

Understanding Test Results: Integrated Risk*

This guide provides step-by-step guidance for interpreting patient test results.

Results Overview

This test calculates a patient's risk of developing breast cancer or prostate cancer. Each integrated risk score combines a cross-ancestry polygenic risk score (PRS) with clinical risk factors.¹

Breast cancer risk is reported as average or elevated. Prostate cancer risk is reported as not increased or increased. Each result is shown alongside a comparison risk for the general population.

Scan for more test information



Technical Overview



Product Overview

Report Walkthrough

+ BREAST CANCER — ELEVATED RISK

- 1 Your lifetime risk of developing breast cancer is elevated (greater than or equal to 20%) based on your integrated score.

CLINICAL CONTEXT: This test integrates known clinical risk factors and a polygenic risk score. It does NOT incorporate single gene findings in breast cancer predisposition genes.

RISK DETAILS	2	3
	LIFETIME RISK	5-YEAR RISK
Integrated Risk	29.4%	1.4%
Clinical Risk	22.2%	1.1%
General Population Risk	11.7%	0.1%

Integrated Risk: The risk of developing breast cancer based on the combination of a polygenic risk score and the Tyrer-Cuzick clinical risk model.

Clinical Risk: The risk of developing breast cancer based on the Tyrer-Cuzick clinical risk model.

General Population Risk: The average risk of developing breast cancer for a biological female in the general population of the same age.

1 RESULTS SUMMARY

Integrated remaining lifetime risk of developing breast cancer, reported as average (<20%) or elevated (≥20%).

2 LIFETIME RISK

Remaining lifetime risk combining the PRS with clinical risk factors (Tyrer-Cuzick model). Used for recommendations about increased screening (e.g., breast MRI, mammography).

3 5-YEAR RISK

Integrated risk of developing breast cancer in the next 5 years. Used for recommendations about prescribing medication to reduce breast cancer risk.

+ PROSTATE CANCER — INCREASED RISK

- 1 Increased Risk Based on the integrated risk score, this patient has a 26.0% chance of developing prostate cancer in their lifetime.

REMAINING LIFETIME ABSOLUTE RISK OF PROSTATE CANCER



Integrated Risk: The chance of developing prostate cancer in the remaining lifetime (or next 10 years) based on the combination of a polygenic risk score (PRS) and clinical risk factors.

Average Population Risk: The chance of developing prostate cancer in the remaining lifetime (or next 10 years) for someone of the same ancestry and age, with no family history of prostate cancer and an average PRS in the general population.

Relative Risk: The relative increase in risk compared to the average person of the same ancestry, with no family history of prostate cancer.

Based on the integrated risk score, this patient has a 3.9% chance of developing prostate cancer in the next 10 years and a 26.0% chance of developing prostate cancer in their lifetime.

1 RESULTS SUMMARY

Remaining lifetime risk of developing prostate cancer, reported as increased risk (≥25%) or not at increased risk (<25%).

2 INTEGRATED LIFETIME RISK

Personalized remaining lifetime risk based on the combination of genetic and clinical risk factors. Integrated 10-year risk is also reported for patients aged 40–70.

3 AVERAGE POPULATION LIFETIME RISK

Remaining lifetime risk for a biological male of the same ancestry and age with no family history of prostate cancer. The report also states the patient's relative risk compared to this average.

*Formerly offered as "Integrated Polygenic Risk (iPRS)" under MyOme Proactive Health

Implications for Cancer Risk Reduction²⁻⁸



BREAST CANCER GUIDELINES RECOMMEND:

✓ Further Screening

Per published guidelines, individuals with a >20% remaining lifetime breast cancer risk should consider annual breast MRI in addition to mammography.^{2,3}

✓ Medications

Per published guidelines, individuals with a >1.7% 5-year risk should consider a selective estrogen receptor modulator (tamoxifen or raloxifene) or an aromatase inhibitor, based on age and menopausal status. These medications can reduce the risk of developing breast cancer by at least 50%.^{4,5}



PROSTATE CANCER GUIDELINES RECOMMEND:

✓ Lifestyle Modifications

The American Cancer Society recommends maintaining a healthy weight, staying physically active, and eating a balanced diet rich in fruits, vegetables, and whole grains while limiting red and processed meats, sugary drinks, and highly processed foods.⁶

✓ Further Screening

Per published guidelines, individuals with elevated risk for developing prostate cancer may consider additional screening, including the prostate-specific antigen (PSA) blood test and digital rectal exam (DRE), starting at a younger age.^{7,8}

Additional Support



Clinician–Clinician Consultation*

A clinician–to–clinician consultation to review results and management considerations is included with every report.



Patient Genetic Counseling*

Genetic counseling to help patients understand their results and what they mean for their care is included with every report.



Provider Resource Hub

Additional guides, FAQs, and educational resources are available on our website.

*These optional resources are offered by our third-party provider, DNAvisit.

We're Here to Help

For additional interpretation support, fill out our Contact Us form or reach out directly to support@myome.com to set up a consultation.



1. Tshiaba P, Ratman D, Sun J, et al. Integration of a Cross-Ancestry Polygenic Model With Clinical Risk Factors Improves Breast Cancer Risk Stratification. *JCO Precis Oncol*. 2023 Feb; 7:e2200447. doi: 10.1200/PO.22.00447. 2. American Cancer Society. Recommendations for the Early Detection of Breast Cancer. Web. Accessed 2025 Jan. 3. Monticciolo D, Newell M, Moy L, et al. Breast Cancer Screening for Women at Higher-Than-Average Risk: Updated Recommendations From the ACR. *J Am Coll Radiol*. 2023 Sep;20(9):902–914. doi: 10.1016/j.jacr.2023.04.002. 4. Visvanathan K, Fabian C, Bantug E. Use of Endocrine Therapy for Breast Cancer Risk Reduction: ASCO Clinical Practice Guideline Update. *J Clin Oncol*. 2019 Nov; 37(33):3152–3165. doi: 10.1200/JCO.19.01472. 5. U.S. Preventative Services Task Force. Final Recommendation Statement – Breast Cancer: Medication Use to Reduce Risk. 2019 Sept. Web. Accessed 2025 Jan. 6. American Cancer Society. Can Prostate Cancer Be Prevented? Web. Accessed 14 Nov 2025. www.cancer.org. 7. American Cancer Society. Recommendations for Prostate Cancer Early Detection. Web. Accessed 14 Nov 2025. www.cancer.org. 8. Wei JT, Barocas D, Carlsson S, et al. Early detection of prostate cancer: AUA/SUO guideline part I: prostate cancer screening. *J Urol*. 2023;210(1):45–53. PMID: 37096582.

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