myome | atlas CANCER

Product Overview

Personalized Integrated Risk Scores for Prostate and Breast Cancer

Integrated Risk* tests use whole-genome sequencing (WGS) to deliver personalized risk scores for breast cancer and prostate cancer to help guide proactive care decisions.

Go Beyond Standard Risk Testing with Atlas Integrated Risk Tests

Most people won't have a positive single-gene test result

~95%

of individuals do not have a monogenic cancer condition, but may still carry genetic cancer risk[1]

MyOme tests identify patients missed by standard clinical tools

~6%

of women† classified as low-risk for breast cancer by standard tools were reclassified as high-risk‡[2]

MyOme tests identify patients missed by family history alone

8.6%

of men† with no family history of prostate cancer were identified as high-risk by MyOme — associated with a 3X higher incidence rate[3‡]

Test Overview

Clinical Risk Factors

Clinical inputs from a patient's health history

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Genetic Risk Factors

PRS calculated using **>1M** validated genetic risk factors

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Integrated Risk

Personalized, absolute risk score for developing cancer

Key Test Features

Clinically Relevant Insights[2,3]
PRS models were built from millions of clinically relevant variants identified across many large, genome-wide studies and use WGS data to calculate risk

Cross-Ancestry Accuracy[2,3]
Validated in >250K breast and >140K prostate cancer patients across ancestrally diverse cohorts

Actionable Reports[4-10]
Concise results with clear next steps aligned with clinical guidelines, with built-in interpretation support for providers and genetic counseling for patients

Scan for detailed technical specifications

*Formerly offered as "Integrated Polygenic Risk Score (iPRS)" under MyOme Proactive Health. †MyOme recognizes and respects the diversity of gender identities. For the purposes of this webpage, "women" refers to individuals assigned female at birth and "men" refers to those assigned male at birth. ‡Breast Cancer Integrated Risk performance was compared to that of the Tyrer-Cuzick clinical risk calculator. Prostate Cancer incidence was calculated using statistical modeling that compared high-risk patients identified by MyOme testing to the non-risk group.

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Ordering Options	Indications	Eligibility
Available for both indications **Integrated Risk PLUS** High-coverage (30X) WGS **Integrated Risk SELECT** Blended high-coverage whole-exome and low-coverage WGS	Breast Cancer	• Assigned female at birth, aged 18–84 • No personal history of breast cancer • No pathogenic variant in a breast cancer-associated gene
	Prostate Cancer	• Assigned male at birth, aged 30–75* • No personal history of prostate cancer • No pathogenic variant in a prostate cancer-associated gene

*Patients aged <40 or >70 receive a remaining lifetime risk score only.

Related Atlas Tests

atlas™ CURATED SCREEN™ — Detect risk variants strongly linked to 40+ health conditions

atlas™ MEDICATION RESPONSE™ — Gain pharmacogenomic insights for 70+ medications

Genomic Risk, Mapped. Lifelong Health, Guided.

Uncover Hidden Risks

Identify high-risk patients, even without a family history

Tailor Recommendations

Personalize proactive screening, medication, and lifestyle strategies

Drive Better Outcomes

Enable earlier disease detection, prevention, and management

Deliver Lifelong Insights

Reanalyze patient data as lifelong health evolves—no new sample required

Get Started Today

Login to the Provider Portal → Order Test → Collect Sample (in-clinic or at-home) → Receive Results (in 5–6 weeks) → Genetic Counseling†

Learn More

†Optional genetic counseling is offered by a third party provider, DNAvisit

1. Garber JE, Offit K. J Clin Oncol. 2005;23:276–292. 2. Tshiaba P, et al. Integration of a Cross-Ancestry Polygenic Model With Clinical Risk Factors Improves Breast Cancer Risk Stratification. JCO Precis Oncol. 2023;7:e2200447. 3. MyOme, Internal Data on File. 4. American Cancer Society. Recommendations for the Early Detection of Breast Cancer. Accessed January 2025. 5. Monticciolo D, Newell M, Moy L, et al. J Am Coll Radiol. 2023;20(9):902–914. 6. Visvanathan K, Fabian C, Bantug E. J Clin Oncol. 2019;37(33):3152–3165. 7. US Preventive Services Task Force. Breast Cancer: Medication Use to Reduce Risk. 2019. 8. Wei JT, Barocas D, Carlsson S, et al. J Urol. 2023;210(1):45–53. 9. Smith RA, Andrews KS, Brooks D, et al. CA Cancer J Clin. 2019;69(3):184–210. 10. US Preventive Services Task Force. Screening for Prostate Cancer. JAMA. 2018;319(18):1901–1913.

This test was developed, and its performance characteristics determined, by MyOme, Inc., a clinical laboratory certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) and College of American Pathologists (CAP)–accredited to perform high-complexity clinical laboratory testing. This test has not been cleared or approved by the U.S. Food and Drug Administration (FDA). Test results should always be interpreted by a clinician in the context of clinical and familial data with the availability of genetic counseling when appropriate.

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