

# TREAT WITH EVEN MORE CONFIDENCE

Shows the individualized risk of distant recurrence when treated with endocrine therapy alone.

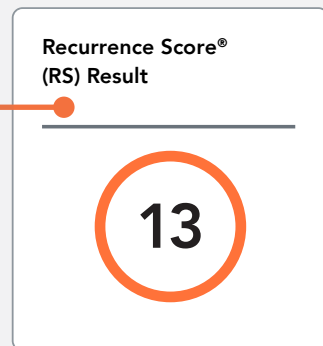
Sample Report

## Oncotype DX Breast Recurrence Score<sup>®</sup> Report Node Negative

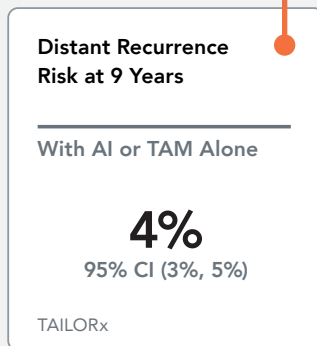
**EXACT SCIENCES**

**DOE, JANE ELIZABETH**  
 Date of Birth: 01 - Jan - 1951      Gender: Female      Report Number: CR123456789-01      Report Date: 13-July-2022  
 Specimen Source/ID: Breast/SP-16\_0123456  
 Ordering Physician: Dr. First-Name I. Ordering-Physician-Last-Name

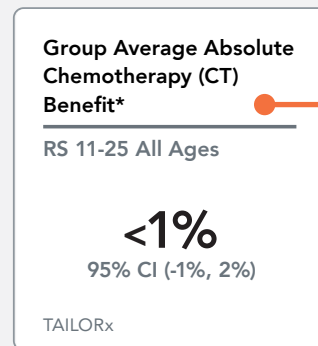
Based on a continuous scale of 0-100 and reflects individual tumor biology. The higher the patient's score, the higher the risk of distant recurrence and likelihood of chemotherapy benefit.



Decision on individual treatment especially around the RS 25 cutoff may consider other clinical factors.



AI = Aromatase Inhibitor / TAM = Tamoxifen  
CI = Confidence Intervals



\*For estimated CT benefit for individual RS results, see page 2.

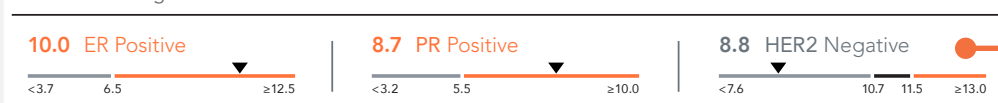
Represents the likelihood that adding chemotherapy will reduce the risk of distance recurrence.

Exploratory Subgroup Analysis for TAILORx and NSABP B-20:  
Absolute CT Benefit for Distant Recurrence by Age and RS

This table provides additional data about potential chemotherapy benefit based on age and Recurrence Score<sup>®</sup> (RS) result group.

Age	RS 0-10	RS 11-15	RS 16-20	RS 21-25	RS 26-100
>50 years	No CT Benefit (<1%)				>15% CT Benefit
≤50 years	No CT Benefit (<1%)	~1.6% CT Benefit	~6.5% CT Benefit	~6.5% CT Benefit	>15% CT Benefit

Quantitative Single-Gene Scores<sup>1</sup>



Provides ER, PR and HER2 gene expression levels based upon RT-PCR.

1. ER Score based on quantitative ESR1 expression (estrogen receptor); PR Score based on quantitative PGR expression (progesterone receptor); HER2 Score based on quantitative ERBB2 expression

### Sample Report

## Oncotype DX Breast Recurrence Score<sup>®</sup> Report Node Negative

## EXACT SCIENCES

DOE, JANE ELIZABETH

Date of Birth: 01 - Jan - 1951

Gender: Female

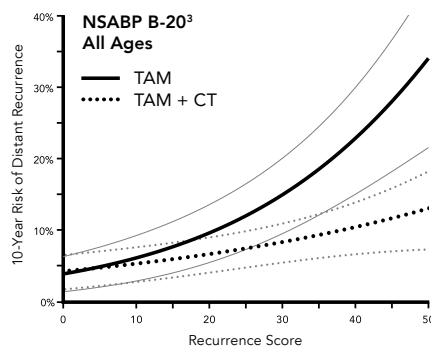
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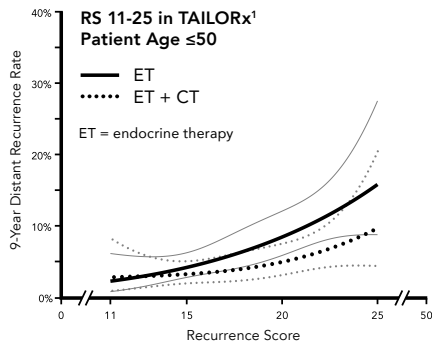
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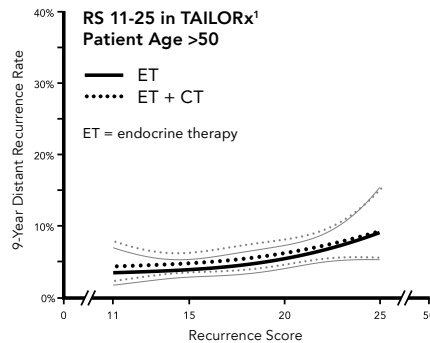
### Estimated Chemotherapy Benefit for Individual Recurrence Score Results second line for localization



The NSABP B-20 study randomized patients to treatment with TAM alone or TAM + CT and was the first validation study to demonstrate that the Breast Recurrence Score<sup>®</sup> test is predictive of chemotherapy benefit in node-negative patients.



The TAILORx study is a prospective, randomized trial in which patients with Recurrence Score<sup>®</sup> results between 11-25 were randomly assigned to ET alone or CT + ET. Treatment with ET alone was found to be non-inferior to CT + ET across patients of all ages.



An exploratory subgroup analysis in patients ≤50 years of age showed increasing chemotherapy benefit with increasing Recurrence Score<sup>®</sup> result.

Recurrence Score ranges shown above reflect randomized patients in NSABP B-20 and TAILORx.

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For more information, visit [OncotypeDX.com](https://www.oncotypedx.com) or call 866-ONCOTYPE (662-6897).

References: 1. Sparano et al. *N Engl J Med*. 2018. 3. Paik et al. *J Clin Oncol*. 2006.

The Oncotype DX Breast Recurrence Score test was developed, and the performance characteristics validated by Genomic Health, Inc., a wholly-owned subsidiary of Exact Sciences Corporation following College of American Pathologists (CAP) and Clinical Laboratory Improvement Amendments (CLIA) regulations. The Oncotype DX Breast Recurrence Score test is performed at the Genomic Health Redwood City clinical laboratory. Exact Sciences clinical laboratories are accredited by CAP, certified under CLIA regulations, and qualified to perform high-complexity clinical laboratory testing. This tests has not been cleared or approved by the US Food and Drug Administration or other notified regulatory authority.

# EXACT SCIENCES

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