For patients newly diagnosed with either stage II or stage III colon cancer

The Onco
type DX Colon Cancer Assay

Is the first commercial test to provide a quantitative Recurrence Score result to give you a more complete assessment of recurrence risk. Now you can individualize treatment for both your stage II and stage III colon cancer patients.1,2,3

Oncotype DX® Colon Cancer Assay

Recurrence Score® Result Clinically Validated for Recurrence Risk in Stage II and Stage III Colon Cancer

NOW AVAILABLE FOR STAGE III
Traditional clinical and pathologic measures are insufficient to guide the decision to add or withhold oxaliplatin for adjuvant treatment of resected colon cancer

Prospective analysis of archived paraffin embedded samples from a landmark phase III randomized clinical trial that demonstrated benefit of adding oxaliplatin to adjuvant 5FU/LV chemotherapy

The first standardized, clinically validated, commercially available genomic test to differentiate risk of recurrence for patients with stage III disease and in the context of oxaliplatin-containing adjuvant therapy

The third independent confirmatory study demonstrating the value of the Recurrence Score result in stage II disease

Included 892 stage II and III colon cancer patients randomized to 5FU/LV or 5FU/LV + oxaliplatin

- 30% stage II, 46% stage III A/B, 24% stage III C
- 18% MMR-D tumors in stage II, 9% MMR-D tumors in stage III

Recurrence Score results predict recurrence risk in stage II and III colon cancer in patients from NSABP C-07, revealing underlying tumor biology to provide risk information not available with conventional factors

Recurrence Score results enable better discrimination of absolute oxaliplatin benefit for the patient as a function of risk

- Patients with higher Recurrence Score values are expected to have greater absolute benefit from the addition of oxaliplatin than patients with lower Recurrence Score values
NSABP C-07: The Continuous Recurrence Score® Result Predicts Risk of Recurrence Beyond Traditional Clinical and Pathologic Covariates

Recurrence Score Result is a Highly Significant Predictor of Recurrence Risk

<table>
<thead>
<tr>
<th>Variable</th>
<th>Value</th>
<th>HR</th>
<th>HR 95% CI</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage</td>
<td>Stage III A/B vs II</td>
<td>2.53</td>
<td>(1.70,3.78)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td></td>
<td>Stage III C vs II</td>
<td>5.29</td>
<td>(3.54,7.90)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Treatment</td>
<td>5FU/LV + Oxaliplatin vs 5FU/LV</td>
<td>0.76</td>
<td>(0.59,0.98)</td>
<td>0.033</td>
</tr>
<tr>
<td>Recurrence Score Result</td>
<td>Continuous per 25 Units</td>
<td>1.96</td>
<td>(1.50,2.55)</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

*HR = Hazard Ratio

- Recurrence Score result was significantly associated with risk of recurrence after controlling for stage and treatment (HR=1.96 per 25 Recurrence Score units; 95% CI 1.50–2.55, p < 0.001)
- Recurrence Score performance was similar for both stage II and III colon cancer patients (interaction p=0.90)

Pre-specified Multivariate Analysis

<table>
<thead>
<tr>
<th>Variable</th>
<th>Value</th>
<th>HR</th>
<th>HR 95% CI</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage</td>
<td>Stage III A/B vs II</td>
<td>0.97</td>
<td>(0.55,1.71)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td></td>
<td>Stage III C vs II</td>
<td>2.07</td>
<td>(1.16,3.68)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Treatment</td>
<td>5FU/LV + Oxaliplatin vs 5FU/LV</td>
<td>0.82</td>
<td>(0.64,1.06)</td>
<td>0.122</td>
</tr>
<tr>
<td>MMR*</td>
<td>MMR-D vs MMR-P</td>
<td>0.27</td>
<td>(0.12,0.62)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>T-stage</td>
<td>T4 St. II &amp; T3-T4 St. III vs All Other</td>
<td>3.04</td>
<td>(1.84,5.02)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Nodes Examined</td>
<td>&lt;12 vs ≥12</td>
<td>1.51</td>
<td>(1.17,1.95)</td>
<td>0.002</td>
</tr>
<tr>
<td>Tumor Grade</td>
<td>High vs Low</td>
<td>1.36</td>
<td>(1.02,1.82)</td>
<td>0.041</td>
</tr>
<tr>
<td>Recurrence Score Result</td>
<td>Continuous per 25 Units</td>
<td>1.57</td>
<td>(1.19,2.08)</td>
<td>0.001</td>
</tr>
</tbody>
</table>

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

- Recurrence Score value predicts recurrence independently of traditional clinical and pathologic covariates: T-stage, MMR status, nodes examined, and grade
Absolute Benefit From the Addition of Oxaliplatin Was Greater in the High Recurrence Score® Group than in the Low Recurrence Score Group

Relative benefit of oxaliplatin was similar across the range of Recurrence Score values (interaction p=0.48)

- Absolute benefit from the addition of oxaliplatin increased with higher Recurrence Score values, most apparently in stage II and stage III A/B patients

Stage III C (24% of Study Patients)
- 5FU/LV
- 5FU/LV + Oxaliplatin

Stage III A/B (46% of Study Patients)
- 5FU/LV
- 5FU/LV + Oxaliplatin

Stage II (30% of Study Patients)
- 5FU/LV
- 5FU/LV + Oxaliplatin

Differentiation of Risk and Absolute Oxaliplatin Benefit by Recurrence Score Group

Kaplan-Meier (KM) Analysis in Stage III A/B Patients

Risk of Recurrence at 5 Years by Recurrence Score Result, Stage and Treatment

Proportion Event Free

Risk of Recurrence at 5 Years

Colon Cancer Recurrence Score Results

Recurrence Risk at 5 Years

<table>
<thead>
<tr>
<th>Recurrence Score Risk Group</th>
<th>Patients (n)</th>
<th>Events (n)</th>
<th>5FU/LV</th>
<th>5FU/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>

- Absolute benefit from the addition of oxaliplatin was greater in the high Recurrence Score group than in the low Recurrence Score group
The Onco
type DX® Colon Cancer Assay: An Individualized Approach to Stage II and III Colon Cancer Treatment Planning

Recurrence Score result predicts recurrence risk in stage II and III colon cancer, revealing underlying biology to provide value beyond conventional measures.

Recurrence Score result enables better discrimination of absolute oxaliplatin benefit as a function of risk, most notably in stage II and III A/B patients.

Incorporating the Recurrence Score result into the clinical context may better inform adjuvant therapy decisions for patients with stage II and III colon cancer.

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

**Patients not considered candidates for oxaliplatin

Integrating the Quantitative Recurrence Score® Result into Your Patient’s Recurrence Risk Assessment and Treatment Plan

![Integrating the Quantitative Recurrence Score® Result into Your Patient’s Recurrence Risk Assessment and Treatment Plan](image)
The Onco<sup>type</sup> DX® Colon Cancer Assay is a Prospectively Defined Clinical Gene Expression Commercial Test That Independently Predicts Recurrence Risk in Stage II and III Colon Cancer

- Traditional clinical and pathologic measures are insufficient to guide the decision to add or withhold oxaliplatin for adjuvant treatment
- In stage III colon cancer, the Recurrence Score result predicts risk of recurrence after 5FU/LV or 5FU + oxaliplatin
  - Higher absolute benefit of oxaliplatin with higher Recurrence Score results
- Expanding payor coverage including both public and private payors (Stage II)
- Patients can receive assistance regarding insurance benefits and referral to financial aid, if qualified, through the Genomic Access Program

For more information regarding the Onco<sup>type</sup> DX Colon Cancer Assay, please contact customer service at 866-ONCOTYPE (866-662-6897) in the US, or 001-650-569-2080 outside the US

www.onco<sup>type</sup>DX.com