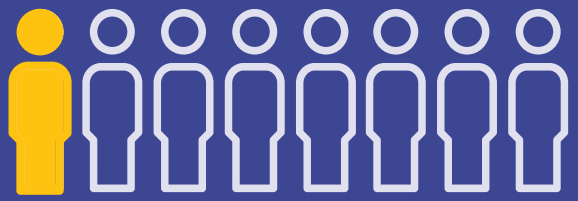

NEO | RaDaR® ST
Detect late-recurrence
HR+/HER2- breast cancer
at the earliest stages
NEO
GENOMICS

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 SoC[3]

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

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

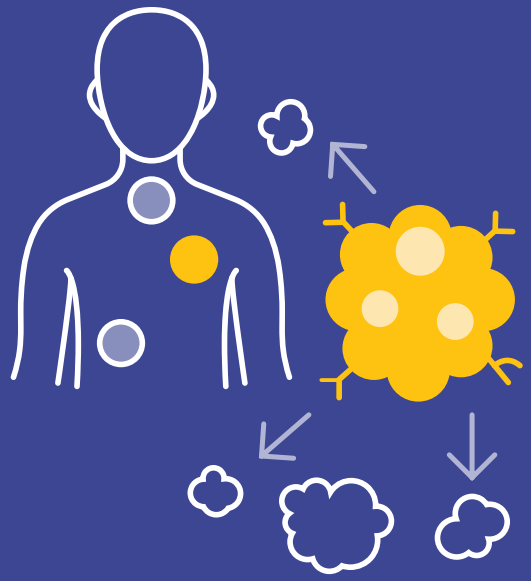
~75% **of deaths** occur due to late metastatic relapse[4]

≥50% **of metastatic recurrences** occur 5 years or more after initial diagnosis[5]

HER2- = human epidermal growth factor receptor 2–negative; HR+ = hormone receptor–positive; SoC = standard of care.

Current landscape for late recurrence identification

Once scans detect recurrence, the critical window for intervention may have already closed.



The risk of metastatic recurrence persists for decades, with a **26%** recurrence rate across high-risk patients with HR+/HER2- tumors[5]

Highly sensitive MRD technology can detect tumor growth before signs of clinical progression[3]

HER2- = human epidermal growth factor receptor 2–negative; HR+ = hormone receptor–positive; MRD = molecular residual disease.

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

Key features of RaDaR ST

Tumor-informed detection:
Identifies trace tumor DNA that may persist after treatment or surgical resection[3]

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

Clinical use continuum:
Detects ctDNA and molecular recurrence, often before signs of clinical progression[3]

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.[6]

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 **12.4 months** before clinical recurrence.[3]

~100% of distant metastatic recurrences were detected with RaDaR ST across the 3.9-year trial in 83 patients.[3]

RaDaR ST offers nearly 100% clinical sensitivity for distant metastatic recurrences and a clinical specificity of nearly 100%[2]

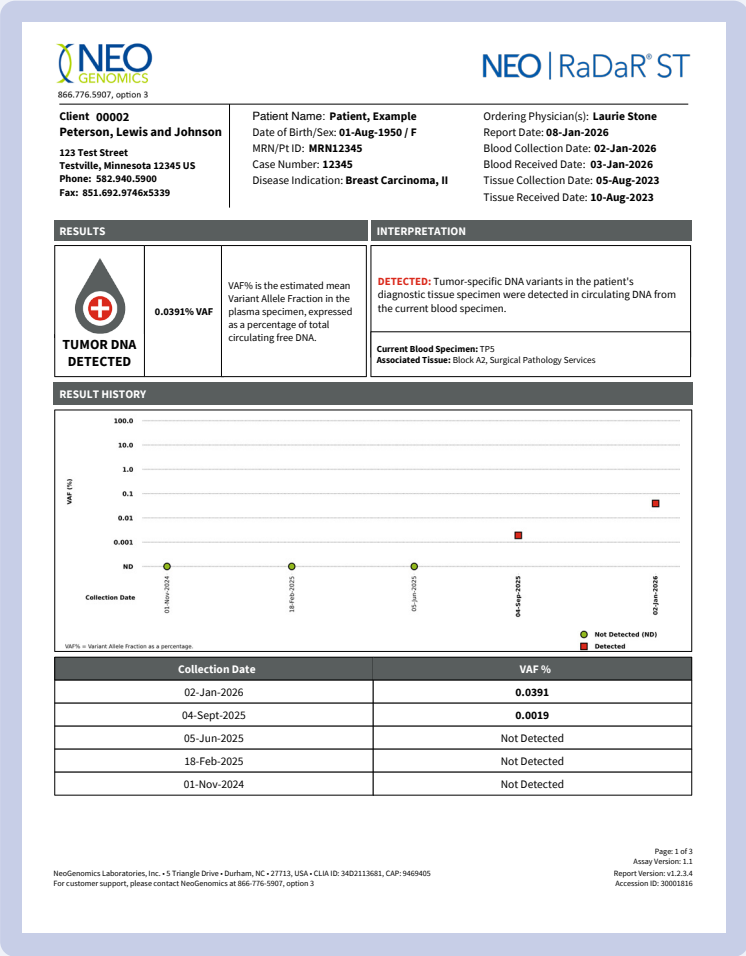
Pioneering the future of personalized intervention:

The ongoing SURVIVE clinical trial could transform MRD monitoring through investigation of ctDNA-guided treatment decisions.[7] These outcomes have the potential to prevent or delay late recurrence in HR+ breast cancer patients.[7]

CHiRP = circulating tumor DNA and late recurrence in high-risk hormone receptor–positive, HER2-negative breast cancer; ctDNA = circulating tumor DNA; HER2- = human epidermal growth factor receptor 2–negative; HR+ = hormone receptor–positive; MRD = molecular residual disease; SURVIVE = Standard Surveillance vs. Intensive Surveillance in Early Breast Cancer.

Deliver clear and actionable answers with RaDaR ST

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



NEO GENOMICS
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NEO | RaDaR® ST

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Patient Name: **Patient, Example**
Date of Birth/Sex: **01-Aug-1950 / F**
MRN/Pt 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

TUMOR DNA DETECTED

0.0391% VAF

VAF% is the estimated mean Variant Allele Fraction in the plasma specimen, expressed as a percentage of total circulating free DNA.

INTERPRETATION

DETECTED: Tumor-specific DNA variants in the patient's diagnostic tissue specimen were detected in circulating DNA from the current blood specimen.

Current Blood Specimen: TP5
Associated Tissue: Block A2, Surgical Pathology Services

RESULT HISTORY

VAF% = Variant Allele Fraction as a percentage.

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

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

Positive

ctDNA detected. Results indicate a higher risk of recurrence. This should prompt further discussion about treatment options.

Negative

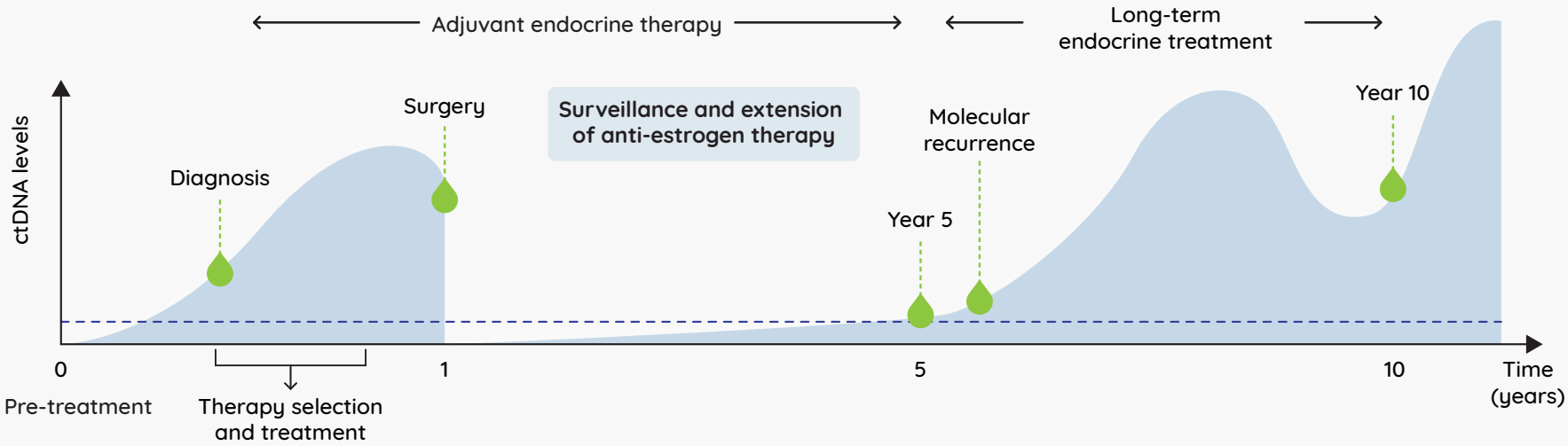
ctDNA not detected. Patient is likely cancer free, or treatment is working. Repeated tests should be carried out frequently, as this result can change.

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 CGP aligned with clinical guidelines, covering key biomarkers recommended for therapy selection and additional genomic insights.



12.4 months

When used for surveillance, RaDaR ST can detect distant metastatic HR+/HER2- recurrence over 12.4 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 solution or to order a test, please visit **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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6. NeoGenomics Laboratories, Inc. Data on File.
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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.

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