

YES
CHEMOTHERAPY



NO
CHEMOTHERAPY

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

Oncotype DX® tests for breast cancer have helped over 1 million patients make more informed treatment choices²¹

Only the Oncotype DX Breast Recurrence Score® test is:

**STANDARD
OF CARE**

With **prospective** outcomes in almost 100,000 patients^{1,3-5,7-13}

PROVEN

To be predictive of chemotherapy benefit in patients with **node-negative** or **node-positive** disease^{5,8,12}

VALIDATED

In multiple studies with **consistent results** for 15+ years including Level 1 evidence for risk of distant recurrence and prediction of chemotherapy benefit^{14,15,21}

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 Engl 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 Treat*. 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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NO
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It's never
been as clear

The Oncotype DX Breast Recurrence Score® test is for patients with breast cancer that is¹⁻⁵:

Invasive

Early
stage

HR+

HER2-

NO,
N1mi, or
N1

Not all patients benefit from chemotherapy⁶

The Oncotype DX Breast Recurrence Score test reveals individual tumor biology based on measuring the expression of 16 cancer genes and 5 reference genes.^{7,8}

21-Gene Panel

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

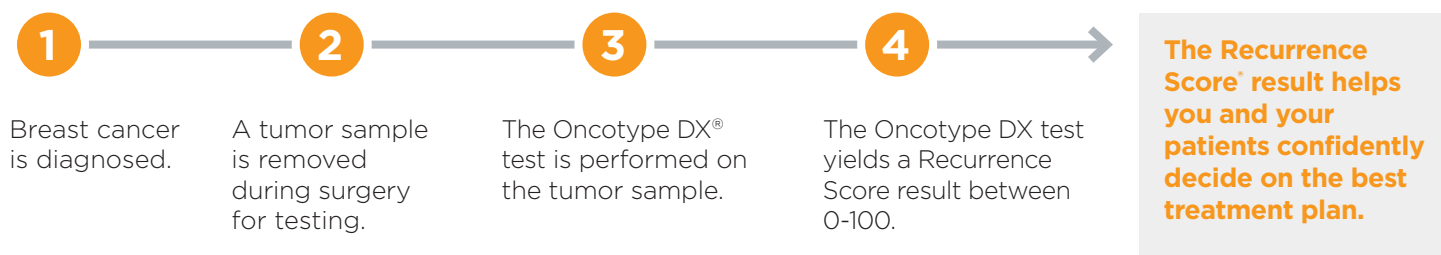
The only multigene assay with both prognostic and predictive validation studies^{4,5,7,8}

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).

The only genomic test proven to predict chemotherapy benefit^{1-5,8}

The Oncotype DX Breast Recurrence Score[®] test can be an important part of your patient's treatment journey

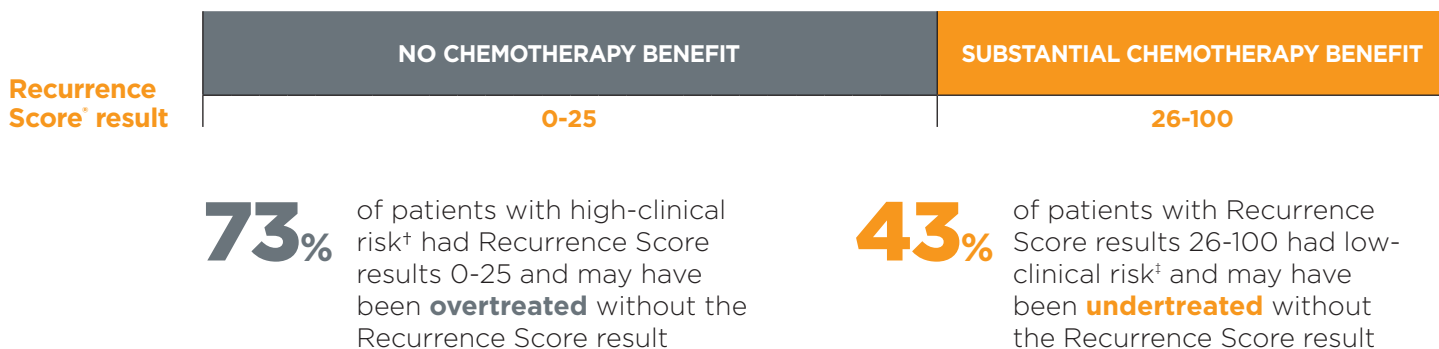


The Oncotype DX Breast Recurrence Score test identifies your patient's^{2-5,7,8}:

- 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^{1,3}



TAILORx also showed that clinicopathologic features alone—like age, tumor size, or tumor grade—are not sufficient to determine chemotherapy benefit¹

*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® test has prospective outcomes in almost 100,000 patients^{1,3-5,7-13}

NSABP B-14 ⁷ NO 668 patients	NSABP B-20 ⁸ NO 651 patients	Kaiser ⁹ NO 790 patients
TAILORx ^{1,3} NO 10,273 patients	Clalit ^{10,11} NO, N1mi, 1-3 nodes 2,510 patients	SEER ¹² NO, N1mi, 1-3 nodes 80,605 patients
WSG Plan B ¹³ NO, 1-3 nodes, ≥4 nodes 2,642 patients	TransATAC ⁴ NO, 1-3 nodes, ≥4 nodes 1,231 patients	SWOG-8814 ⁵ 1-3 nodes, ≥4 nodes 367 patients

Regardless of nodal status[§], only the Recurrence Score® result can determine who will and will not benefit from chemotherapy

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

NCCN
Guidelines®

The only NCCN® preferred multigene assay for patients with HR+, HER2-, node-negative disease, with Category 1 evidence^{14,15}

NCCN® recommendation to **strongly consider** for patients with HR+, HER2-, node-negative disease and tumors >0.5 cm^{14,15}

ASCO
Guidelines

Strongly recommended by ASCO to guide decisions on adjuvant chemotherapy in patients with ER+, HER2-, node-negative breast cancer¹⁶

Also incorporated in international guidelines, including **ESMO**, **St Gallen**, **NICE**, and **IQWiG**.¹⁷⁻²⁰

IQWiG = Institut für Qualität und Wirtschaftlichkeit im Gesundheitswesen.

§Nodal status pertains to patients with up to 3 lymph nodes involved.