oncotype DX®
Genomic Prostate Score

EXACT SCIENCES

FOR PATIENTS DIAGNOSED WITH EARLY-STAGE PROSTATE CANCER

Discover a test that can help you on your treatment journey

Jim G. Oncotype DX® GPS™ patient navigating prostate cancer since 2014

Not all prostate cancers are the same

Know your risk level to decide the next step of your treatment journey

Active Surveillance

Immediate treatment

Some cancers are low risk and may not be aggressive. In these cases, your doctor may recommend **Active Surveillance.**

Some cancers are high risk and aggressive. These cancers are likely to grow or spread. In these cases, it may be best to act quickly with **Immediate Treatment.**

Explore your options

Active Surveillance

With Active Surveillance, your cancer will be closely monitored to see if there are any changes in your risk level.

Active Surveillance involves regular checkups and ongoing testing, which may include: checking prostate-specific antigen (PSA) levels, regular digital rectal exams, or repeat biopsies.[1]

Your cancer may progress while you are on Active Surveillance, but in many cases, it can be cured.[2,3]

Is Active Surveillance right for you?

~50% of recently diagnosed prostate cancers are low risk. If your cancer is low risk, you may consider Active Surveillance[1,4]

Immediate treatment

Immediate treatment options, such as surgery or radiation, are for patients whose cancer is likely to be aggressive. These cancers have a high risk of **adverse pathology**, which means they are likely to grow or spread to other parts of the body if left untreated. This is called metastasis.

Gain more clarity with the Oncotype DX Genomic Prostate Score® (GPS™) test

The GPS test is a genomic test

It looks at the actions and behaviors of genes inside your tumor cells.

Gain a clearer view of your risk

The GPS test looks at both your clinical risk and the genes in your tumor to find your personal risk level. Clinical risk is based on:

- Your PSA and Gleason score
- The stage of your cancer
- Other factors your doctor may consider

Together, your clinical risk and genomic information provide more clarity into your cancer and how it will act in the future.

Dan P. Oncotype DX® GPS™ patient navigating prostate cancer since 2016

Ask about the GPS™ test

Find out if the GPS test is right for you

You could be eligible if you have:

- ☑ Been diagnosed with very low-, low-, or intermediate-risk prostate cancer
- ☑ Not received definitive treatment for prostate cancer, such as surgery, radiation, or hormone blockers
- ☑ Had a recent prostate cancer biopsy

3 simple steps to get the GPS test

TEST: The GPS test is conducted on a small tissue sample already taken from your most recent biopsy.

RECEIVE: Your GPS result, which includes your personal risk level, will be sent directly to your doctor.

DISCUSS: You and your doctor can use your results to better understand your options and discuss your next steps.

Over 1 million breast, colon, and prostate cancer patients have used an Oncotype DX® test to help guide their treatment decisions

Understand your GPS™ test results

Results are reported as a Genomic Prostate Score (GPS) result

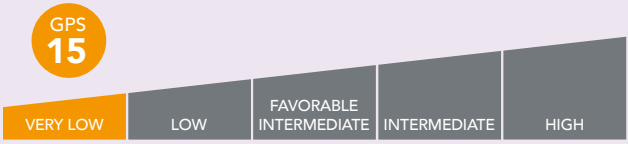
GPS results are reported on a scale of 0-100.

The **lower your GPS result**, the lower your risk. Your cancer is not likely to be aggressive, and your personal risk level is also low. Active Surveillance may be the preferred approach.

The **higher your GPS result**, the more likely it is that your cancer is aggressive, and your personal risk level may also be high. Immediate treatment may be recommended.

GPS result

Your risk category



Example of a GPS report: this patient's GPS result is 15, and risk category is Very Low.

*Covered by Medicare for NCCN® very low-, low-, and favorable intermediate-risk prostate cancer. Very low risk: clinical stage T1c, biopsy Gleason score ≤6/Grade Group 1, PSA <10 ng/mL, presence of disease in fewer than 3 biopsy cores, ≤50% prostate cancer involvement in any core, and PSA density <0.15 ng/mL/g. Low risk: clinical stage T1 to T2a, Gleason score 6/Grade Group 1, and serum PSA level <10 ng/mL. Favorable intermediate risk: clinical stage T2b to T2c, Gleason score 3+4 = 7/Grade Group 2, or PSA 10 ng/mL to 20 ng/mL. Patients with multiple of these adverse factors should be shifted to the unfavorable intermediate-risk group. In addition, to qualify for favorable intermediate risk, a patient must have <50% of biopsy cores positive for cancer.

GG = [Gleason] Grade Group.

Discover support for you throughout your journey

Hear stories from patients like you

See the treatment paths of other patients with prostate cancer at MyProstateCancerTreatment.org.

Determine insurance coverage

If you have:

- **Medicare and meet qualifications*:** your test will be covered
- **Private payer insurance:** coverage may vary. The Genomic Access Program (GAP) can help you navigate the process
- **Other or no insurance:** contact Exact Sciences about GAP—they can help you explore payment options

Learn more about GAP at (888) ONCOTYPE (888-662-6897) or customerservice@genomichealth.com.

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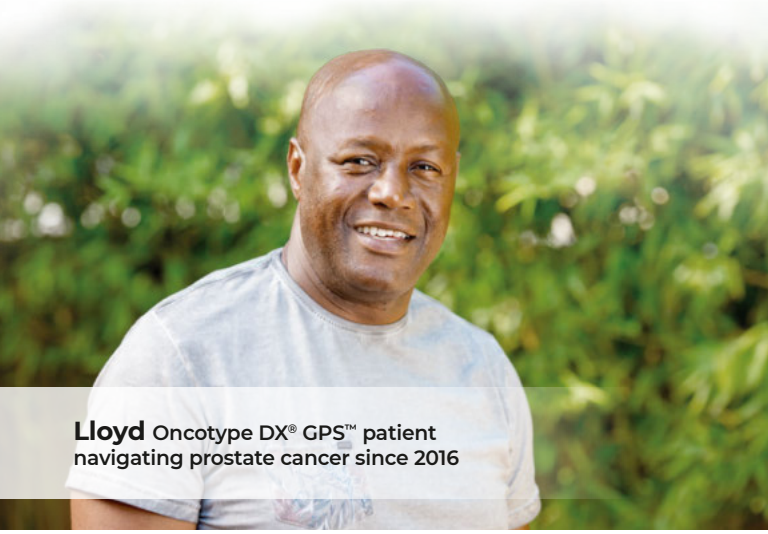
Understand your cancer, know your options

Be confident in your treatment decision

Ask your doctor for a GPS™ test to gain a clearer view of your cancer and treatment options.



Lloyd Oncotype DX® GPS™ patient navigating prostate cancer since 2016

For more information about the GPS test, visit **MyProstateCancerTreatment.org**

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EXACT SCIENCES

References: 1. NCCN Clinical Practices Guidelines in Oncology: Prostate Cancer. V4.2018. **2.** Welty et al. *J Urol*. 2015. **3.** Tosoian et al. *J Clin Oncol*. 2015. **4.** Herget et al. *Cancer Med*. 2016.