUTE BENEFIT OF ADDING OXALIPLATIN TO 5-FU/LV FOR YOUR PATIENTS WITH STAGE II COLON CANCER

To enable an informed discussion with your patient, discuss the recurrence risk estimate associated with your patient’s Recurrence Score result when considering adjuvant chemotherapy following surgery.

Stage II Colon Cancer Report

Following Adjuvant Chemotherapy

<table>
<thead>
<tr>
<th>Patient/ID:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOE, JANE ELIZABETH</td>
</tr>
<tr>
<td>Sex:</td>
</tr>
<tr>
<td>Female</td>
</tr>
<tr>
<td>Date of Birth:</td>
</tr>
<tr>
<td>01-Jan-1950</td>
</tr>
</tbody>
</table>

Requision: R0003G
Specimen Received: 30-Sep-2012
Date Reported: 05-Oct-2012

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

These findings are applicable to stage II patients with adenocarcinoma or mucinous carcinoma limited to the colon. It is unknown whether the findings apply to other patients outside these criteria.

Clinical Experience is based on a prospectively-designed clinical validation study (NSABP C-07) which randomized patients to 5FU/LV versus 5FU/LV+oxaliplatin, in which 264 patients were stage II, including 247 (94%) with T3 tumors. Out of 213 patients with available MMR status, 82% were MMR-P.1

Stage II Recurrence Risk Following Adjuvant Chemotherapy

5-Year Recurrence Risk by Recurrence Score Result and Treatment

Impact of MMR Status: Consistent with previous studies, patients with MMR-D tumors had generally lower recurrence risk than patients with MMR-P tumors. These results are not shown on the graph due to low number of events (6 recurrences in the 18% of stage II patients with MMR-D tumors).

Impact of Nodes Assessed: The recurrence risk for patients with ≥ 12 nodes examined was lower than the risk for those with < 12 nodes examined.


Laboratory Director: Patrick Joseph, MD
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. It should not be regarded as investigational or for research. These results are adjunctive to the ordering physician’s workup.

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The Oncotype DX® Colon Cancer Assay

UNDERSTAND THE ABSOLUTE BENEFIT OF ADDING OXALIPLATIN TO 5-FU/LV FOR YOUR PATIENTS WITH STAGE III COLON CANCER

To enable an informed discussion with your stage III A/B patient, assess the risk of recurrence and discuss the absolute benefit of adding oxaliplatin to 5-FU/LV.

Genomic Health, Inc.
301 Penobscot Drive, Redwood City, CA 94063 USA
USA/Canada: +1.866.ONCOTYPE
International: www.oncotypeid.com/contact
www.oncotypeid.com
CLIA Number 05D1018272

Stage III A/B Colon Cancer Report

<table>
<thead>
<tr>
<th>Patient/ID: DOE, JANE ELIZABETH</th>
<th>Requisition: R00003G</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex: Female</td>
<td>Specimen Received: 30-Sep-2012</td>
</tr>
<tr>
<td>Date of Birth: 01-Jan-1950</td>
<td>Date Reported: 05-Oct-2012</td>
</tr>
<tr>
<td>Medical Record/Patient #: 556677771</td>
<td>Ordering Physician: Dr. Harry D Smith</td>
</tr>
<tr>
<td>Date of Surgery: 25-Sep-2012</td>
<td>Submitting Pathologist: Dr. John P Williams</td>
</tr>
<tr>
<td>Specimen Type/ID: Colon/TRT004BI</td>
<td>Study #: GHI 123456789</td>
</tr>
</tbody>
</table>

Recurrence Score® Result

Oncotype DX® Colon Cancer Assay uses RT-PCR to determine the expression of a panel of 12 genes in tumor tissue. The Recurrence Score® result is calculated from the gene expression results, and ranges from 0-100. These findings are applicable to stage III patients with adenocarcinoma or mucinous carcinoma limited to the colon. It is unknown whether the findings apply to other patients outside these criteria.

Clinical Experience is based on a prospectively-designed clinical validation study using patients from NSABP C-07 (which randomized patients to 5FU/LV versus 5FU/LV+oxaliplatin), and included 409 stage III A/B and 219 stage III C patients (AJCC 6th ed.). In stage III C, 5-year recurrence risks following FU/LV ranged from 27% to 84% across the range of Recurrence Score values (results not shown), thus the Recurrence Score result has limited clinical applicability for Stage III C patients.1

Stage III A/B Recurrence Risk Following Adjuvant Chemotherapy

- 17% 5FU/LV (95% CI: 12%-23%)
- 13% 5FU/LV + oxaliplatin (95% CI: 9%-18%)

5-Year Recurrence Risk by Recurrence Score Result and Treatment

Other Considerations: The recurrence risk for patients with ≥12 nodes examined was lower than the risk for those with <12 nodes examined. Patients with MMR-D tumors had generally lower recurrence risk than patients with MMR-P tumors. These results are not shown on the graph due to low number of events (6 recurrences in the 9% of stage III patients with MMR-D tumors).


Laboratory Director: Patrick Joseph, MD

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. It should not be regarded as investigational or for research. These results are adjunctive to the ordering physician's workup.

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The Oncotype DX Colon Cancer Assay

IN A PROSPECTIVE MULTICENTER STUDY, THE ONCOTYPE DX COLON CANCER ASSAY CHANGED TREATMENT RECOMMENDATIONS 45% OF THE TIME

- 33.3% of the time physicians recommended less treatment
  - 15%: 5-FU + oxaliplatin to observation
  - 1%: 5-FU + oxaliplatin to 5-FU only
  - 17%: 5-FU to observation
- 11.3% of the time physicians recommended more treatment
- Overall recommendations for chemotherapy decreased by 22%
- In a separate health economic analyses, overall total medical costs decreased $1,683 per patient

The study evaluated the impact of Recurrence Score® results on medical oncologists’ treatment recommendations in T3, mismatch repair–proficient (MMR-P) patients with resected stage II colon cancer who were candidates for adjuvant chemotherapy.8-10

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The Oncotype DX® Colon Cancer Assay

TRADITIONAL MARKERS CANNOT PREDICT THE RECURRENCE SCORE® RESULT

Recurrence Score result predicts recurrence risk beyond conventional pathologic markers\(^1-3\) such as MMR, T-stage, tumor grade, and lymphovascular invasion which provide prognostic information, but cannot predict the Recurrence Score result.\(^2\) Only the Recurrence Score result provides a precise and quantitative estimate of the risk of recurrence based on each individual patient’s tumor. The Oncotype DX Recurrence Score result provides unique insight into the underlying tumor biology that can help guide treatment decisions.

CLINICAL AND PATHOLOGICAL FACTORS DO NOT PREDICT THE RECURRENCE SCORE RESULT\(^2\)

The Recurrence Score result provides a precise and more accurate estimate of recurrence risk, ensures a more complete picture of your patient’s unique risk and complements the traditional clinical and pathologic characteristics.
The Oncotype DX Colon Cancer Assay

**THE RECURRENCE SCORE RESULT IS MOST INFORMATIVE IN STANDARD-RISK, STAGE II, T3 MMR-PROFICIENT (MMR-P) PATIENTS**

NCCN Clinical Practice Guidelines in Oncology® (NCCN Guidelines®) suggest considering MMR testing for all patients with stage II disease. MMR testing is clinically useful for identifying:

- The standard-risk MMR-P patients who comprise the majority of stage II patients
- The ~15% of stage II patients with MMR-Deficient (MMR-D) tumor biology who have low recurrence risk may be candidates to forego adjuvant chemotherapy

**SEQUENTIAL ORDERING: MMR AND ONCOTYPE DX COLON CANCER ASSAY**

<table>
<thead>
<tr>
<th>Oncotype DX Colon Cancer Assay</th>
<th>Important: Stage (AJCC 6th ed.) and Assay selection determines the results presented on the report.</th>
</tr>
</thead>
</table>
| Stage II Patient (T3 or T4) AND Node Negative | Sequential Assays:  
- MMR then Oncotype DX Colon Cancer if MMR Proficient  
- Oncotype DX Colon Cancer Assay (for known MMR Proficient tumors)  
- MMR Assay for Recurrence Risk Assessment |
| Stage III A/B Patient Any T AND 1-3 Positive Nodes | Oncotype DX Colon Cancer and MMR Assays  
- Oncotype DX Colon Cancer Assay  
- MMR Assay for Recurrence Risk Assessment |

Current NCCN Guidelines® do not recommend the routine use of adjuvant chemotherapy for all patients with stage II colon cancer, but do advise consideration of adjuvant treatment for patients with high recurrence risk.

National Comprehensive Cancer Network (NCCN) and NCCN are registered trademark of NCCN. NCCN do not endorse any product or therapy.

By choosing sequential ordering from the Genomic Health® laboratory for a stage II colon cancer patient, in the event of an MMR-P result, the patient’s tumor specimen will proceed directly to Oncotype DX testing, speeding the process for the patient and reducing anxiety, while providing both results in one convenient report. If the tumor specimen is MMR-D, only the MMR report will be provided, and the Oncotype DX assay will not be performed.
INTEGRATING A RECURRENCE SCORE® RESULT INTO YOUR PATIENT’S RISK ASSESSMENT

The Recurrence Score results provide a precise and more accurate estimate of the recurrence risk for stage II and stage III patients to help guide the most appropriate treatment decision.

INTEGRATING THE RECURRENCE SCORE RESULT INTO YOUR PATIENT’S QUANTITATIVE RECURRENCE RISK ASSESSMENT AND TREATMENT PLAN

Resected Colon Cancer

Stage II

- T-Stage Mismatch Repair (MMR) Status
  - T3 and MMR-D* Low Risk
  - T3 and MMR-P Standard Risk
  - T4 and MMR-P High Risk

- Consider Observation
- Consider Chemotherapy

Stage III

- III A/B
- III C

- Oxaliplatin-containing Chemotherapy; 5-FU/LV or Capecitabine**

*MMR-D = mismatch repair deficient; MMR-P = mismatch repair proficient.

**Patients not considered candidates for oxaliplatin.
TRUST THE RECURRENCE SCORE® RESULT FOR A PRECISE AND MORE ACCURATE ESTIMATE OF RECURRENCE RISK—BECAUSE NO TWO PATIENTS, AND NO TWO TUMORS, ARE ALIKE.

T-STAGE AND MMR STATUS ONLY TELL PART OF THE STORY

A more accurate estimate of recurrence risk enables you to better estimate the absolute benefit your patient will derive from chemotherapy.

<table>
<thead>
<tr>
<th>PATIENT #1: George</th>
<th>PATIENT #2: Julia</th>
</tr>
</thead>
<tbody>
<tr>
<td>63-year-old male</td>
<td>56-year-old female</td>
</tr>
<tr>
<td>Generally good health, no prior tobacco or family history</td>
<td>TUMOR TYPE: Adenocarcinoma of the colon</td>
</tr>
<tr>
<td>TUMOR TYPE: Moderately differentiated adenocarcinoma in ascending colon</td>
<td>TUMOR SIZE: 6.5 cm</td>
</tr>
<tr>
<td>TUMOR SIZE: 5.0 x 5.0 x 1.0 cm</td>
<td>T-STAGE: pT3</td>
</tr>
<tr>
<td>T-STAGE: pT3</td>
<td>MISMATCH REPAIR (MMR) STATUS: MSS (PCR)</td>
</tr>
<tr>
<td>MISMATCH REPAIR (MMR) STATUS: MMR-P</td>
<td>HISTOLOGIC GRADE: Low Grade</td>
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<tr>
<td>HISTOLOGIC GRADE: Low Grade</td>
<td>LYMPH NODE STATUS: Negative</td>
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<tr>
<td>LYMPH NODE STATUS: Negative</td>
<td>NUMBER OF LYMPH NODES ASSESSED: 13</td>
</tr>
<tr>
<td>NUMBER OF LYMPH NODES ASSESSED: 26</td>
<td>LYMPHOP-VASCULAR INVASION: No</td>
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<tr>
<td>LYMPHO-VASCULAR INVASION: Not identified</td>
<td>PERFORATION: N/A</td>
</tr>
<tr>
<td>PERFORATION: No</td>
<td>OBSTRUCTION: N/A</td>
</tr>
</tbody>
</table>

Recurrence Score result: 58
Risk of recurrence: 23%
Expected absolute benefit from 5-FU: 4.6%
based on a 20% relative risk reduction

Recurrence Score result: 14
Risk of recurrence: 12%
Expected absolute benefit from 5-FU: 2.4%
based on a 20% relative risk reduction
A Decade of Expertise

*Genomic Health* is dedicated to addressing the challenges of cancer treatment by utilizing genomics to help physicians and patients choose the most appropriate treatment options with confidence confirmed. Together, as of 2013, our precision genomic assays in breast and colon cancer have helped over 350,000 patients and their physicians more accurately determine recurrence risk. The Onco
type
DX® Colon Cancer Assay, validated in over 3,000 patients, enables physicians to more confidently quantify recurrence risk, and to estimate absolute benefit of treatment for patients with either stage II or stage III colon cancer.

**Genomic Access Program**

The Genomic Access Program (GAP) assists patients and physicians throughout the entire coverage and billing process, works with existing payors, and provides financial assistance to those who qualify. To access these services:

- **US and Canada:**
  - Call 1-866-ONCOTYPE (1-866-662-6897) or email customerservice@genomichealth.com
  - International:
  - Call +1-650-569-2080 or email international@genomichealth.com

**Personalize Your Patient’s Risk Assessment:**

**Ordering the Oncotype DX Colon Cancer Assay is Simple, Quick, and Efficient.**

- Visit www.Onco
type
DX.com
- Call 1-888-ONCOTYPE (1-888-662-6897)
- Talk to your Regional Oncogenomic Liaison

**References:**

11. NCCN Clinical Practice Guidelines in Oncology: Colon Cancer. v3.2013

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