For patients with ER+, HER2−, early-stage, invasive breast cancer

Interpreting the Oncotype DX Breast Recurrence Score® Test Report

The Breast Recurrence Score® test helps patients and physicians make informed decisions about cancer treatment by providing three important pieces of information. After the removal of a tumor, hormonal therapy alone or hormonal therapy plus chemotherapy are important treatments. Both help prevent the distant recurrence of cancer which is when the tumor comes back in another part of the body. Every tumor is unique, and each responds individually to different treatments.

Recurrence Score result

A Recurrence Score result is a number from 0 to 100 that is determined from the biology of an individual patient’s tumor. It expresses how likely a cancer is to return and if chemotherapy will reduce that risk.

A lower Recurrence Score result means that a cancer is less likely to come back and chemotherapy is less likely to help a patient.

A higher Recurrence Score result means that a cancer is more likely to come back and chemotherapy will be more likely to help a patient.
Distant Recurrence Risk

The “Distant Recurrence Risk at 9 Years” shows how likely it is that a patient’s breast cancer will come back in another place in the body when treated with hormonal therapy alone (typically tamoxifen or an aromatase inhibitor).

For example, women with node-negative breast cancer and a Recurrence Score result of 15 have a 4% chance of a distant recurrence.

This means, that in a sample of 100 women...

- 96 women will not have their breast cancer return within 9 years
- 4 women will have their breast cancer return within 9 years

Chemotherapy Benefit

The “Group Average Absolute Chemotherapy Benefit” identifies what proportion of patients with similar Recurrence Score results are likely to benefit from the addition of chemotherapy treatment to hormonal therapy.

Depending on the Recurrence Score results, some patients will have a decreased risk of cancer coming back when chemotherapy is added. For others, the risk of cancer coming back is low, and adding chemotherapy may not be necessary. Informed discussions between patients and physicians can determine the best avenue of treatment.