

Anti-estrogen therapy may cause *side effects* that impact daily life

Help your patients with early-stage, HR+ breast cancer better understand their **extended endocrine therapy** options post 5 years.

OB/GYNs serve as vital confidants and trusted sources of information as patients navigate long-term breast cancer treatment.

And for **95%** of women,
extended endocrine therapy
has **NO BENEFIT** beyond 5 years.¹⁻⁶



Enduring side effects may not be necessary

Side effects can be experienced by any woman on extended endocrine therapy, even though the majority of patients **will not benefit** from treatment^{1,6,7}



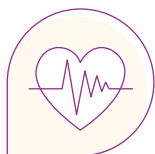
of patients have
significant adverse events



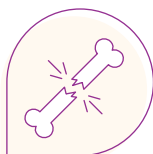
of patients have
tolerability challenges

Treatment is often accompanied by serious **adverse events** and side effects³

Cardiovascular
events



Bone
toxicity



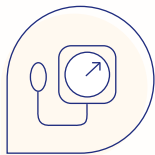
Sexual
discomfort



Hot
flashes



High blood
pressure



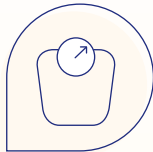
Mood
swings



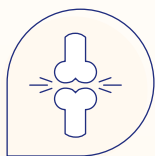
Drowsiness



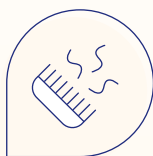
Weight
gain



Joint and
muscle pain



Hair
loss



Due to side effects, extended endocrine therapy can be a challenge

~40% of women are non-compliant with extended endocrine therapy⁸

Reasons for discontinuation^{8*}



*Data from adjuvant setting.

The new standard in extended endocrine therapy decision-making

Not all HR+ breast cancers are the same. Breast Cancer Index™ determines if an HR+ tumor is endocrine responsive

PREDICTIVE

"Am I likely to benefit from extended endocrine therapy?"

If Yes:

- Continued therapy can reduce risk of recurrence

If No:

- Continued therapy beyond 5 years will have no statistically significant impact on a patient's risk of recurrence

Suzie Smith		BREAST CANCER INDEX™	
Patient & Order Information		Order ID: BDP19-000123	Date of Collection: 8/16/21
Nodal Status: Lymph Node-Negative (N0)		DOB (Gender): 4/7/70 Female	Date Received: 8/16/21
Tumor Size (cm): N/A Tumor Grade: N/A		Sample ID: S1-001234	Date Reported: 8/16/21
Breast Cancer Index Test Results Extended Endocrine Benefit & Risk of Late Distant Recurrence			
PREDICTIVE RESULT Am I likely to benefit from extended endocrine therapy?			
YES			
PROGNOSTIC RESULT What is my risk of late distant recurrence?			
11.1%			
11.1% risk (95% CI: 6.5% - 15.6%) of late distant recurrence (years 5-10) for HR+, lymph node-negative patients			
Data to support interpretation of the Predictive and Prognostic Results above, including assay description, applicability of results and clinical validation data, are provided on page 2.			
Additional Comments			
Treating Provider First I. Last, M.D. ABC Facility 1234 ABC Street Anywhere, USA 12345 Phone: 111.222.3333 Fax: 100.200.5000		Submitting Pathologist First I. Last, M.D. XYZ Pathology 456 XYZ Street Anywhere, USA 12345 Phone: 444.555.6666 Fax: 400.500.0000	
<small>BIOGEN IDEC, INC. & BIOGEN COMPANY Laboratory Director: [Name], M.D. M.D. CLIA# 05C1060725 CAP# C0P0034463 Electronically Signed By: [Name], M.D., Ph.D. ©2021 BioGen IDEC, Inc. A Hologic Company BioGen IDEC, Inc. 9645 Towne Centre Drive, Suite 200 San Diego, CA 92121 Tel: 877.896.6739 BCI-465 Page 1 of 2</small>			

PROGNOSTIC

"What's my specific risk of late distant recurrence?"

Indicates a patient's specific risk of late distant recurrence if she does not stay on endocrine therapy

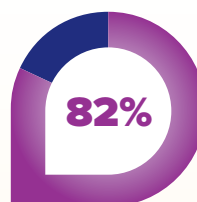
Breast Cancer Index is the **first-and-only test recognized by NCCN** Clinical Practice Guidelines In Oncology (NCCN Guidelines®) for prediction of extended adjuvant endocrine therapy benefit in early-stage, HR+ breast cancer.⁹

Impact on clinical decision-making with Breast Cancer Index



Breast Cancer Index results **changed physician treatment recommendations** regarding extended endocrine therapy in 30% of patients¹⁰

Impact on patient compliance and joint decision-making



of patients recommended for extended endocrine therapy stated they would be **more likely to be compliant** based on the Breast Cancer Index results¹⁰

Both physician and patient conflict significantly decreased following Breast Cancer Index testing¹⁰ (44.8-36.3; P<0.0001)

Limit exposure to therapy that may not benefit her

Talk to your patients with early-stage, HR+ breast cancer about the benefits of Breast Cancer Index™

- Help them avoid damaging side effects they may not need to endure
- Make them secure in their decision to continue with treatment if they are shown to benefit from extending endocrine therapy

As a next step, your patient can:

- Schedule an appointment with their medical oncologist to discuss and order Breast Cancer Index
- Go to www.breastcancerindex.com/getting-bci for more information on how to order Breast Cancer Index

What does it cost?

- The Patient Services Team will explain the billing process to your patient and provide an estimate of the out-of-pocket cost
- If your patient has Medicare, 100% of the cost is covered with no co-pay or deductible if your patient meets the coverage criteria*
- If your patient uses commercial insurance, the Patient Services Team will then contact your patient to explain the billing process and provide an estimate of their cost. As with all tests or procedures, your patient will be responsible for their unmet deductible and co-insurance
- If your patient's insurance estimate is more than expected, a Financial Assistance Program is available for those who qualify†

*Visit cms.gov/medicare/medicare to see coverage criteria under the Local Coverage Determination (LCD).

†As with all health-related visits, tests, or procedures, you should be aware of your deductibles and co-insurance responsibilities.

Help your patients discover their *extended endocrine therapy benefit*.

Learn more at breastcancerindex.com/order-test

References:

1. Davies C, et al. Lancet. 2013;381:805-816. 2. Gray R, et al. J Clin Oncol. 2013;31(suppl;abstr 5). 3. Jakesz R, et al. J Natl Cancer Inst. 2007;99:1845-1853. 4. Goss PE, et al. J Natl Cancer Inst. 2005;97:1262-1271. 5. Mamounas EP, et al. GS4-01; SABCS December 2019. 6. Goss PE, et al. N Engl J Med. 2016;375:209-219. 7. Mamounas EP, et al. S1-05; SABCS December 2016. 8. Friese CR, et al. Breast Can Res Treat. 2013;138(3): 931-939. 9. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Breast Cancer V.2.2022. © National Comprehensive Cancer Network, Inc. 2022. All rights reserved. Accessed February 9, 2022. To view the most recent and complete version of the guideline, go online to NCCN.org. NCCN makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way. 10. Sanft T, et al. Breast Cancer Managed. 2019;8(1):BMT22.

Breast Cancer Index Intended Uses and Limitations

The Breast Cancer Index (BCI) Risk of Recurrence & Extended Endocrine Benefit Test is indicated for use in women diagnosed with hormone receptor-positive (HR+), lymph node-negative (LN-) or lymph node-positive (LN+; with 1-3 positive nodes) early-stage, invasive breast cancer, who are distant recurrence-free. The BCI test provides: 1) a quantitative estimate of the risk for both late (post-5 years from diagnosis) distant recurrence and of the cumulative distant recurrence risk over 10 years (0-10y) in patients treated with adjuvant endocrine therapy (LN- patients) or adjuvant chemoendocrine therapy (LN+ patients), and 2) prediction of the likelihood of benefit from extended (>5 year) endocrine therapy. BCI results are adjunctive to the ordering physician's workup; treatment decisions require correlation with all other clinical findings. This test was developed and its performance characteristics determined by Biotheranostics, Inc. It has not been cleared or approved by the U.S. Food and Drug Administration. This test is used for clinical purposes and should not be regarded as experimental or investigational. How this information is used to guide patient care is the responsibility of the treating provider. Biotheranostics is certified under the Clinical Laboratory Improvement Amendment of 1988 to perform high complexity clinical laboratory testing.