Precise MRD™
Molecular Residual Disease Monitoring

BREAST CANCER

Molecular insights, across the breast care continuum

>90%
breast cancer clinical sensitivity across all subtypes in stages I–IV[1-3]

~20%
of pre-treatment ctDNA detections occur in the ultrasensitive range[2,3]

>99.9%
clinical specificity in breast cancer, minimizing the risk of false positives[1]

The Precise MRD™ Molecular Residual Disease Test gives you clear and quantitative MRD results from the first cycle of neoadjuvant therapy to post-treatment surveillance, built for the low-shedding biology of breast cancer.[1]

Deliver ultrasensitive ctDNA detection, reliably capturing patients other assays may miss[1-3]

Provide molecular insights at critical decision points across the neoadjuvant and surveillance settings[2]

Reveal serial response patterns throughout treatment that a single timepoint cannot show[2]

Clinical relevance across breast cancer treatment decision points

1

Neoadjuvant
Identify non-responders who are at the highest risk of residual disease after surgery[2]

2

Surveillance
Regular testing provides added assurance in disease clearance and early signals of recurrence that may warrant closer clinical attention[4]

3

Metastatic
Dynamic monitoring of treatment response, providing real-time insights into therapeutic effectiveness for metastatic disease[5]

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Molecular insights supported by clinical evidence

The MONITOR-Breast prospective study evaluated the Precise MRD Test in breast cancer patients receiving neoadjuvant therapy (NAT), demonstrating clear associations between ctDNA dynamics and pathologic outcomes across serial monitoring timepoints.[2]

NEOADJUVANT SETTING

Molecular visibility at the post-NAT decision point[2]

- All 47 patients who achieved pathologic complete response (pCR) were ctDNA-negative prior to surgery (>99.99% specificity for pCR)
- Patients with ctDNA detected post-NAT were 43 times more likely to remain ctDNA-positive after surgery
- For patients with ctDNA detected post-NAT, 67% of those detections occurred in the ultrasensitive range

SURVEILLANCE SETTING

Molecular visibility in the adjuvant and post-adjuvant monitoring settings[4]

- In an exploratory study of HR+ inflammatory breast cancer patients (n=19), ctDNA negativity at end of treatment was associated with 100% progression-free survival at 24 months
- Among ctDNA-positive patients, 88% experienced disease progression within 24 months, with molecular changes detectable up to 15 months before clinical or radiologic confirmation

The Precise MRD Test is built for your practice.

Designed for the cancer care continuum

Timely results for clinical decisions

Streamlined ordering and reporting

Minimal tissue requirements

LEARN MORE
myriad.com/oncology/precise-mrd-test

Each step. Every patient. Exactly what you need.

References: 1. Acevedo A, Colbert K, Trettin K, et al. Analytical validation of an ultrasensitive tumor-informed MRD assay. Presented at: American Association for Cancer Research Annual Meeting; April 17–22, 2026; San Diego, CA. Abstract 2598. **2.** Foldi J, Hogan G, Johansen Taber C, et al. Early findings from MONITOR-Breast: ctDNA dynamics during neoadjuvant therapy using an ultrasensitive MRD assay. Presented at: American Association for Cancer Research Annual Meeting; April 17–22, 2026; San Diego, CA. **3.** Hashimoto T, Kobayashi S, Jasper J, et al. Ultra-sensitive pan-cancer molecular residual disease assessment using whole-genome sequencing-based personalized ctDNA panel: initial results from the MONSTAR-SCREEN-3 project. Presented at: ASCO Annual Meeting; May 30–June 3, 2025; Chicago, IL. **4.** Upadhyay R, Alexander A, Ye Q, et al. Ultrasensitive ctDNA-based MRD monitoring predicts relapse in postoperative HR+ IBC. Presented at: San Antonio Breast Cancer Symposium; December 9–12, 2025; San Antonio, TX. Abstract 1012. **5.** An JA, Jasper J, Cabel L, et al. Ultrasensitive ctDNA monitoring during CDK4/6 inhibitor therapy for metastatic breast cancer. Presented at: ASCO Annual Meeting; May 30–June 3, 2025; Chicago, IL. Abstract 1073.

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