



Best-in-class genomic signature for prognosis of early and late recurrence of ER+/HER2- breast cancer patients in early stage



- Superior assay based on a stemness signature genes for early prediction of ER+/HER2- recurrence of breast cancer
- Side-by-side comparison study showed StemPrinter assay 40% more accurate than Oncotype DX assay
- This technology will be spin out as a separate publicly listed NewCo (AccuStem Biosciences) shortly.

TWO POSTERS PRESENTED AT ASCO

1. Comparison of StemPrintER, a Novel Biology-based Genomic Predictor of Distant Recurrence in Breast Cancer, with Oncotype DX in the TransATAC cohort, shows that StemPrintER:

- Significantly ($p < 0.0001$) stratifies high vs. low risk groups when adjusted for clinical parameters as expressed by clinical treatment scores (CTS)
- Outperforms Oncotype DX in 10-year risk prediction in more than 800 ER+/HER2- postmenopausal breast cancer patients, including lymph node-negative (N0) and 1 to 3 lymph node-positive (N1-3) patients
- Adds more prognostic information than Oncotype DX on the top of clinical parameters as expressed by clinical treatment scores (CTS)

2. Integration of the stem cell biology-based genomic tool, StemPrintER, with clinicopathological parameters for the prediction of distant recurrence in ER+/HER2- breast cancer patients

- Demonstrates that the next-generation StemPrintER Risk Score (SPARE) model is:
 - approximately 20% superior to the traditional clinicopathological parameters, as expressed by the CTS, in providing prognostic information in more than 1,800 ER+/HER2- patients analyzed;
 - up to 40-50% more accurate in lymph node-negative (N0) and 1 to 3 lymph node-positive (N1-3) patients.
- Investigators found that SPARE added substantial prognostic information to CTS, but the inverse was not proven to be the case.