

What does your Recurrence Score[®] result mean?

Treatment decisions
are not easy.
But **important**
information is
available to **help**
make these
decisions.



WHY WERE YOU GIVEN THE ONCOTYPE DX TEST?

A sample of your tumour tissue has been analysed with the **Oncotype DX Breast Recurrence Score® test**. Your doctor uses the test to determine if you need chemotherapy.

Here's how:



It's personal.

Each patient's tumour is different. The **Oncotype DX® test** provides genomic information specific to your cancer. Your unique genomic information indicates how your genes are behaving and how active they are. This activity can influence how a cancer is likely to grow and respond to treatment.¹ Because your tumour is unique, the information can help doctors understand the specific underlying biology of your cancer – and make a tailored treatment plan specific to you.



It's insightful.

Once the breast tissue is analysed with the **Oncotype DX test**, it generates a **Recurrence Score result** between 0 and 100. A lower score (0–25) means it is unlikely chemotherapy will reduce the risk of breast cancer coming back. A higher score (26–100) means a higher chance of benefiting from chemotherapy to avoid the likelihood of the cancer coming back.^{1,2}



It provides the confidence to make a decision.

The **Oncotype DX test** helps guide treatment decisions by indicating whether adding chemotherapy to hormonal therapy will reduce the risk of breast cancer coming back.^{1,3} This genomic information helps reduce the risk of both over and under treating breast cancer.⁴

Over 1.5 million patients have been tested with the **Oncotype DX test**.⁵ The test has been validated by multiple clinical trials and is recommended by all major medical guidelines.^{1-4, 6-10}

THE TEST PROVIDES THREE PIECES OF INFORMATION



These three pieces of information are personal to you. It is specific to your situation and so personalised that it takes into account your nodal status and your age or menopausal status. Your **Recurrence Score result** is based on study outcomes from four randomised trials involving over 17,000 patients.^{2-4,6} The wealth of evidence for the **Oncotype DX test** is based on data sets from women of all ages and different stages of life. This information will give you the confidence in taking your next steps.

What does the **result** mean?

Recurrence Score (RS)
Result

8

Your **Recurrence Score result** is a number between 0–100 that predicts the chance of breast cancer returning.

A lower score (0–25) means that chemotherapy is less likely to help you.

A higher score (26–100) there is a higher chance of benefiting from chemotherapy to help reduce the risk of the cancer returning.^{1,2}

What are the **chances** of breast cancer returning?

Distant
Recurrence Risk^a

3%

95% CI (2%, 4%)

Distant Recurrence refers to the risk of cancer returning, somewhere in your body within five years (if one or more nodes are involved)^{3,6} or nine years (if no nodes are involved).^{1,4}

The risk of recurrence is based on a patient receiving hormonal therapy such as tamoxifen or aromatase inhibitors.^{1,11} Based on these outcomes, it is important to take hormonal therapy even if chemotherapy is not required.

The example above is for a patient with no nodal involvement. In this example, there is a 3% chance of a cancer recurrence nine years later.⁴

Will a patient **benefit** from chemotherapy?

Group Average
Absolute Chemotherapy (CT)
Benefit

Recurrence Score® Range

<1%

95% CI (-6%, 3%)

The **Group Average Absolute Chemotherapy Benefit** predicts if a group of patients will be likely to benefit from adding chemotherapy to hormonal therapy or not. This depends on a patient's Recurrence Score result and age or menopausal status.^{2,4,6}

In the above example, the patient has no nodal involvement and would not receive any benefit from chemotherapy treatment.⁴

If you wish to know about the data set behind your report, please refer to your own report for study names.

^a 5-year distant recurrence risk or 5-year distant recurrence or mortality for node-positive breast cancer; 9-year distant recurrence risk for node-negative breast cancer

WHAT IS THE **RISK** OF BREAST CANCER RETURNING?



The **Oncotype DX test** has been ordered for over 1.5 million patients worldwide.⁵ Many women who receive high **Recurrence Score results** are able to choose chemotherapy as a potentially life-saving treatment. The majority of women with low **Recurrence Score results** are able to effectively pursue hormonal therapy alone and avoid the unnecessary side effects of chemotherapy.^{2-4,6}

A **lower** Recurrence Score result means:

- The cancer is less likely to come back^{1,3,4,6}
- Adding chemotherapy as a treatment would not substantially lower the risk of the cancer returning^{2-4,6}

A **higher** Recurrence Score result means:

- The cancer is more likely to come back^{1,3,4,6}
- Adding chemotherapy treatment significantly reduces the risk of the cancer returning²⁻⁴

Does a **low score** mean no treatment is needed?

It's important to remember that a low Recurrence Score result will still require **hormone therapy treatment**. It's also important to know that a high result does not mean that breast cancer will definitely return. Treatment decisions depend on a woman's unique situation and personal preferences.

Does **age** influence treatment decision?

The studies using the **Oncotype DX test** show that for women who are younger than 50 years old or premenopausal may receive benefit from chemotherapy when they have lower Recurrence Score results.^{4,6}

“ I now know the specific characteristics of my cancer, which has made me feel much better about my future. ”

Ayako, Japan

You're not alone

Receiving a breast cancer diagnosis is unsettling in many ways. We encourage to get in touch with patient advocacy groups for support. With your **Recurrence Score result**, your medical team has an extensively validated tool to guide their decision-making. We hope this gives you peace of mind as you take your next steps.

References: 1. Paik et al. *N Engl J Med*. 2004. 2. Paik et al. *J Clin Oncol*. 2006. 3. Albain et al. *Lancet Oncol*. 2010. 4. Sparano et al. *N Engl J Med*. 2018. 5. Exact Sciences. Data on file. 6. Kalinsky et al. *N Engl J Med*. 2021. 7. NCCN Guidelines® for Breast Cancer v4.2022. 8. Andre et al. *J Clin Oncol*. 2022. 9. Curigliano et al. *Ann Oncol*. 2023. 10. Loibl et al. *Annals of Oncology* 2024. 11. Dowsett et al. *J Clin Oncol*. 2010

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