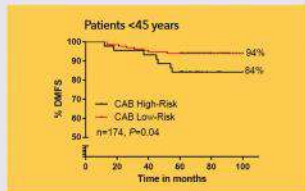


CanAssist-Breast is a significant predictor of prognosis

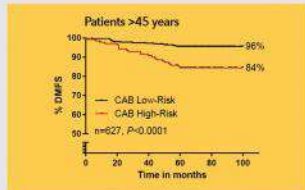
Novelty: CanAssist Test
CanAssist-Breast



CanAssist-Breast is prognostic in younger patients



- CanAssist-Breast has been validated on patients across all age groups
- It can stratify younger patients into low-risk and high-risk groups as effectively as it can stratify older patients.
- This is important because the mean age of diagnosis of breast cancer in Asia is a decade earlier than the West



Covariate	Hazard ratio	p-value	95% CI
Age	1.35	0.09	0.92-2.61
ER	1.12	0.75	0.55-2.25
T8	1.57	0.16	1.07-8.92
CT treatment	1.38	0.30	0.74-2.58
CanAssist-Breast risk score	3.39	<0.0001	2.49-8.81

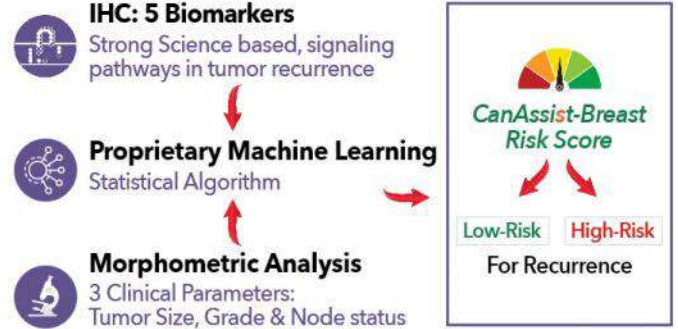
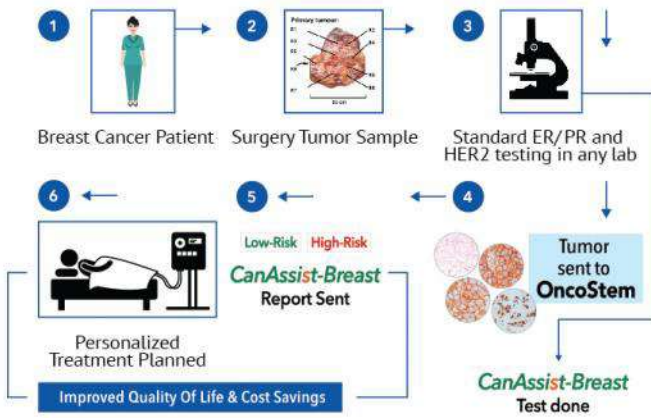
CanAssist-Breast is an independent predictor of prognosis

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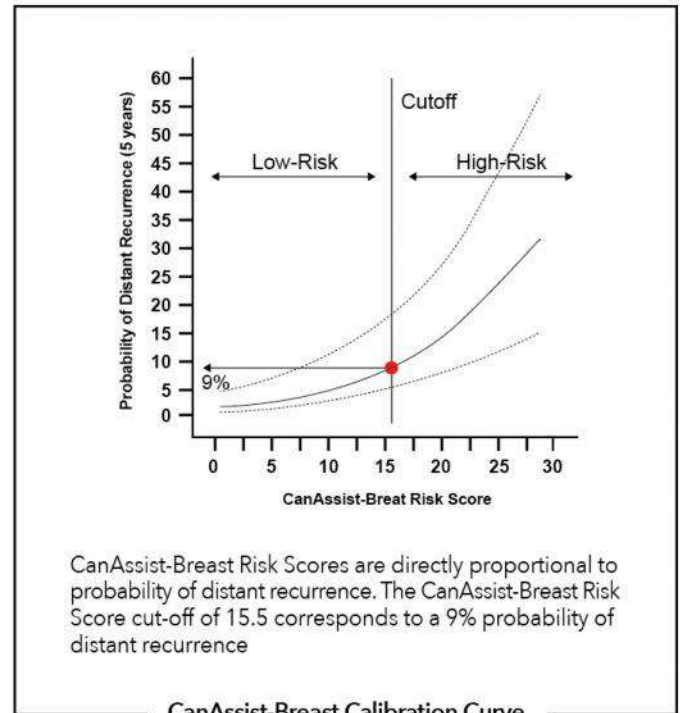
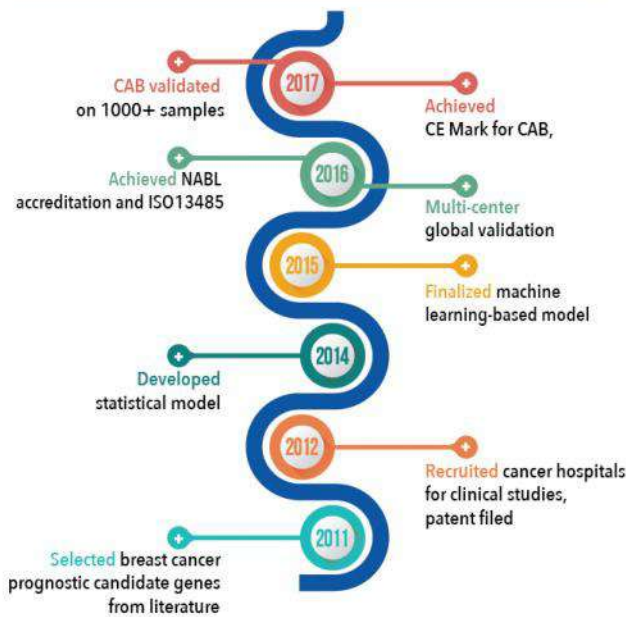


CanAssist-Breast
 — Redefining cancer treatment —

Workflow of CanAssist-Breast Breast Testing



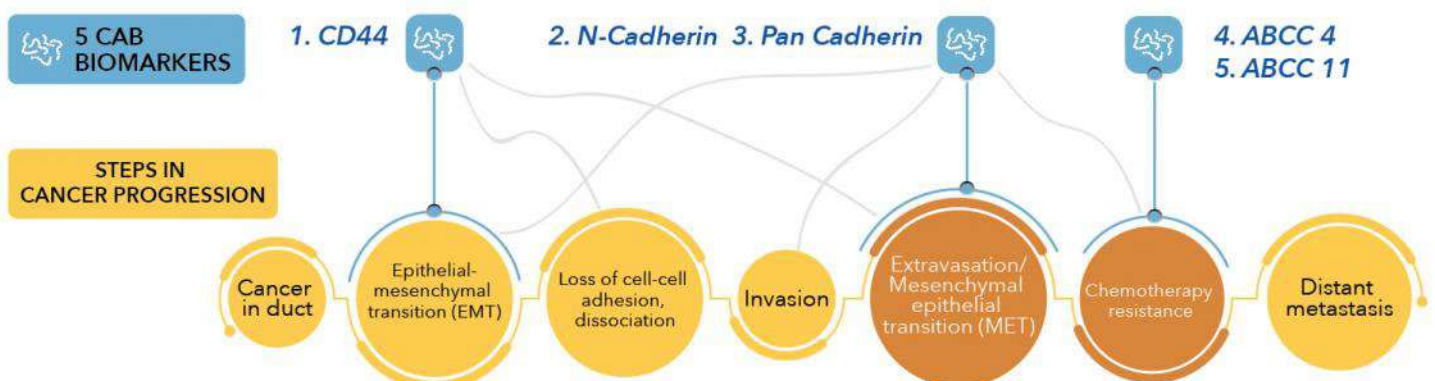
CanAssist-Breast: Development Timeline



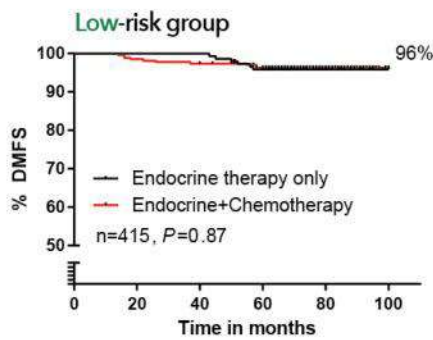
Risk Prediction using CanAssist-Breast

Machine learning-based test that stratifies breast cancer patients based on risk of recurrence. CanAssist-Breast integrates IHC data and clinical parameters into a statistical algorithm which provides CanAssist-Breast (CAB) score that stratifies patients as "low-risk" or "high-risk" for distant recurrence over 5 years

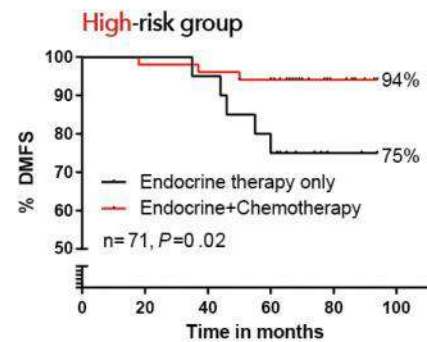
CanAssist-Breast assesses expression of unique biomarkers that play critical roles in metastasis



CanAssist-Breast is predictive of "Chemotherapy Benefit"

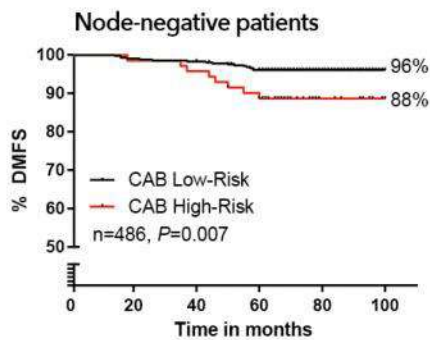


- No difference in DMFS for low-risk patients who are given adjuvant chemotherapy plus endocrine therapy vs those given only endocrine therapy
- Insignificant benefit from chemotherapy to patients called low-risk by CanAssist-Breast

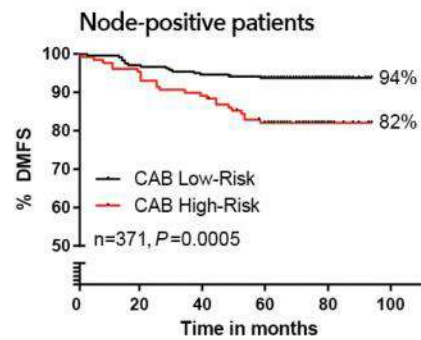


- CAB provides 22% chemotherapy benefit for high-risk patients who take adjuvant chemotherapy plus endocrine therapy vs those who take only endocrine therapy

CanAssist-Breast is prognostic independent of node status

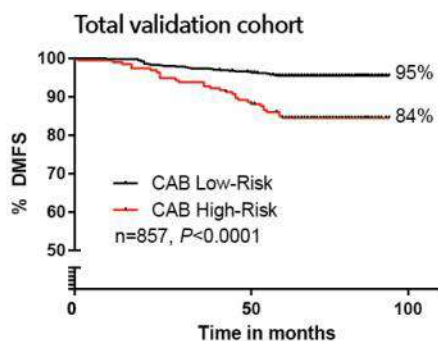


- 5-year distant recurrence was <4% for low-risk patients

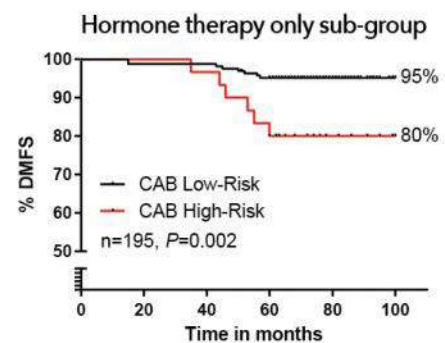


- 65% of node-positive patients- a population that routinely receives chemotherapy- were classified as low-risk by CAB and had recurrence rates <6%

Risk Stratification Using CanAssist-Breast



- CanAssist-Breast identifies distinct groups of low-risk and high-risk patients in Kaplan-Meier survival analysis
- The low-risk group has <5% rate of distant recurrence



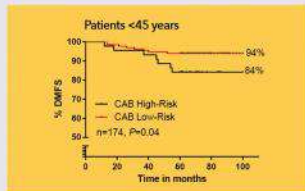
- CanAssist-Breast is significantly prognostic in a cohort treated with endocrine therapy alone
- Validation in endocrine therapy alone treated cohort gives you the confidence that CAB provides accurate risk predictions

CanAssist-Breast is a significant predictor of prognosis

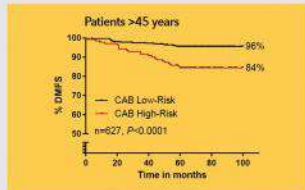
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