

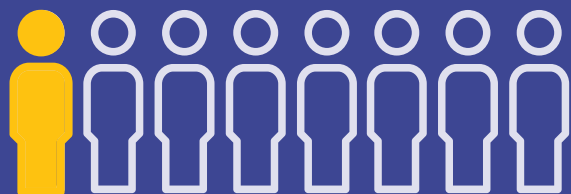


NEO | RaDaR[®] ST

Detect late-recurrence
HR+/HER2- breast cancer
earlier than imaging



Late metastatic relapse occurs frequently in breast cancer



~1 in 8 women will develop invasive breast cancer over the course of their lives.¹



~70% of breast cancer is HR+/HER2-²



Hormone (endocrine) therapy for **5 years** is standard of care³



Endocrine therapy is often extended up to **10 years**³

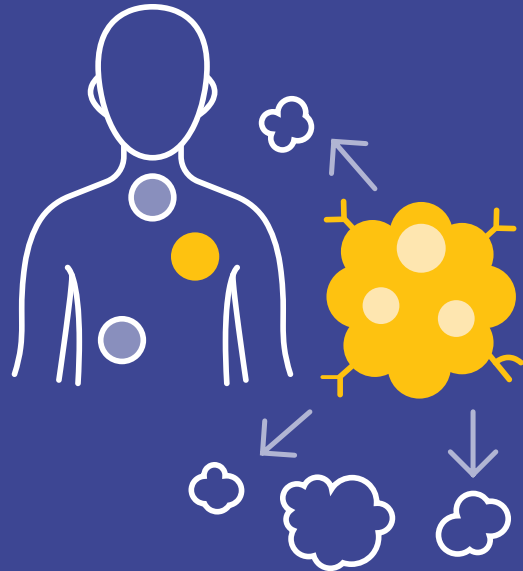
Late recurrences in patients with HR+/HER2- tumors can be deadly.

~75% of deaths occur due to late metastatic relapse⁶

≥50% of metastatic recurrences occur 5 years or more after initial diagnosis⁶

Current landscape for late recurrence identification

Waiting for symptoms to signal recurrence is no longer the only option.



The risk of metastatic recurrence persists for decades, at least **20 years** after diagnosis, and risk varies substantially by tumor size and nodal status.⁷



Highly sensitive MRD technology can detect tumor growth before signs of clinical progression⁴

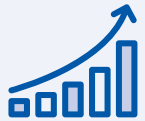
RaDaR[®] ST enables earlier detection of late recurrence in HR+/HER2- breast cancer

Key features of RaDaR ST



Tumor-informed detection:

Highly sensitive, patient-specific tracking of cancer recurrence^{4,5}



Proven performance:

Built for confident decision-making, with detection as low as 1 ppm*



Clinical use continuum:

Detects molecular recurrence, often before signs of clinical relapse^{4,5}



Discover a highly sensitive, tumor-informed MRD technology that detects circulating tumor DNA fragments long before imaging.

*Sensitivity demonstrated across four independent analytical and clinical validation studies, with detection down to 1 ppm under study-specific conditions. LOD95 is 11 ppm⁸

ctDNA = circulating tumor DNA; HER2- = human epidermal growth factor receptor 2-negative; HR+ = hormone receptor-positive; MRD = molecular residual disease; ppm = parts per million.

Growing clinical evidence for RaDaR ST

CHiRP is a critical study demonstrating the benefits of using RaDaR ST to identify late-stage recurrence in HR+/HER2- breast cancer.³



RaDaR ST ctDNA testing identified MRD in 10% of high-risk HR+/HER2- breast cancer patients in the late adjuvant setting, with a median lead time of **16.7 months** before clinical recurrence.^{4,5}



~100% of distant metastatic recurrences were detected with RaDaR ST across the 4.4-year trial in 83 patients.^{4,5}


RaDaR ST offers **100%** clinical sensitivity for distant metastatic recurrences and a clinical specificity of **100%**^{4,5}

Pioneering the future of personalized intervention:

The ongoing SURVIVE clinical trial could transform MRD monitoring through investigation of ctDNA-guided imaging and treatment decisions.⁹ These outcomes have the potential to intercept or mitigate late recurrence in HR+ breast cancer patients.

Deliver clear and actionable answers with RaDaR ST

Positive and negative results indicate two clear but distinct clinical pathways.




NEO | RaDaRST

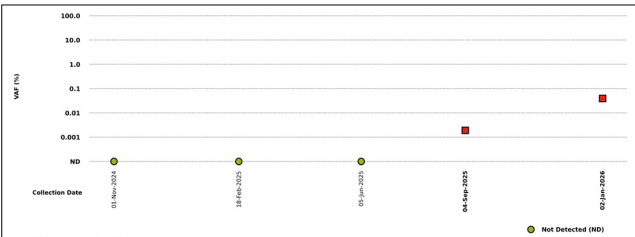
Client 00002
Peterson, Lewis and Johnson
 123 Test Street
 Testville, Minnesota 12345 US
 Phone: 553.940.5900
 Fax: 851.692.9746x5339

Patient Name: Patient, Example
 Date of Birth/Sex: **01-Aug-1950 / F**
 MRN/PH ID: **MRN12345**
 Case Number: **12345**
 Disease Indication: **Breast Carcinoma, II**

Ordering Physician(s): Laurie Stone
 Report Date: **08-Jan-2026**
 Blood Collection Date: **02-Jan-2026**
 Blood Received Date: **03-Jan-2026**
 Tissue Collection Date: **05-Aug-2023**
 Tissue Received Date: **10-Aug-2023**

| RESULTS | INTERPRETATION |
|---|--|
|  TUMOR DNA DETECTED <p style="font-size: small;">0.0391% VAF</p> <p style="font-size: x-small;">VAF% is the estimated mean Variant Allele Fraction in the plasma specimen, expressed as a percentage of total circulating free DNA.</p> | <p>DETECTED: Tumor-specific DNA variants in the patient's diagnostic tissue specimen were detected in circulating DNA from the current blood specimen.</p> <p>Current Blood Specimen: TPS Associated Tissue: Block A2, Surgical Pathology Services</p> |

RESULT HISTORY



| Collection Date | VAF % |
|-----------------|--------------|
| 02-Jan-2026 | 0.0391 |
| 04-Sept-2025 | 0.0019 |
| 05-Jun-2025 | Not Detected |
| 18-Feb-2025 | Not Detected |
| 01-Nov-2024 | Not Detected |

Page: 1 of 3
 Assay Version: 1.1
 Report Version: v1.2.3.4
 Accession ID: 30001816

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 For customer support, please contact NeoGenomics at 866-776-5907, option 3



Positive

ctDNA detected. Results indicate a likelihood of recurrence. This may prompt further discussion about monitoring for relapse and treatment options.



Negative

ctDNA not detected. Patient is at lower risk for relapse. Continue with existing MRD testing cadence.

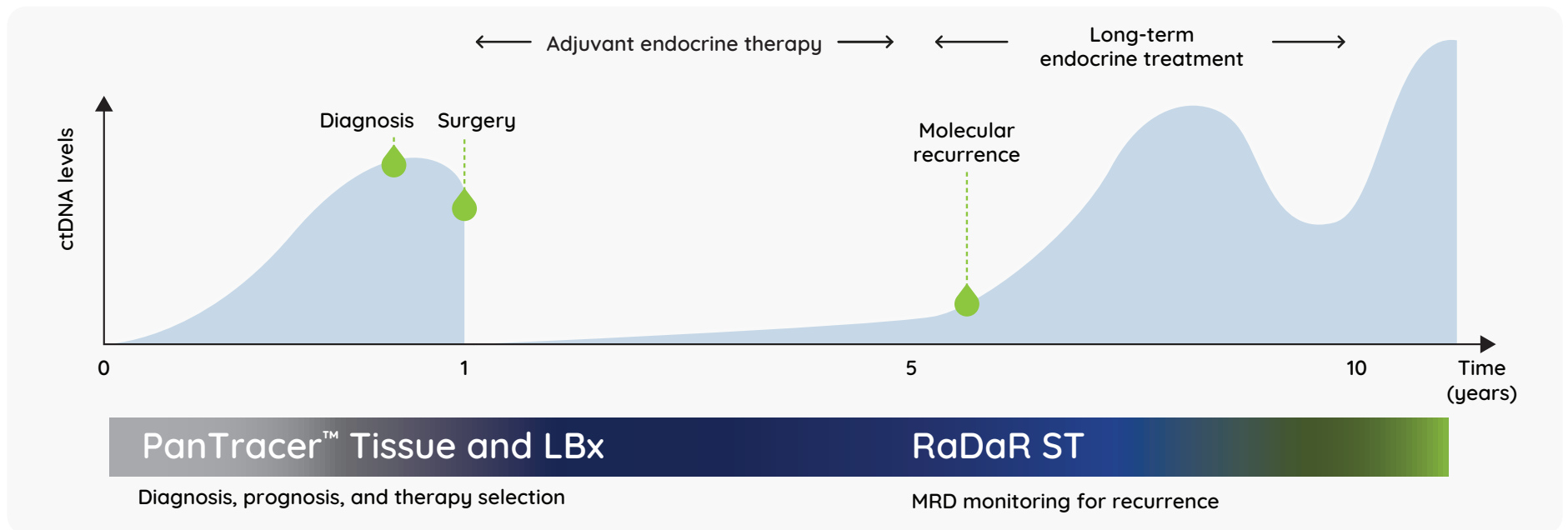


Clear results with RaDaR ST inform the next clinical steps.

ctDNA = circulating tumor DNA.

The Neo portfolio supports breast cancer treatment across the care continuum

Broad tissue and liquid-based comprehensive genomic profiling (CGP) aligned with clinical guidelines, covering key biomarkers recommended for therapy selection and additional genomic insights complement MRD testing.



When used for surveillance, RaDaR ST can detect distant metastatic HR+/HER2- recurrence over 16.7 months prior to imaging.³



Early detection, actionable insights. Delivering tomorrow's answers today.

CGP = comprehensive genomic profiling; ctDNA = circulating tumor DNA; HER2- = human epidermal growth factor receptor 2-negative; HR+ = hormone receptor-positive; MRD = molecular residual disease.

To learn more about our breast cancer solutions or to order a test, please visit [NeoGenomics.com](https://www.neogenomics.com).

We pride ourselves on our unparalleled Client Services team. If you have questions regarding test information, specimen requirements, turnaround times, test add-ons, or patient results, please email us at client.services@neogenomics.com or call 866.776.5907, option 3.

References

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NeoGenomics, Inc. is a premier cancer diagnostics company specializing in cancer genetics testing and oncology data solutions. We offer one of the most comprehensive oncology-focused testing menus across the cancer continuum, serving oncologists, pathologists, hospital systems, academic centers, and pharmaceutical firms with innovative diagnostic and predictive testing to help them diagnose and treat cancer. Headquartered in Fort Myers, FL, NeoGenomics operates a network of CAP-accredited and CLIA-certified laboratories for full-service sample processing and analysis services throughout the US and a CAP-accredited full-service, sample-processing laboratory in Cambridge, England, United Kingdom. ©2026 NeoGenomics Laboratories, Inc. All rights reserved.



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