FOR YOUR PATIENTS WITH HR+, HER2-, NODE-POSITIVE, EARLY-STAGE, INVASIVE BREAST CANCER

It's never been as clearTM

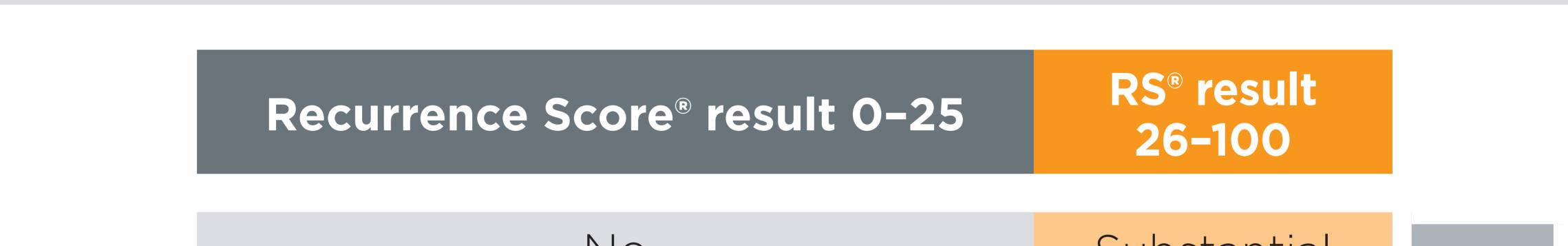
RxPONDER initial practicechanging results^{1,2}

To identify node-positive (N1) patients who can be spared chemotherapy

- RxPONDER results add to findings of SWOG-8814, the study that established the Oncotype DX[®] test as predictive of chemotherapy benefit in N1 post-menopausal patients^{a,1,3}
- The majority of <u>N1 post-menopausal</u> patients can now be spared chemotherapy based on Recurrence Score[®] results 0-25, regardless of clinical pathological parameters¹
- <u>N1 pre-menopausal</u> patients with Recurrence Score[®] results 0–25, derived a 2.9% benefit from chemotherapy based on distant recurrence at 5 years¹

N1 RxPONDER and SWOG-8814

The Oncotype DX Breast Recurrence Score[®] test guides treatment decisions with precision for N1 post-menopausal patients^{1,3}



Post-menopausal ^{1,2}	NO	Substantial	5-year
	chemotherapy benefit	CT benefit	outcomes
Pre-menopausal¹	2.9%	Substantial	5-year
33% of patients in RxPONDER	chemotherapy benefit	CT benefit ^a	outcomes
	sed in percentage points based on probability of distant recurrence wi [.] onsidered for an absolute benefit <1%.	th/without chemotherapy at 5	5 years

a The benefit of chemotherapy in pre-menopausal N1 patients with Recurrence Score® results 26–100 has not been assessed in a randomised study. The benefit derived from chemotherapy was significant for Recurrence Score® results 0–13 and 14–25 in the RxPONDER study, and it is thus inferred to be substantial for patients with Recurrence Score® results 26–100.

HR+=hormone receptor positive; HER2==human epidermal growth factor receptor 2 negative; N1=1-3 positive nodes; RxPONDER=a clinical trial Rx for POsitive NoDe, Endocrine Responsive breast cancer; CT=chemotherapy

References: 1. Kalinsky et al. SABCS 2020. GS3-00. 2. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Breast Cancer Version 3.2021.
© National Comprehensive Cancer Network, Inc. 2021. All rights reserved. Accessed 10 May, 2021. To view the most recent and complete version of the guideline, go online to NCCN.org.
3. Albain et al. *Lancet Oncol.* 2010.

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