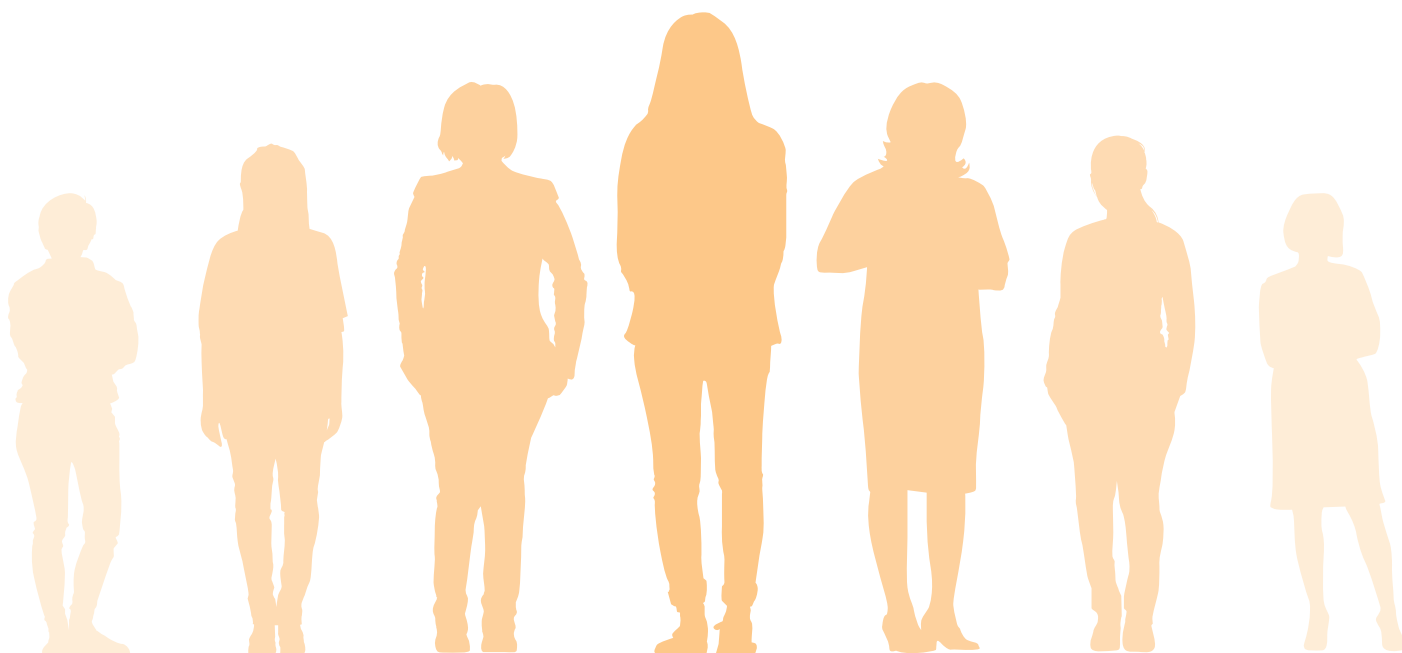


Helping with your breast cancer treatment decisions



The Oncotype DX Breast Recurrence Score® test result will let you know if you are **likely to benefit** from chemotherapy, or **not**.^{* 1-4,7}

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.

* in addition to treatment with hormonal therapy
HER2-=human epidermal growth factor receptor 2 negative; HR+=hormone receptor positive

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.^{1-5,7}

The **Oncotype DX test** helps establish how likely the addition of chemotherapy to hormonal therapy will be beneficial for you.^{1-4,7}

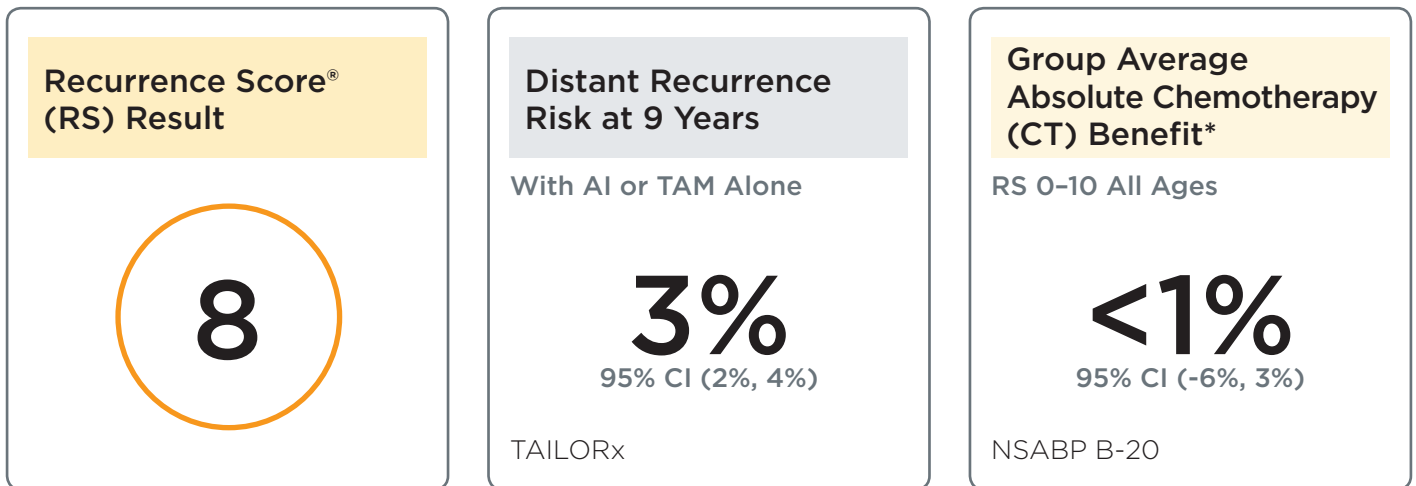
The Oncotype DX test is not a genetic test. It is a genomic test that assesses the expression of key genes in a tumour.^{1-5,7}

* 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



Decision on individual treatment especially around the RS 25 cutoff may consider other clinical factors.

AI=Aromatase Inhibitor/TAM=Tamoxifen

* For estimated CT benefit for individual RS results, see page 2 of your test's report or pages 6 and 7 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 returning^{2,5} and whether chemotherapy may help reduce the risk.^{2-4,7}

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.^{2,5}

What is your benefit from chemotherapy?

This percentage shows **how much adding chemotherapy to hormonal therapy will reduce the risk of the cancer's returning** in patients with your range of Recurrence Score results.^{2-4,7}

The Oncotype DX test is the only assay to predict if a group of patients will be likely to benefit from chemotherapy, or not.^{2-4,7}

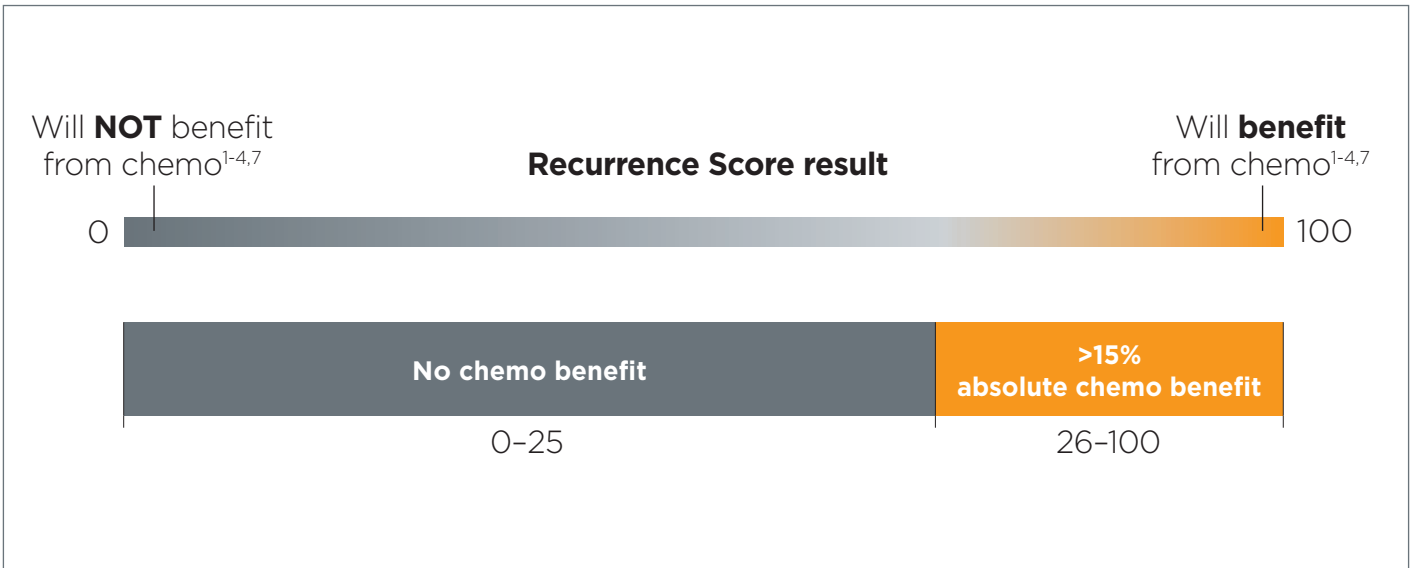
Hormonal therapy and, in some cases, chemotherapy reduce the risk of the cancer's returning after surgery. But that risk is unfortunately never zero, even with the best treatment.^{1-5,7}

[‡] 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?



A **lower** Recurrence Score result means:

- Your cancer is less likely to come back in 9 years^{2,5}
- Chemotherapy would not substantially lower the risk of the cancer's returning^{2-4,7}

A **higher** Recurrence Score result means:

- Your cancer is more likely to come back in 9 years^{2,5}
- Chemotherapy significantly reduces the risk of the cancer's returning^{2-4,7}

Distant Recurrence Risk at 9 Years
 With AI or TAM Alone

3%
 95% CI (2%, 4%)

TAILORx

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 (AI or TAM).^{2,5}



In this example, the Recurrence Score[®] result is 8, and there is a 3% risk of distant recurrence (relapse in another location of the body) within 9 years if treated with hormonal therapy without chemotherapy.



Based on the TAILORx² study, when 100 patients with a Recurrence Score result of 8 are treated with 5 years of hormonal therapy without additional chemotherapy:

97 women
 can be expected not to have their breast cancer return within **9** years

3 women
 can be expected to have their breast cancer return within **9** years

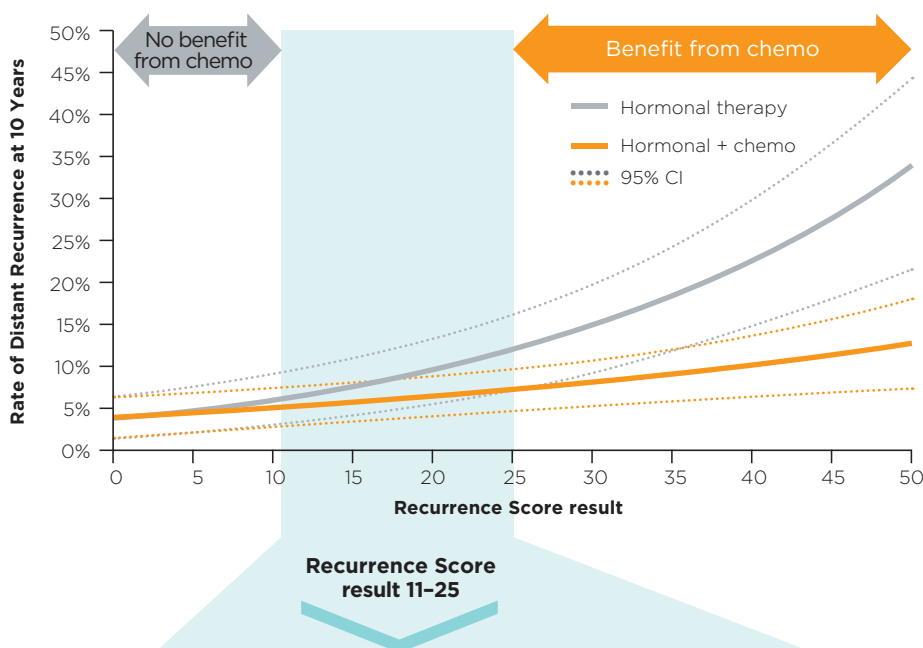
* if treated with hormonal therapy without chemotherapy
 AI=aromatase inhibitor; TAM=tamoxifen; HER2-=human epidermal growth factor receptor 2 negative;
 HR+=hormone receptor positive

Group Average Absolute Chemotherapy (CT) Benefit*
 RS 0-10 All Ages
<1%
 95% CI (-6%, 3%)
 NSABP B-20

What is your benefit from chemotherapy?

Absolute chemotherapy benefit shows the extent to which chemotherapy reduces the risk of your breast cancer's coming back.

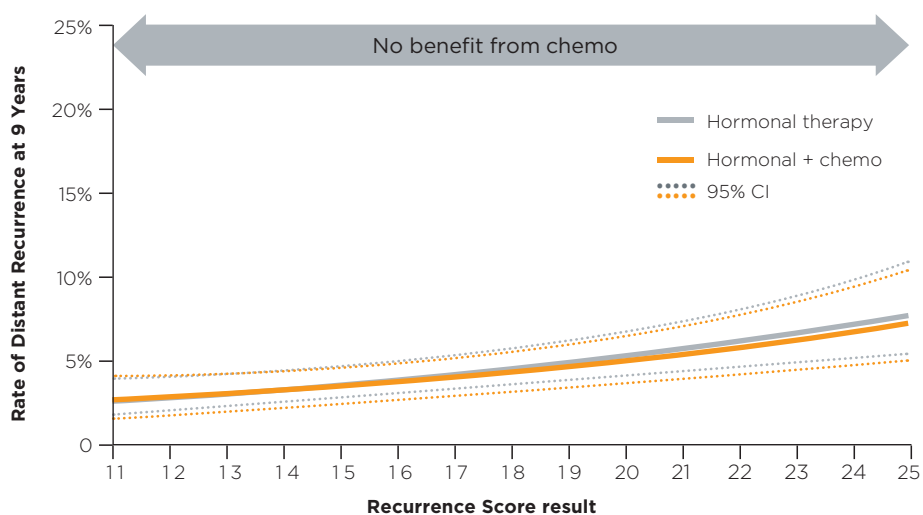
NSABP B-20 clinical study³



The NSABP B-20 study shows that patients with **Recurrence Score®** results 0-10 will not receive a benefit from chemotherapy over hormonal therapy alone...

...while those with **Recurrence Score** results 26-100 will receive additional benefit from chemotherapy.^{3,4,7}

TAILORx clinical study²
Primary Analysis



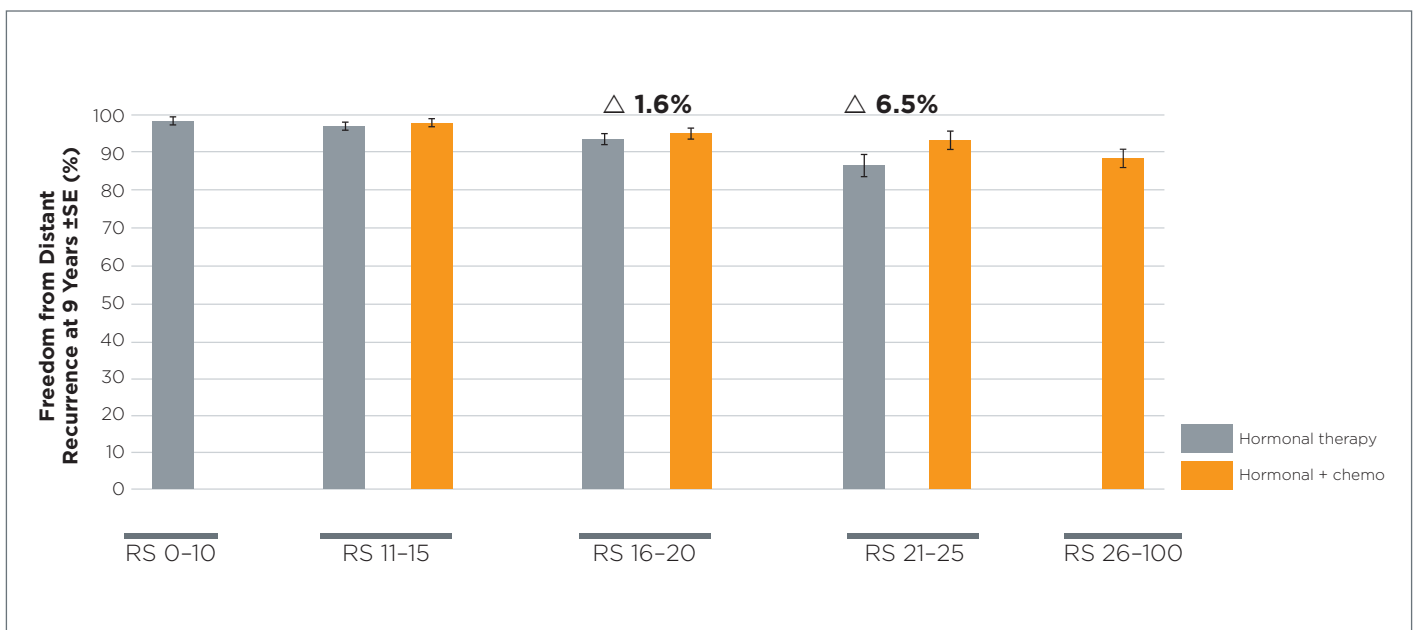
The TAILORx study shows that patients with **Recurrence Score** results 11-25 will not receive an additional benefit from chemotherapy (over hormonal therapy alone).^{*2}

* These results apply to the general population of the study. Exploratory analysis suggests that the magnitude of chemotherapy benefit differs with patients' age, as formerly demonstrated by the meta-analysis from EBCTCG 2012 (Oxford Overview).⁶ See next page for information on patients age 50 or younger.

Does age influence your treatment decision?

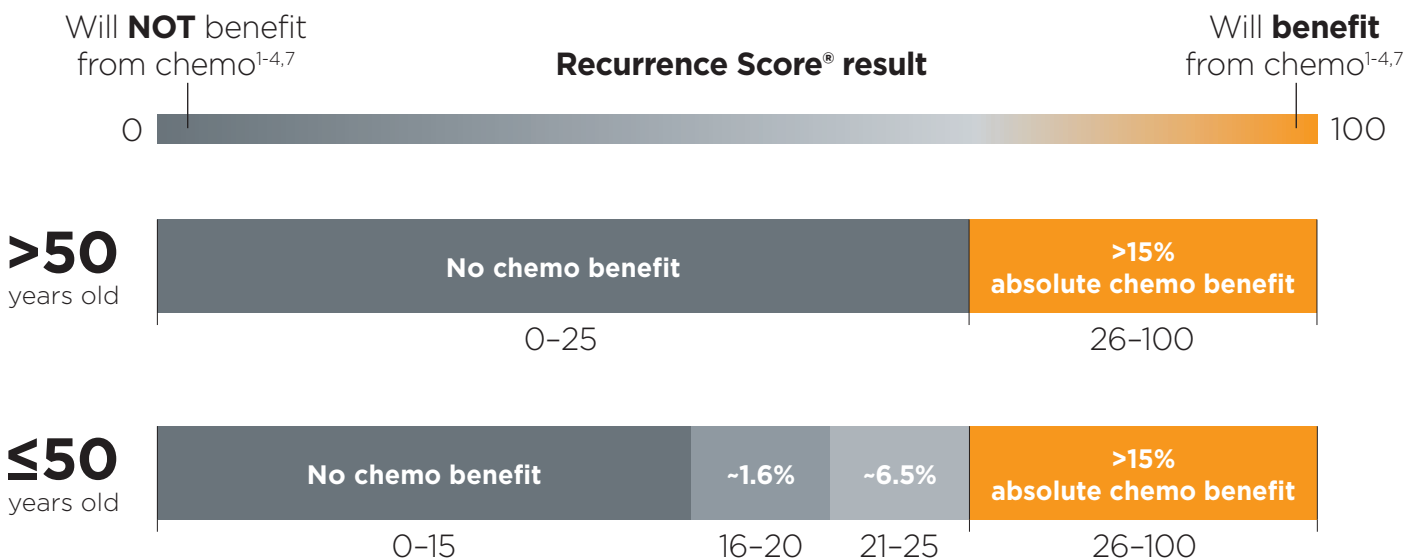
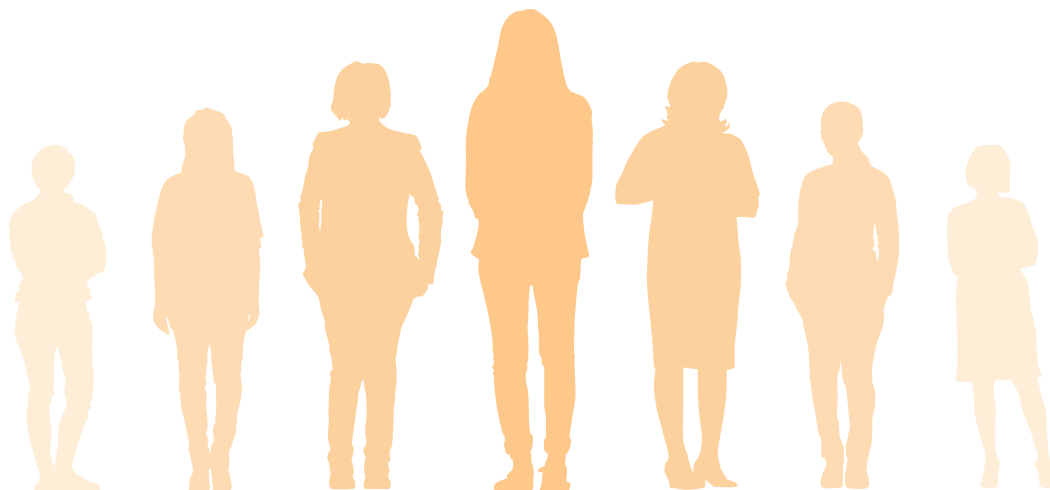
An *additional (exploratory) analysis* in TAILORx looked at the effect of chemotherapy benefit by patient age and Recurrence Score® group and suggests that younger women received a small chemotherapy benefit with Recurrence Score results between 16-25.²

The chart shows the percentage of patients whose breast cancer did not return within 9 years when treated with only hormonal therapy, compared to those who received both hormonal therapy and chemotherapy.²



Women ≤50 years with Recurrence Score results 16-25 receive a small benefit from adding chemotherapy to hormonal therapy.²

The Oncotype DX® test can help to make decisions regarding chemotherapy treatment:



References: 1. Sparano et al. *N Engl J Med.* 2015. 2. Sparano et al. *N Engl J Med.* 2018. 3. Paik et al. *J Clin Oncol.* 2006. 4. Sparano and Paik. *J Clin Oncol.* 2008. 5. Paik et al. *N Engl J Med.* 2004. 6. EBCTCG. *Lancet.* 2012. 7. Geyer et al. *npj Breast Cancer.* 2018.

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

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