

Helping with your breast cancer treatment decisions



The Oncotype DX Breast Recurrence Score® test result will let you know if you may be **spared** chemotherapy.¹

This brochure is not medical advice. Rather, it is intended to help you understand your doctor's explanation of your Oncotype DX Breast Recurrence Score result. If you have any questions or concerns about your result or your treatment, you should speak to your doctor.

What is the Oncotype DX Breast Recurrence Score[®] test?

3 pieces of information provided by the test

1

What is your Recurrence Score[®] result?

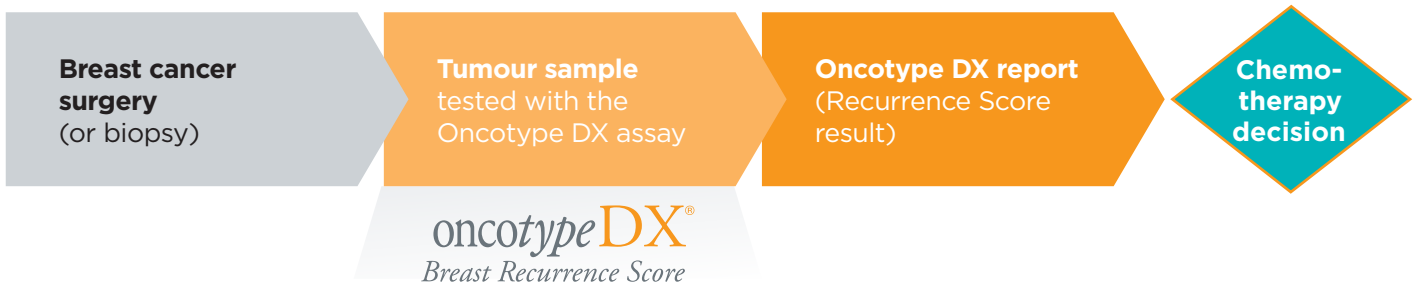
2

What is the risk that your cancer may return?*

3

What is your benefit from chemotherapy?

How does the Oncotype DX[®] test work?



The Oncotype DX test relies on innovative and comprehensive research and provides a Recurrence Score result based on genomic information retrieved from 21 specific genes of the tumour itself.^{1,2}

The **Oncotype DX test** helps establish how likely the addition of chemotherapy to hormonal therapy will be beneficial for you.¹

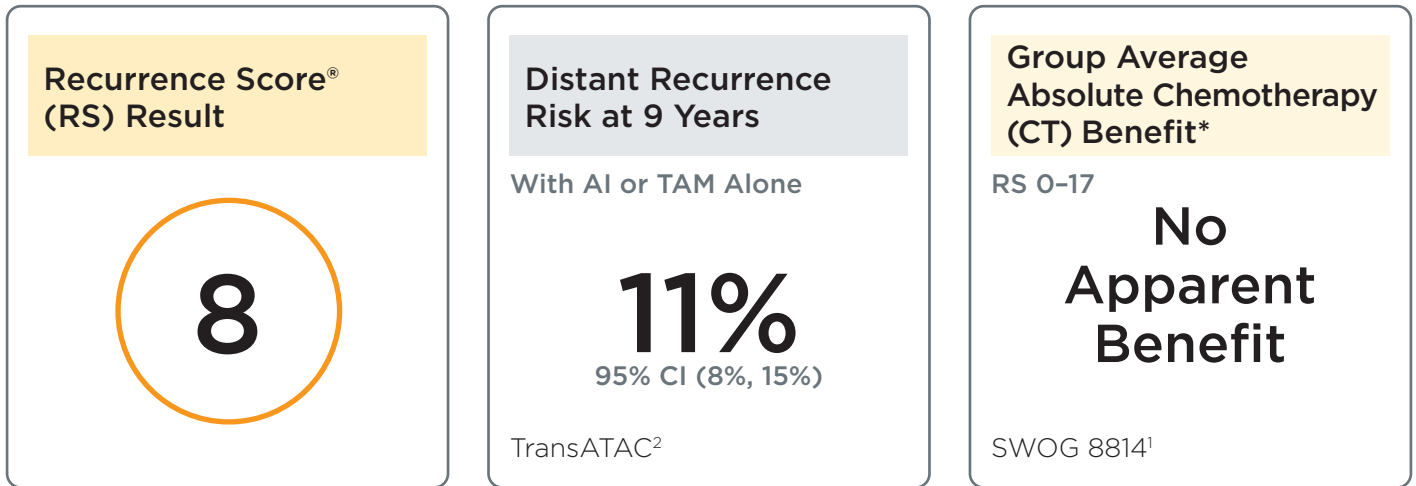
The Oncotype DX test is not a genetic test. It is a genomic test that assesses the expression of key genes in a tumour.^{1,5}

* if treated with hormonal therapy without chemotherapy

HER2-=human epidermal growth factor receptor 2 negative; HR+=hormone receptor positive

The Oncotype DX[®] report provides 3 pieces of information to guide treatment decisions

Illustration



Clinical factors may be considered with the RS when making individual treatment decisions.

AI=Aromatase Inhibitor/TAM=Tamoxifen

* For estimated CT benefit for individual RS results, see page 2 of your test's report or page 6 of this brochure.

1

2

3

What does your Recurrence Score result mean?

By measuring the activity of certain genes in your breast tumour tissue, the test predicts the risk of your breast cancer returning² and whether chemotherapy may help reduce the risk.¹

The Recurrence Score result has a range of between **0 and 100**.

What is the risk that your cancer may return?[±]

This percentage corresponds to the **risk that your breast cancer will come back ("distant recurrence")** somewhere else in your body **within 9 years** when treated with hormonal therapy alone for 5 years.²

What is your benefit from chemotherapy?

Absolute chemotherapy benefit shows **how much adding chemotherapy to hormonal therapy will reduce the risk of the cancer's returning or of death** in patients with your range of Recurrence Score results.¹

The Oncotype DX test is the only assay to predict if a group of patients will be likely to benefit from chemotherapy, or not.¹

Hormonal therapy and, in some cases, chemotherapy reduce the risk of the cancer's returning after surgery. But that risk is unfortunately never zero, even with the best treatment.¹⁻⁵

[±] if treated with hormonal therapy without chemotherapy
HER2-=human epidermal growth factor receptor 2 negative; HR+=hormone receptor positive

Recurrence Score®
(RS) Result

8

What does your Recurrence Score® result mean?

Will **NOT** benefit
from chemo¹

Recurrence Score result

Will **benefit**
from chemo¹

0

100

A **lower** Recurrence Score result means:

- Your cancer is less likely to come back in 9 years²
- Chemotherapy would not substantially lower the risk of the cancer's returning or of death¹

A **higher** Recurrence Score result means:

- Your cancer is more likely to come back in 9 years²
- Chemotherapy significantly reduces the risk of the cancer's returning or of death¹

Distant Recurrence Risk at 9 Years
 With AI or TAM Alone

11%
 95% CI (8%, 15%)

TransATAC

What is the risk that your cancer may return?*


The “Distant Recurrence Risk at 9 Years” corresponds to **the risk that your breast cancer returns** (relapse somewhere else in your body, so called “distant recurrence”) when treated with 5 years of standard hormonal therapy (aromatase inhibitor or tamoxifen).²



In this example, the Recurrence Score[®] result is 8, and there is a 11% risk of distant recurrence (relapse in another location of the body) within 9 years if treated with hormonal therapy without chemotherapy.



Based on the TransATAC² study, when 100 patients with a Recurrence Score result of 8 are treated with 5 years of hormonal therapy without additional chemotherapy:

-  **89 women** can be expected not to have their breast cancer return within **9** years
-  **11 women** can be expected to have their breast cancer return within **9** years

* if treated with hormonal therapy without chemotherapy
 AI=aromatase inhibitor; TAM=tamoxifen; HER2-=human epidermal growth factor receptor 2 negative;
 HR+=hormone receptor positive

Group Average
Absolute Chemotherapy
(CT) Benefit*

RS 0-17

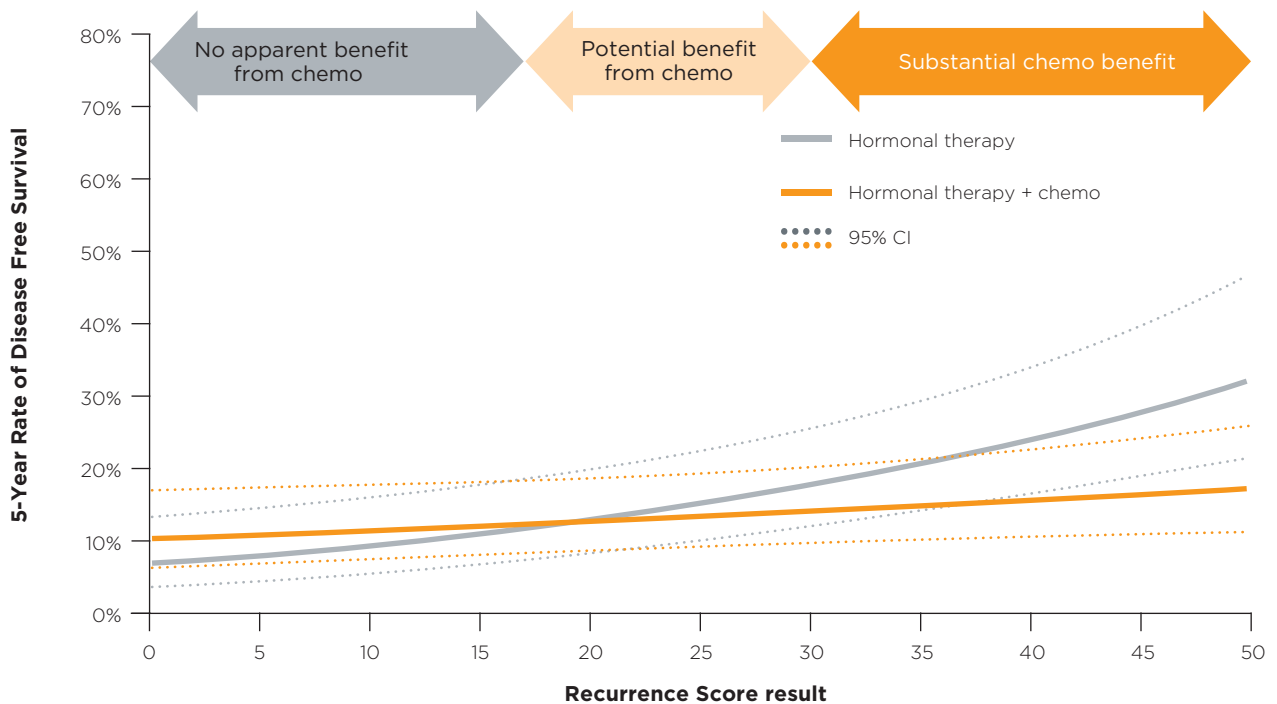
**No
Apparent
Benefit**

SWOG 8814

What is your benefit from chemotherapy?

Absolute chemotherapy benefit shows the extent to which chemotherapy reduces the risk of your breast cancer returning, developing a new primary breast cancer, or mortality.

SWOG 8814 clinical study¹



The SWOG 8814¹ study shows that patients with **Recurrence Score®** results **0-17** will not receive a benefit from chemotherapy.

For Recurrence Score results 18-100, the study also shows that as the **Recurrence Score** result increases, the **benefit of chemotherapy** also increases.

What are my chances of survival if I do not receive chemotherapy?

An additional observational sub-study followed node-positive breast cancer patients treated largely without chemotherapy to assess long-term breast cancer-specific survival.³

Real World Outcomes in Node-Positive Patients Treated Without Chemotherapy Based on Recurrence Score® (RS) Results^{4,5}

SEER* Registry data	RS 0-10	RS 11-15	RS 16-20	RS 21-25	RS 26-100
# of Patients	1808	2196	1754	692	364
BCSS at 9 Years	98.2%	99.0%	96.7%	93.1%	84.2%

BCSS=Breast cancer-specific survival

The study results show a patient's chance of survival from breast cancer by Recurrence Score group. For example, patients with a Recurrence Score result between 0-10 have a >98% rate of surviving their breast cancer at 9 years when treated with hormonal therapy alone.

Important notes on how to read this page:

- The chart does not show whether patients who survived were cancer-free 9 years after their diagnosis.
- Chemotherapy is known to be under-reported in the SEER registry; therefore, the percentage of survivors may be lower than presented in this chart. If so, lower rates of survival would be more likely to occur among patients with higher Recurrence Score results who received endocrine-therapy alone because these are the patients for whom chemotherapy has been shown to provide benefit.

* SEER=Surveillance, Epidemiology, and End Results (SEER) program. This program, led by the US National Cancer Institute, collects information about breast cancer patients treated in the US. The figures in the chart come from a study of SEER data for patients who had the Oncotype DX Breast Recurrence Score test.⁴

HER2-=human epidermal growth factor receptor 2 negative; HR+=hormone receptor positive

The Oncotype DX[®] test can help you to make decisions regarding chemotherapy treatment



Specialised Therapeutics, PO BOX 2299, Kew, Victoria 3101, Australia, Tel. 1300 798 820, Tel. (NZ) +64 9801 0299
www.stbiopharma.com Oncotype DX Breast Recurrence Score, Oncotype DX, and Recurrence Score are used under license from Genomic Health, Inc. Prepared March 2020. 200310_ODX 018



References: **1.** Albain et al. *Lancet Oncol.* 2010. **2.** Dowsett et al. *J Clin Oncol.* 2010. **3.** Roberts et al. *Breast Cancer Res Treat.* 2017. **4.** Hortobagyi et al. SABCs 2018. Poster P3-11-02. **5.** Exact Sciences. 2020. Data on file.

HER2-=human epidermal growth factor receptor 2 negative; HR+=hormone receptor positive

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