

71 Year-Old with 3.8 cm, Grade 1 tumour

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Recurrence
Score[®] Result



Age	71	PR Status (IHC)	Positive
Menopausal Status	Post-Menopausal	HER2/NEU Status	Negative
Tumor Type	Ductal	Ki-67 Status	Not Available
Tumor Size (cm)	3.8	Histologic Grade	1
ER Status (IHC)	Positive	Lymph Node Status	Negative
General Health	hypertension		
Treatment Given	neoadjuvant chemo + AI, stopped after 5 cycles of chemo (pt not tolerating)		

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Lymph Node Status



<p>Recurrence Score[®] (RS) Result</p> <hr/> <p style="text-align: center; font-size: 2em;">37</p>	<p>Distant Recurrence Risk at 9 Years</p> <hr/> <p>With TAM Alone</p> <p style="text-align: center; font-size: 2em;">25%</p> <p style="text-align: center;">95% CI (19%, 32%)</p> <p>NSABP B-14</p>	<p>Group Average Absolute Chemotherapy (CT) Benefit*</p> <hr/> <p>RS 26-100 All Ages</p> <p style="text-align: center; font-size: 2em;">>15%</p> <p style="text-align: center;">95% CI (9%, 37%)</p> <p>NSABP B-20</p>
<p><small>Decision on individual treatment especially around the RS 25 cutoff may consider other clinical factors.</small></p>	<p><small>TAM = Tamoxifen CI = Confidence Intervals</small></p>	<p><small>*For estimated CT benefit for individual RS results, see page 2.</small></p>

Exploratory Subgroup Analysis for TAILORx and NSABP B-20 indicate that Recurrence Score[®] and age are the strongest predictors of chemotherapy benefit¹. The absolute reduction of distant recurrence from chemotherapy for patients >50 years and ≤50 years is shown here for RS groups: 11-15, 16-20, and 21-25 from TAILORx, and 0-10 and 26-100 from NSABP B-20².

Age	RS 0-10	RS 11-15	RS 16-20	RS 21-25	RS 26-100
>50 years	No CT Benefit (<1%)				>15% CT Benefit
≤50 years	No CT Benefit (<1%)	~1.6% CT Benefit	~6.5% CT Benefit	>15% CT Benefit	

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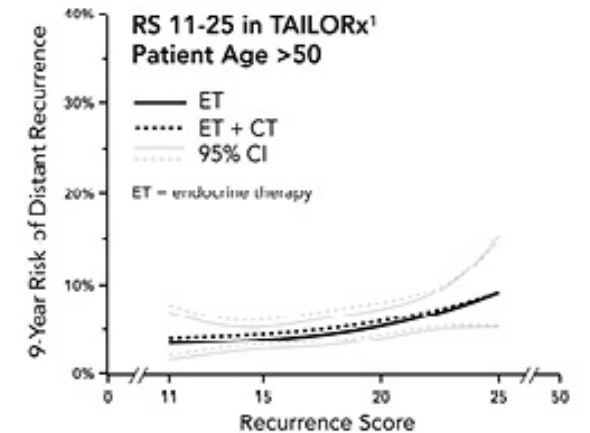
37

Lymph Node
Status

Negative

Estimated Chemotherapy Benefit for Individual Recurrence Score Results

Recurrence Score ranges shown reflect randomized patients in NSABP B-20 and TAILORx.



References

1. Sparano et al. N Engl J Med. 2018.; ECOG and Genomic Health (data on file).
2. Paik et al. J Clin Oncol. 2006.; Sparano and Paik J Clin Oncol. 2008.