

GENES TESTED WITH INVITAE'S HEREDITARY PROSTATE CANCER PANEL

The Invitae Prostate Cancer Panel targets up to 14 genes associated with a hereditary predisposition to prostate cancer:

- ATM
- BRCA1
- BRCA2
- CHEK2
- EPCAM
- FANCA
- HOXB13
- MLH1
- MSH2
- MSH6
- NBN
- PALB2
- PMS2
- RAD51D
- TP53

Results from the Invitae Prostate Cancer Panel can help guide medical management for both you and your family, including treatments such as PARP inhibitors and screening protocols.

NOTES:

SIMPLE BILLING, NO SURPRISES

WITHIN THE UNITED STATES

INSURANCE

You won't need to contact your insurance company to find out if testing is covered or to obtain reimbursement; Invitae will work directly with them to coordinate coverage and payment. Typically patients pay no more than \$100 out of pocket for one of our tests. If you receive a bill for more than \$100, please call us at 800-436-3037 to discuss payment options. We're here to help ensure you have access to your genetic information.

PATIENT PAY

You have the option to pay \$250 for your hereditary cancer genetic testing. This option requires upfront payment before test results are released. In addition, your clinician must place the order online and provide your e-mail address so we can send you a link to pay online using a credit card.

MEDICARE & FINANCIAL ASSISTANCE

Invitae accepts Medicare and Medicaid. We may also be able to offer testing at limited or no expense to those who qualify for need-based assistance.

For further information, please contact Client Services at clientservices@invitae.com or 800-436-3037.

OUTSIDE THE UNITED STATES

PATIENT PAY

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INSTITUTIONAL BILLING

Invitae will work with your institution to set up a contract if one is not already in place.

For complete billing information, please visit www.invitae.com/billing.

This guide applies only to gene and panel testing; for exome testing please see the Invitae exome patient guide.

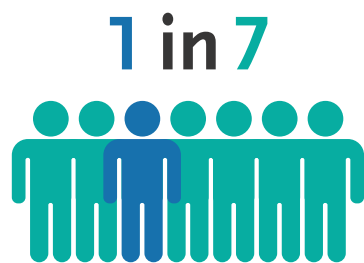


INVITAE

Understanding hereditary
prostate cancer

THE GENETICS OF HEREDITARY PROSTATE CANCER

Between 5% and 10% of patients with prostate cancer have a genetic variant that increased their risk of developing the disease; these cases are also associated with more aggressive disease and potentially an increased risk of future cancers.



American men will develop prostate cancer

More than a dozen genes have been associated with an increased risk of prostate cancer. Many of these same genes also increase risk of colorectal, breast, ovarian, uterine, and pancreatic cancer.

WHO SHOULD CONSIDER GENETIC TESTING?

- ❑ All men with high-risk, very high-risk, regional, or metastatic prostate cancer
- ❑ All men with any stage prostate cancer and a family history consisting of one (or more) of the following:
 - Brother, father, or multiple family members diagnosed with prostate cancer at <60 years of age; OR
 - Family member with a known mutation; OR
 - More than one relative with breast, ovarian, or pancreatic cancer (suggests possibility of *BRCA2* mutation) or colorectal, endometrial, gastric, ovarian, pancreatic, small bowel, urothelial, kidney, or bile duct cancer (suggests possibility of Lynch syndrome)

- ❑ Any first or second degree relative meeting the above criteria
- ❑ *BRCA1/2* pathogenic variant detected on tumor profiling
- ❑ Known pathogenic germline mutation identified in a family member

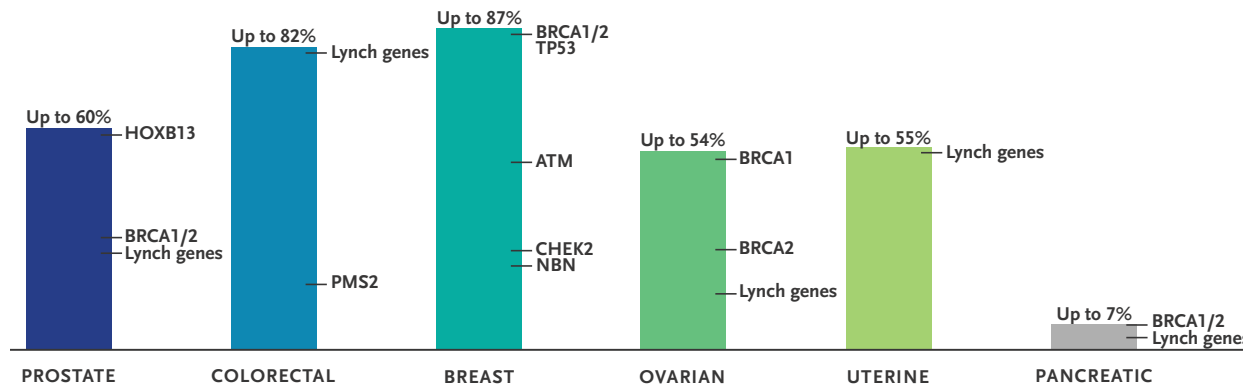
WHAT ARE THE BENEFITS OF TESTING?

If you have an elevated risk of developing cancer based on your genetic test result, you can identify a cancer at an earlier, more treatable stage and work with your healthcare provider to create a plan designed to prevent future cancers.

In addition, genetic testing can help:

- make informed medical decisions, including treatments (i.e., PARP inhibitors), surveillance, and preventive options
- qualify you for participation in clinical trials or research studies
- evaluate your risk of developing future cancers
- identify other at-risk relatives for whom genetic testing is recommended
- provide an explanation for your personal or family history of cancer

LIFETIME RISKS



The same genes that can increase the risk of prostate cancer also increase the risk of other cancers. The term Lynch genes refers to *MLH1*, *MSH2*, *MSH6*, *PMS2*, and *EPCAM*.

WHAT ARE THE POTENTIAL RESULTS?

POSITIVE

If testing identifies a variant known to increase your cancer risk, consult with your doctor to create a screening and management plan.

Your doctor can also help identify relatives who may need to be tested to determine if they have the same genetic variant. Invitae offers Family Variant Testing for your first-degree relatives at no additional charge within 90 days of your test report date.

NEGATIVE

If testing identifies no variants known to increase cancer risk, your future risk depends on your personal medical history and family history of cancer. This does not rule out other genetic conditions; consult with your doctor to discuss surveillance recommendations.

VARIANT OF UNCERTAIN SIGNIFICANCE

In some cases, testing can identify a variant, but it is not known at this time whether the variant increases the risk for cancer. In this case, your cancer surveillance recommendations should be based on your personal and family medical histories.

Learn more at www.invitae.com/patients.