myome®

Proactive Health
INTEGRATED PRS™
BREAST CANCER

A Personalized Risk Assessment for Breast Cancer

MyOme's Integrated Polygenic Risk Score™ (iPRS™) Breast Cancer test combines whole-genome insights with clinical risk assessment, delivering a more accurate risk prediction to guide healthcare decisions.

Personalized Risk Prediction Can Tailor Care to Improve Health Outcomes

Beyond Single-Gene Detection

20%

of breast cancers have an underlying genetic risk that cannot be detected by single-gene analysis (e.g., *BRCA1* and *BRCA2* tests)

Broad Eligible Population

Up to

95%

of women* do not have a single-gene breast cancer condition but may have genetic risk factors detectable by the iPRS test.[1]

Reliable Risk Stratification

Up to

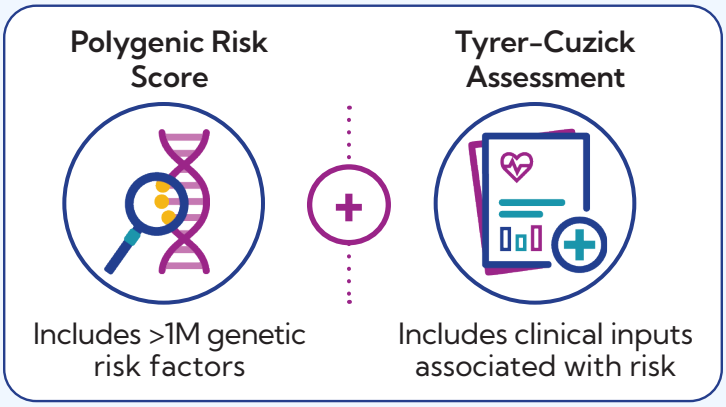
6%

of those classified as low-risk by clinical models alone were reclassified as high-risk by iPRS.[2]

iPRS Provides 5-year and Remaining Lifetime Risk for Developing Breast Cancer

Patients can receive an iPRS result if they:

- Were assigned female at birth and are aged 18–84
- Do not have a personal history of breast cancer
- Do not have a pathogenic variant in a breast cancer–related gene



Important Considerations: The iPRS Breast Cancer test is intended as a screening tool and does not diagnose a person with breast cancer. Some people with a high risk score will not develop breast cancer and some with a low risk score will.

*MyOme recognizes and respects the diversity of gender identities. For the purposes of this document, "women" refers to individuals assigned female at birth.

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The Power of Comprehensive Insights

The iPRS Breast Cancer test produces a complete risk score and identifies patients at increased risk. Test results can guide healthcare decisions for all patients, especially those at increased risk, by helping to:

Enable Early Detection — **Personalize Preventative Care** — **Optimize Health Outcomes**

Key Features

Genome First

The iPRS Breast Cancer test is run on a genome sequencing backbone, which allows for broad detection of clinically relevant variants.

Multi-Ancestry Applicability

Data from >250K patients in five large international cohorts was used to validate iPRS, enabling cross-ancestry risk prediction.[2]

Actionable Reports

Results provide actionable recommendations for surveillance, treatment, and follow-up based on clinical guidelines[3-6], with the option to consult a certified genetic counselor for personalized interpretation and support.

Get Started with Our Simple, Seamless Process

Order	Sample Collection	Sample Analysis	Receive Results
Submit an order via MyOme's secure portal	Follow the instructions provided in blood, saliva, or buccal swab collection kits	Return sample to MyOme for sequencing and data analysis	Reports are delivered through MyOme's secure portal

Interested in personalized breast cancer risk prediction?

Contact us at support@myome.com or visit our website to order now.

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. Garber J.E., Offit K. Hereditary Cancer Predisposition Syndromes. J. Clin. Oncol. 2005;23:276–292. doi: 10.1200/JCO.2005.10.042 **2.** Tshiaba 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. **3.** American Cancer Society. Recommendations for the Early Detection of Breast Cancer. Web. Accessed 2025 Jan. **4.** 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. **5.** 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. **6.** U.S. Preventative Services Task Force. Final Recommendation Statement– Breast Cancer: Medication Use to Reduce Risk. 2019 Sept. Web. Accessed 2025 Jan.

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