## **Breast Recurrence Score**

# TREAT WITH EVEN MORE CONFIDENCE

Shows either the individualized risk of distant recurrence or the individualized risk of recurrence or mortality when treated with endocrine therapy alone. Oncotype DX Breast Recurrence Score® Report **EXACT** Micromets & Node Positive (1-3) SCIENCES Postmenopausal Last name, First name (POST\_V03-2) Date of Birth: DD-MM-YEAR Report Number: OR00 123456-6007 Report Date: DD-MON-YEAR Date of Collection: 27-J II-2023 Specimen Souce/ID: Breast/SP-16 0123456 Ordering Physician: Dr. First-Name I. Ordering-Physician-Lst-Name Based on a Represents continuous the likelihood **Group Average Absolute Distant Recurrence Risk** Recurrence Score® (RS) scale of 0-100 Result at 5 years Chemotherapy (CT) Benefit that adding and reflects chemotherapy RS 0-25 With ALor TAM alone individual will reduce tumor biology. No apparent distant chemotherapy The higher the recurrence risk benefit patient's score, (for applicable the higher the (<1%) patients). risk of distant recurrence and RXPONDER RYPONDER likelihood of Clinical factors may be considered with the RS when AI = Aromatase Inhibitor / TAM = Tamoxifen CI = Confidence Intervals chemotherapy benefit. Quantitative Single Genes<sup>2,3</sup> Helps to 10.5 ER Positive 7.1 PR Positive 9.8 HER2 Negative confirm HR+, HER2- status. 6.5 RxPONDER Study<sup>1,4</sup> Results in this report are based on the Recurrence Score (RS) and data from the SWOG S1007 study, known as RXPONDER $^{\text{Id}}$ . RXPONDER is a prospective, multinational phase III clinical trial that enrolled 5,018 women (≥18 years) with hormone receptor-positive (HR+), HER2-negative invasive breast cancer and 1-3 positive axillary lymph nodes. These patients were randomized to receive endocrine therapy alone or chemotherapy followed by endocrine therapy. The primary endpoint of the RxPONDER trial was 5-year Invasive Disease-Free Survival (IDFS). Contains relevant Postmenopausal women with a RS result of 0-25 did not show a benefit of chemotherapy in addition to endocrine therapy for the endpoint of 5-year Distant Recurrence-Free Interval (DRFI) (competing risk adjusted HR = 1.12, 95% CI: 0.82-1.52, p = 0.49). Consistent lack of chemotherapy benefit was study details also observed for IDFS for subgroups of age, tumor size, grade, Recurrence Score result, and number of positive lymph nodes, from either The individualized Distant Recurrence Risk at 5 years is for postmenopausal patients with a RS 0-25 who were treated with endocrine therapy alone. **RxPONDER** or The group average Absolute Benefit of Chemotherapy for postmenopausal women with a RS 0-25 was <19 SWOG 8814. PAGE 1 OF 2

# oncotype DX®

# **Breast Recurrence Score**

Oncotype DX Breast Recurrence Score® Report

Micromets & Node Positive (1-3)

#### **Postmenopausal**

#### **EXACT** SCIENCES

#### Last name, First name (POST\_V03-2)

Date of Birth: DD-MM-YEAR

Report Number: OR000123456-6007

Report Date: DD-MON-YEAR

Specimen Souce/ID: Breast/SP-16\_0123456

Ordering Physician: Dr. First-Name I. Ordering-Physician-Lst-Name

Medical Record/Patient #: DD-MM-YEAR

Client: Community Medical Center

Date of Collection: 27-Jul-2023

RxPONDER5

Specimen Received: 29-Jul-2023

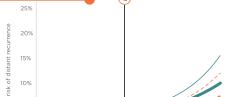
Additional Recipient: Dr. First-Name I. Recipient-Physician-Last-Name

Pathologist: Dr. First-Name I. Pathologist-Last-Name

patient's individualized Recurrence Score® result in the context of the relevant study data from either **RxPONDER** or SWOG 8814,

if available.

Displays the



ET+CHEMO

ET ALONE

### **Methods and Limitations**

The Oncotype DX Breast Recurrence Score test uses RT-PCR to provide information on prognosis and the magnitude of chemotherapy benefit to guide chemotherapy treatment decisions in patients with early-stage, HR+, HER2-negative and lymph node-negative or lymph node-positive (NI) breast cancer. Decisions on treatment should also be based on independent medical judgment of the treating physician taking into consideration all available information concerning the patient's medical condition, in accordance with your community's standard of care.

The Recurrence Score (RS) Result which ranges from 0-100 is calculated from the quantitative RT-PCR analysis of 21 specific gen

Quantitative Single-Gene Scores for quality control. The Oncotype DX test uses quantitative RT-PCR to determine the RNA expression of ER, PR and HER2, using the published validated cut-offs<sup>23</sup>. The standard deviations of single-gene results are less than 0.5 units. The RT-PCR single-gene results may differ from ER, PR, or HER2 results reported using other methods or reported by other laboratories.

The definitions of menopausal status based upon the RxPONDER4 trial are as

- Premenopausal: Less than 6 months since last menstrual period and no prior bilateral oophorectomy and not on estrogen replacement.
- Postmenopausal: Prior bilateral oophorectomy or more than 12 months since last menstrual period with no prior hysterectomy
- If these definitions did not apply, patients were categorized as premenopausal if <50 years and postmenopausal if  $\ge\!50$  years.

Distant Recurrence-Free Interval (DRFI): Time from randomization to distant

**Invasive Disease-Free Survival (IDFS):** Time from randomization to invasive breast cancer recurrence (local, regional, or distant), second invasive primary cancer (breast cancer recurrence (local, regional, or dis cancer or not), or death from any cause.

References:
1. Kalinsky et al. San Antonio Breast Cancer Symposium. 2021. 2. Badve et al. J Clin Oncol. 2008. 3. Baehner et al. J Clin Oncol. 2010. 4. Kalinsky et al. NEJM. 2021. 5. Data on File

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95% CI

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For more information, visit OncotypeDX.com or call 866-ONCOTYPE (662-6897).

