

69 Year-Old with 0.7 cm, Grade 1 tumour

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Recurrence
Score[®] Result

12

Age	69	PR Status (IHC)	Positive
Menopausal Status	Post-Menopausal	HER2/NEU Status	Negative
Tumor Type	Lobular	Ki-67 Status	Not Available
Tumor Size (cm)	0.7	Histologic Grade	1
ER Status (IHC)	Positive	Lymph Node Status	Negative
General Health	Asthma and thyroid dysfunction		
Treatment Given	Lumpectomy, whole breast radiation, AI. Med onc recommended chemotherapy but patient declined, agreed to hormonal therapy		

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Recurrence Score[®] Result



Lymph Node Status



<p>Recurrence Score[®] (RS) Result</p> <hr/> <p style="text-align: center; font-size: 2em;">12</p>	<p>Distant Recurrence Risk at 9 Years</p> <hr/> <p>With AI or TAM Alone</p> <p style="text-align: center; font-size: 2em;">3%</p> <p style="text-align: center;">95% CI (3%, 4%)</p> <p>TAILORx</p>	<p>Group Average Absolute Chemotherapy (CT) Benefit*</p> <hr/> <p>RS 11-25 All Ages</p> <p style="text-align: center; font-size: 2em;"><1%</p> <p style="text-align: center;">95% CI (-1%, 2%)</p> <p>TAILORx</p>
<p><small>Decision on individual treatment especially around the RS 25 cutoff may consider other clinical factors.</small></p>	<p><small>AI = Aromatase Inhibitor / 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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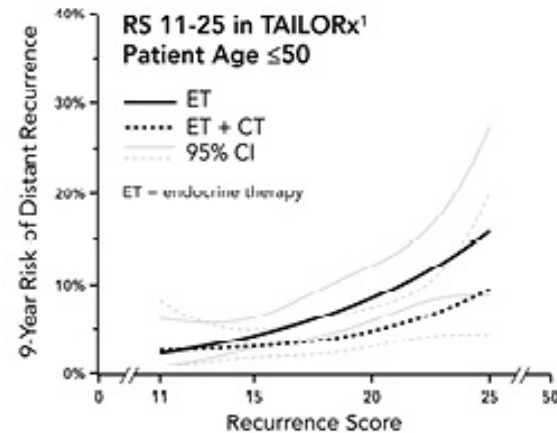
12

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.