

WHAT IF YOU COULD UNLOCK MORE ANSWERS WITH COMBINED GERMLINE AND TUMOR GENOMIC TESTING?

Meet Carol

- 61 years old
- Post-menopausal
- Stage IIIC fallopian tube high-grade serous carcinoma
- Newly diagnosed
- Mother diagnosed with breast cancer at age 68

1 in 2

patients with ovarian cancer are HRD+¹

1 in 2

HRD+ patients have a germline or tumor *BRCA1/2* pathogenic variant¹

ASCO recommends



germline and tumor genomic testing for all patients with ovarian cancer, specifically naming MyChoice[®] CDx to determine HRD status²

Only 1 in 3

eligible patients with ovarian cancer actually receives germline testing³

How would you approach Carol's oncology testing?

Carol meets criteria for combined germline and tumor genomic testing based on society guidelines²

GERMLINE TESTING	ACTIONABLE RESULTS	CLINICAL IMPACT
MyRisk[®] Hereditary Cancer Test	Germline status:  NEGATIVE	No germline pathogenic variant detected , ruling out hereditary cancer syndromes.
TUMOR GENOMIC TESTING		
MyChoice[®] CDx Myriad HRD Companion Diagnostic Test	Myriad HRD status:  POSITIVE <i>BRCA2</i> Genomic instability score (GIS): 46	A tumor <i>BRCA2</i> large rearrangement was identified through MyChoice [®] CDx but not detected through tumor NGS testing alone. Positive HRD status and a <i>tBRCA2</i> pathogenic variant suggest that Carol is a candidate for PARP inhibitor therapy , including options such as olaparib, niraparib, or rucaparib. ^{2,4}
Precise Tumor[®] Molecular Profile Test	Variants with FDA-approved therapy: None Other variants of clinical significance: <i>TP53</i> Biomarkers: TMB Low MSI Stable PD-L1 IHC Positive, 3% Clinical trials: 23	Positive PD-L1 with low expression suggests Carol could be eligible for immune checkpoint inhibitors , however, may have a limited response. ⁵ There are 23 clinical trials which can inform further targeted treatment options for Carol.
FOLR1/FRα Immunohistochemistry Test	FOLR1/FRα IHC: NEGATIVE; 50%	Carol would not be eligible for mirvetuximab based on the negative FOLR1/FRα IHC result. ⁶

For Carol, combined germline and tumor genomic testing:

- ✓ Did not identify hereditary cancer syndromes,
- ✓ Identified 23 clinical trials to inform further treatment options.
- ✓ Identified eligibility for PARPi therapy,

Actionable insights and support services for patients like Carol

Patient results come with a practical, treatment-focused summary sheet consolidating germline and tumor genomic information on a single page.



SUMMARY EXAMPLE

Summary Generated: May 9, 2024

Myriad genetics Summary Sheet

HEALTHCARE PROVIDER(S) Ovarian Example MD	INSTITUTION Example Clinic	PATIENT Legal Name: Carol Example Date of Birth: Feb 18, 1963 Patient ID: Sex at Birth: Female Cancer Site: Ovary
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GERMLINE STATUS		NEGATIVE	
BRACAnalysis	Accession #: 04186575-BLD	Reported: May 9, 2024	
MyRisk Update	Accession #: 04186575-BLD	Reported: May 9, 2024	
For full details on Myriad germline test results, please see the test report(s). If germline testing was initiated by another provider, please contact Myriad or ordering provider for full test report(s).			
IHC STAINS		POSITIVE	
PD-L1 FRA	Accession #: 03809171-BLD	Reported: May 4, 2023	POSITIVE NEGATIVE
For full details on test results, please see the test report(s).			
MYRIAD HRD STATUS		POSITIVE	
MyChoice CDx	Accession #: 03809171-BLD	Reported: May 5, 2024	
For full details on Myriad MyChoice CDx test results, please see the test report(s).			
TUMOR MOLECULAR PROFILING			
Precise Tumor	Accession #: 03809171-BLD	Reported: May 4, 2024	
This list of genes is not intended to be representative of all findings that are included on the Precise Tumor report. For a full list of finding and genes analyzed, please see the individual test report to verify this information.			
POTENTIALLY SIGNIFICANT FINDINGS		BIOMARKER	LEVEL
Tier IA	Tier IB	Tier IIC	
		TP53	
		TMB	Low
		MSI	Stable
		PD-L1	Positive
		23 CLINICAL TRIAL(S)	
For details on clinical trials, please see the report			

Summary of key findings for all tests ordered on one sheet

See potentially significant findings first to identify the most relevant parts of each test

Quickly find the status of biomarkers relevant to all solid tumor types

Know how many clinical trials may be available for your patient

Summary sheet includes information from both FDA-approved and non- FDA-approved tests and is reflective of the specific tests ordered for each patient.

Lean on Myriad Oncology to support you, your team, and your patients

DID YOU KNOW?

Myriad's industry-leading variant reclassification program ensures that each variant of uncertain significance (VUS) is continuously re-evaluated until a definitive classification is available.



Myriad's Patient Education Program includes pre- and post-test education by board-certified genetic counselors



Faster turnaround times than most labs for timely treatment decisions



Customer Support Representatives help patients navigate costs, coverage, and access financial assistance



Medical Science Liaisons are available to answer clinical, testing, and results questions



References: 1. Konstantinopoulos PA, Ceccaldi R, Shapiro GI, D'Andrea AD. Homologous recombination deficiency: exploiting the fundamental vulnerability of ovarian cancer. Cancer Discov. 2015;5(11):1137-1154. 2. Konstantinopoulos PA, Norquist B, Lacchetti C, et al. Germline and somatic tumor testing in epithelial ovarian cancer: ASCO guideline. J Clin Oncol. 2020;38(11):1222-1245. 3. Kurian AW, Abrahamse P, Furgal A, et al. Germline genetic testing after cancer diagnosis. JAMA. 2023;330(1):43-51. 4. Timms KM, Mills GB, Perry M, et al. Comparison of genomic instability test scores used for predicting PARP activity in ovarian cancer. J Clin Oncol. 2020;38(15_suppl):1586-1586. 5. Chardin L, Leary A. Immunotherapy in ovarian cancer: thinking beyond PD-1/PD-L1. Front Oncol. 2021;11:795547. 6. Coleman RL, Lorusso D, Oaknin A, et al. Mirvetuximab soravtansine in folate receptor alpha (FRα)-high platinum-resistant ovarian cancer: final overall survival and post hoc sequence of therapy subgroup results from the SORAYA trial. Int J Gynecol Cancer. 2024;34(8):1119-1125.



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