Proactive Health
INTEGRATED PRS™
BREAST CANCER

Understanding Test Results

Incorporate the MyOme Integrated Polygenic Risk Score™ (iPRS™) Breast Cancer test into your patient's risk assessment for a personalized approach to breast cancer screening and risk reduction.

Combining Genetic and Clinical Insights for Precision Breast Cancer Risk Prediction

The iPRS Breast Cancer test combines a person's genetic information (PRS*) with their clinical risk factors (Tyrer-Cuzick model**) to provide a risk estimate for developing breast cancer for individuals who do not have a single-gene herediatry breast cancer condition.

Genetic analysis considers

>1M genetic markers linked to breast cancer

Clinical risk factor analysis includes:

- Current age
- Age at menarche
- Age at first live birth
- Menopausal status
- Hormone therapy use/ duration
- Body mass index
- Breast biopsy history
- Family history of breast cancer (both lineages)
- Breast density

Test Result Overview

Your patient's breast cancer risk will be presented as a remaining lifetime and 5-year risk based on combining their PRS with their Tyrer-Cuzick model risk.

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

	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.*

Results Summary
Integrated remaining lifetime risk of developing breast cancer will be reported as average (<20%) or elevated (≥20%)

Lifetime Risk
Used for recommendations about increased screening (e.g., breast MRI, mammography)

5-Year Risk
Used for recommendations about prescribing medication to reduce breast cancer risk

*A PRS estimates an individual's genetic predisposition to a health condition, calculated by summing many disease-associated genetic risk markers detected across the genome.[1]
**The Tyrer-Cuzick model is a statistical tool used to estimate a woman's risk of developing breast cancer over time by incorporating several clinical factors.[1]

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Implications for Breast Cancer Risk Reduction

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, as these medications can reduce the risk of developing breast cancer by at least 50%.[4-5]

Support at Every Step of the Way

We are committed to supporting providers with a customizable, end-to-end solution that easily integrates with your workflow and resources to improve the patient and provider experience.

Online Provider Portal

Genetic Counseling

Provider Resource Hub

Make MyOme Proactive Health part of your clinical care.

Contact support@myome.com or visit our website to get started.

This test was developed, and its performance characteristics were determined, by MyOme, Inc., a clinical laboratory certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) and College of American Pathologist (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. MyOme is not responsible for the content or accuracy of third-party websites.

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.

