

**CONTACT:** Andrea Preston  
Kovak-Likly Communications  
(203) 762-8833 or [APreston@KLCpr.com](mailto:APreston@KLCpr.com)

## Additional Information

### About Breast Cancer

- Approximately one in eight women will get breast cancer<sup>4</sup>
- 70% to 80% of those who get breast cancer do not have familial risk indicators<sup>2</sup>
- Risk of invasive vs. non-invasive breast cancer is approximately four times greater in women age 40-64<sup>5</sup>
- Approximately 75% of all breast cancer is estrogen-positive and, if detected early, can be effectively treated with five-year survival rates of over 95%

### Breast Cancer Demographics

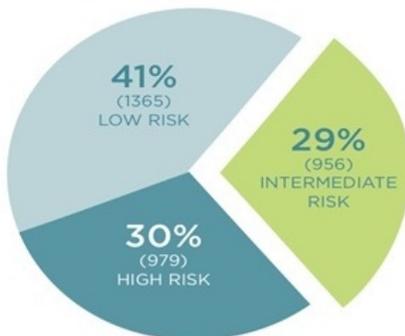
According to the American Cancer Society, breast cancer is the most common cancer among women in the United States, other than skin cancer. It is the second leading cause of cancer death in women, after lung cancer.<sup>4</sup> According to the 2010 breast cancer demographics there are:

- Approximately 207,000 new cases diagnosed each year<sup>4</sup>
- Of the 207,000 new cases, about 54,000 are non-invasive forms of breast cancer that have been diagnosed early<sup>4</sup>
- Approximately 40,000 deaths related to breast cancer in women, annually<sup>4</sup>

### BREVA Gen reclassified 64% of above average Gail risk subjects<sup>1</sup>

## RECLASSIFICATION WITH CLINICAL VALIDATION

RISK STRATIFICATION  
BY GAIL SCORE (N=3,300)



Risk stratification by Gail model in large nested case-control study performed with 3,300 subjects from the WHI Clinical Trial. Women were stratified into low (< 1.5%), intermediate (1.5% to 2.0%), and high (> 2%) categories of 5-year risk.<sup>1</sup>

GAIL INTERMEDIATES  
RECLASSIFIED BY BREVA Gen



In the clinical validation study, 614 of 956 (64%) of subjects who were originally classified as Gail intermediate risk were reclassified as either high or low risk with BREVA Gen. Results were assessed by reclassification table analysis using the NRI metric. The NRI improved to 0.195 ( $P \leq 0.05$ ).<sup>1</sup>

BREVAGen reclassified 64% of Gail scores above average risk subjects as either high or low risk for development of hormone-dependent breast cancer. Furthermore, the BREVAGen test reclassified the breast cancer risk for 33% of the total 3,300 trial subjects.<sup>1</sup>

### **About BREVAGen™**

The first product in Phenogen Science's portfolio, BREVAGen™ is a predictive risk test for sporadic, hormone-dependent breast cancer. The BREVAGen test combines a woman's clinical history of estrogen exposure with the presence of identified genetic markers to determine her five-year and lifetime risk for developing breast cancer. For women whose clinical profile indicates prolonged estrogen exposure, BREVAGen helps to provide a more accurate risk assessment for estrogen-positive breast cancer. The test results assist physicians in developing a personalized care path toward managing each woman's risk of developing breast cancer with greater precision than ever before.

- Non-invasive, easy-to-use predictive risk assessment test
- The first genetic risk prediction test to have been validated in a large-scale, peer-reviewed, case-controlled study<sup>1</sup>
- Recent studies demonstrate that 64% of women who have above average risk of prolonged estrogen exposure were either reclassified above the guidelines for high risk management or below the general population risk when compared to clinical risk factors alone<sup>1</sup>
- Supports existing industry guidelines for the prevention of estrogen-positive breast cancer<sup>2,3</sup>

Click here for BREVAGen B-roll/video:

- Video One: <http://www.youtube.com/watch?v=-em2pNeOMNs&feature=plcp>
- Video Two: <http://www.youtube.com/watch?v=BSExN7mNlzA&feature=plcp>

<sup>1</sup> Mealiffe M, Stokowski RP, Rhees, BK, et al. *J Nat Cancer Inst.* 2010;102(21):1618-1627.

<sup>2</sup> Saslow D, Boetes C, Burke W, et al. *CA Cancer J Clin.* 2007;57(2):75-89.

<sup>3</sup> Visvanathan K, Chlebowski RT, Hurley P, et al. *J Clin Oncol.* 2009;27(19):3235-3258.

<sup>4</sup> Breast Cancer Overview. American Cancer Society. Accessed 3/14/12 at <http://www.cancer.org/cancer/breastcancer/overviewguide/index>

<sup>5</sup> DeSantis C, Siegel R, Bandi P, Jemal A. *CA: A Cancer Journal For Clinicians.* 2011;61: 409-418