

7 ways

a hereditary cancer risk assessment program can identify more women for precision care



Standardizing patient care pathways helps to reduce gaps in care and eliminates friction and delays. Our programmatic approach to hereditary cancer genetic risk assessment can help your health system expand its ability to efficiently deliver precision healthcare to more of the women who need it.

It's good for them — and for you.

1

Integrated pre-visit risk assessment

Identify the >1 out of every 4 women who meet medical guidelines for germline genetic testing¹ in your existing pre-appointment questionnaire

Empowers patients

Help them take ownership of their health journey with better information and communication



2

Easier testing decisions

Evidence-based guidelines inform and simplify the decision to test genes associated with hereditary cancer risk

Provide clarity

Support patients with clear patient education as they make an important health care decision



3

In-clinic support

A personalized cost estimate (most commercial or federally-funded insured pay \$0), patient education, and no-cost, on-demand board-certified genetic counselors can help facilitate a point-of-care decision

Avoids delays

Avoid deferred or abandoned recommendations by helping patients get tested during their office visit



4

Trustworthy screens

Our best-in-class test delivers confidence with technical accuracy of more than 99.99% sensitivity and 99.99% specificity for all ancestries²

Reduce uncertainty for more patients

The MyRisk® test offers the industry's lowest reported rates of *BRCA1* and *BRCA2* variants of uncertain significance (VUS) of <1.0%^{3,4}



5

The most accurate results

MyRisk with RiskScore® is two times more accurately predictive of breast cancer risk than Tyrer-Cuzick alone⁵

Actionable genetic insights

Quick turnaround times and easy-to-understand reports empower you and your patients to make informed, proactive care management decisions



6

No-cost ongoing consultations and education

Board-certified genetic counselors are available M-F (and respond to 200+ languages) to answer patient questions

Reduces workload

Patients with positive and negative results can get their questions answered without burdening busy hospital staff



7

Streamlined follow-up care

Structured referral pathways in the EMR boost trust with physicians⁶, while provider training reinforces best practices for quality care

Increases patient self-efficacy

Over half who test negative will still have a change in medical management due to their family history or elevated RiskScore⁷



Myriad is more than a genetic testing provider for women's health programs

As your strategic genetic lab provider, we'll help you advance a hereditary cancer risk assessment program that improves health system performance and patient outcomes. What does that look like?

- Consult with health system teams to streamline and refine workflows
- Deliver standardized training to reinforce best practices with providers and staff
- Support efficient collaboration among time-starved stakeholder groups

Discover how we can help your health system at www.myriad.com/womens-health/health-systems



1. Nusbaum R, Hong J, Agnese D, et al. Online family history tool for breast cancer risk assessment and eligibility for genetic testing: a randomized controlled trial. *Cancer*. 2024;130(7):1132-1142. doi:10.1002/cncr.35078

2. Myriad BRACAnalysis®, COLARIS®, COLARIS AP®, and MyRisk® Hereditary Cancer Technical Specifications, Myriad Genetic Laboratories, Effective: January 24, 2024

3. Gradišhar WJ, et al. Clinical variant classification: a comparison of public databases and a commercial testing laboratory. *The Oncologist*. 2017;22(7):797–803. doi:10.1634/theoncologist.2016-0431.

4. Mundt E, Iorg G. Driving Down the Rate of Variants of Uncertain Significance as the Myriad myRisk® Multigene Panel Grows [White paper]. Myriad Genetics. 2020.

5. Mabey B, Hughes E, Kucera M, et al. Validation of a clinical breast cancer risk assessment tool combining a polygenic score for all ancestries with traditional risk factors. *Genet Med*. 2024;26(7):101128.

6. Hagan TL, Xu J, Lopez R, et al. Patient-centered communication and its relationship to quality of care, self-efficacy, and trust in physicians among cancer patients. *J Patient Exp*. 2023;10:1-10. doi:10.1177/23743735231152257. Accessed March 27, 2025. <https://pmc.ncbi.nlm.nih.gov/articles/PMC9869234/>

7. Myriad internal data based on MyRisk tests reported between 09/01/2021 and 02/01/2023 ordered for unaffected patients by OBGYN & Primary Care healthcare providers