

The Oncotype DX Breast Recurrence Score<sup>®</sup> test is for patients with breast cancer that is<sup>1-5</sup>:



### Not all patients benefit from chemotherapy<sup>6</sup>

The Oncotype DX Breast Recurrence Score test reveals individual tumor biology based on measuring the expression of 16 cancer genes and 5 reference genes.<sup>78</sup>

| Proliferation                                    | Invasion                      | HER2         | Estrogen                     | Other                 |  |
|--|-------------------------------|--------------|------------------------------|-----------------------|--|
| Ki-67<br>STK15<br>Survivin<br>Cyclin B1<br>MYBL2 | Stromelysin 3<br>Cathepsin L2 | GRB7<br>HER2 | ER2<br>PR<br>BCL-2<br>SCUBE2 | GSTM1<br>CD68<br>BAG1 |  |
| Reference  |                               |              |                              |                       |  |
| Beta-actin                                       | GAPDH                         | RPLPO        | GUS                          | TFRC                  |  |

### 21-Gene Panel

### The only multigene assay with both prognostic and predictive validation studies<sup>4,5,7,8</sup>

**Prognostic:** The ability to use biomarkers to inform about a likely clinical outcome.

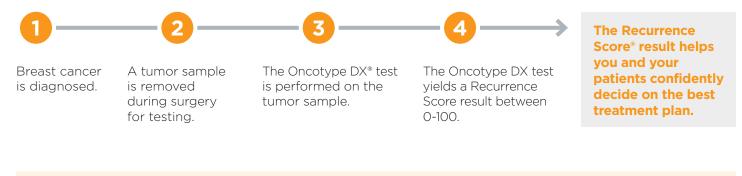
**Predictive:** The ability to predict the response to a specific treatment (ie, chemotherapy benefit).



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# The only genomic test proven to predict chemotherapy benefit<sup>1-5,8</sup>

The Oncotype DX Breast Recurrence Score<sup>®</sup> test can be an important part of your patient's treatment journey



#### The Oncotype DX Breast Recurrence Score test identifies your patient's<sup>2-5,7,8</sup>:

Recurrence Score result (0-100)
 Distant recurrence risk at 9 years\*
 Absolute chemotherapy benefit\*

The Oncotype DX Breast Recurrence Score test provides clarity for adjuvant treatment decisions, helping to reduce over- and under-treatment

### The landmark TAILORx trial results in node-negative patients showed that most patients do not benefit from chemotherapy<sup>1,3</sup>

| Recurrence                | NO CHEMOTHERAPY BENEFIT  | SUBSTANTIAL CHEMOTHERAPY BENEFIT   |  |
|---------------------------|--|--|--|
| Score <sup>®</sup> result | 0-25   | 26-100   |  |
|                           | <b>73%</b> of patients with high-clinical risk <sup>†</sup> had Recurrence Score results 0-25 and may have been <b>overtreated</b> without the Recurrence Score result | of patients with Recurrence<br>Score results 26-100 had low-<br>clinical risk <sup>‡</sup> and may have<br>been <b>undertreated</b> without<br>the Recurrence Score result |  |

**TAILORx** also showed that clinicopathologic features alone—like age, tumor size, or tumor grade—are not sufficient to determine chemotherapy benefit<sup>1</sup>

\*These results are valid in HR+, HER2-, early-stage, invasive breast cancer patients treated with 5 years of endocrine therapy.
\*High clinical risk: Grade 1, >3 cm; Grade 2, >2 cm; Grade 3, >1 cm.
‡Low clinical risk: Grade 1, ≤3 cm; Grade 2, ≤2 cm; Grade 3, ≤1 cm.

# Supported by an extensive body of evidence and major clinical practice guidelines

Only the Oncotype DX Breast Recurrence Score<sup>®</sup> test has prospective outcomes in almost 100,000 patients<sup>1,3-5,7-13</sup>

| NSABP B-14 <sup>7</sup><br>NO                          | NSABP B-20 <sup>8</sup><br>NO                               | Kaiser <sup>9</sup><br>NO                            |
|--|---|--|
| 668 patients   | 651 patients  | 790 patients   |
| TAILORx <sup>1,3</sup><br>NO                           | <b>Clalit</b> <sup>10,11</sup><br>NO, N1mi, 1-3 nodes       | <b>SEER</b> <sup>12</sup><br>NO, N1mi, 1-3 nodes     |
| 10,273 patients  | 2,510 patients  | 80,605 patients                                      |
| WSG Plan B <sup>13</sup><br>N0, 1-3 nodes,<br>≥4 nodes | <b>TransATAC</b> <sup>4</sup><br>N0, 1-3 nodes,<br>≥4 nodes | <b>SWOG-8814</b> <sup>5</sup><br>1-3 nodes, ≥4 nodes |
| 2,642 patients   | 1,231 patients  | 367 patients   |

Regardless of nodal status<sup>§</sup>, only the Recurrence Score<sup>®</sup> result can determine who will and will not benefit from chemotherapy

Updated US guidelines, including NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines<sup>®</sup>), support the use of the 21-gene assay (Oncotype DX Breast Recurrence Score test)<sup>14-16</sup>



**The only NCCN® preferred** multigene assay for patients with HR+, HER2-, node-negative disease, with Category 1 evidence<sup>14,15</sup>

NCCN® recommendation to **strongly consider** for patients with HR+, HER2–, node-negative disease and tumors >0.5 cm<sup>14,15</sup>

**Strongly recommended by ASCO** to guide decisions on adjuvant chemotherapy in patients with ER+, HER2-, node-negative breast cancer<sup>16</sup>

Also incorporated in international guidelines, including ESMO, St Gallen, NICE, and IQWIG.<sup>17-20</sup>



IQWiG = Institut für Qualität und Wirtschaftlichkeit im Gesundheitswesen. \$Nodal status pertains to patients with up to 3 lymph nodes involved.



For your patients with HR+, HER2-, early-stage, invasive breast cancer

### Oncotype DX<sup>®</sup> tests for breast cancer have helped over 1 million patients make more informed treatment choices<sup>21</sup>

### Only the Oncotype DX Breast Recurrence Score® test is:

| STANDARD<br>OF CARE | With <b>prospective</b> outcomes in almost 100,000 patients <sup>1,3-5,7-13</sup>   |  |
|---------------------|---|--|
| PROVEN              | To be predictive of chemotherapy benefit in patients with <b>node-negative</b> or <b>node-positive</b> disease <sup>5,8,12</sup>  |  |
| VALIDATED           | In multiple studies with <b>consistent results</b> for 15+ years including Level 1 evidence for risk of distant recurrence and prediction of chemotherapy benefit <sup>14,15,21</sup> |  |
| RECOMMENDED         | In both national and international guidelines14-20  |  |

#### Insurance and reimbursement support available for you and your patients

The Oncotype DX Breast Recurrence Score test is covered by Medicare and by most private insurance companies. For additional assistance, contact Genomic Access Program (GAP), a patient assistance program, at 888 ONCOTYPE (888-662-6897).

## Order the Oncotype DX test for your eligible node-negative and node-positive patients to know which of your patients will and will not benefit from chemotherapy

References: 1. Sparano et al. N Engl J Med. 2015. 2. Geyer et al. npj Breast Cancer. 2018. 3. Sparano et al. N Eng J Med. 2018. 4. Dowsett et al. J Clin Oncol. 2010. 5. Albain et al. Lancet Oncol. 2010. 6. Peto et al. Lancet. 2012. 7. Paik et al. N Engl J Med. 2004. 8. Paik et al. J Clin Oncol. 2006. 9. Habel et al. Breast Cancer Res. 2006. 10. Stemmer et al. npj Breast Cancer. 2017;3:32. 11. Stemmer et al. npj Breast Cancer. 2017;3:33. 12. Hortobagyi et al. SABCS 2018. 13. Nitz et al. Breast Cancer Res. 7reat. 2017. 14. Referenced with permission from the NCCN Guidelines\* for Breast Cancer V.3.2019. © National Comprehensive Cancer Network, Inc. 2019. All rights reserved. Accessed September 26, 2019. To view the most recent and complete version of the guideline, go online to NCCN.org. 15. Telli et al. J Natl Compr Cancer Netw. 2019. 16. Andre et al. J Clin Oncol. 2019. 17. Cardoso et al. Ann Oncol. 2019. 18. Burstein et al. Ann Oncol. 2019. 19. NICE Guidelines. https://www.nice.org.uk/guidance/dg34. Published December 2018. 20. IQWiG press release. Published September 9, 2018. 21. Data on file, Genomic Health, Inc.

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