TAILORx 12yr DATA

The largest adjuvant breast cancer trial ever completed established the Oncotype DX Breast Recurrence Score® (RS) test as the standard to help guide early-stage breast cancer treatment[2–6]

Non-inferiority maintained at 12 years

For the RS® 11–25 (ITT) population[1]

- **Primary endpoint:** invasive disease-free survival (IDFS) for endocrine therapy (ET) vs chemoendocrine therapy (CET)[1]
- **Secondary endpoint:** distant recurrence-free interval (DRFI) for ET vs CET[1]

Consistent results maintained at 12 years

- **Secondary endpoints:** recurrence-free interval (RFI) and overall survival (OS) between ET and CET at 5 and 12 years[1]

New findings from updated exploratory analyses

- Late recurrences >5 years exceed early recurrence[1]

RS® result	0–10[7]	11–15	16–20	21–25	26–100[8]
		TAILORx 9-year study outcomes[2]			
>50 years N0	No CT benefit	No CT benefit	No CT benefit	No CT benefit	Substantial CT benefit
≤50 years N0	No CT benefit	No CT benefit	~1.6% CT benefit	~6.5% CT benefit	Substantial CT benefit
		12-year data confirm findings from the 9-year TAILORx study[1]			
≤50 years N0	No CT benefit	No CT benefit	~3.1% CT benefit for those at high clinical risk	~7.8% CT benefit	Substantial CT benefit

The results confirm that chemotherapy may be avoided for the majority of patients with tumours in the RS® 11–25 range[1,2]

oncotype DX®

Breast Recurrence Score

The only genomic test proven to predict chemotherapy benefit[7,9]

The Oncotype DX Breast Recurrence Score® test can accurately:

- **Identify** patients who may derive benefit from chemotherapy[7,9]

- **Determine** the magnitude of chemotherapy benefit[2,7–9]

- **Support** treatment decisions for your patients with HR+, HER2-, node-negative, early-stage, invasive breast cancer[2,7,8]

CT, chemotherapy; HER2-, human epidermal growth factor receptor 2 negative; HR+, hormone receptor positive; ITT, intention to treat; N0, no spread of tumour in lymph nodes; N1, small tumour that has spread to 1–3 lymph nodes.

References:
1. Sparano et al. Abstract GS1-05, General Session #1, SABCS 2022. **2.** Sparano et al. *N Engl J Med.* 2018.
3. Gradishar et al. NCCN Guidelines® Insights: Breast Cancer, Version 4.2021. *J Natl Compr Canc Netw.* 2021.
4. Burstein et al. *Ann Oncol.* 2021. **5.** Andre et al. *J Clin Oncol.* 2022. **6.** Cardoso et al. *Ann Oncol.* 2019.
7. Paik et al. *J Clin Oncol.* 2006. **8.** Geyer et al. *NPJ Breast Cancer.* 2018. **9.** Albain et al. *Lancet Oncol.* 2010.

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