



## SPECIMEN COLLECTION & HANDLING PROCEDURES

**PLEASE NOTE:** Laboratory test result quality is highly dependent upon proper specimen collection and handling procedures. The specimen requirements and handling procedures are listed below. All samples must be clearly labeled with a unique block ID or specimen ID, and patient name or date of birth. We are unable to accept samples that are not labeled, or samples labeled with identifiers that do not match those listed on the documents submitted. The corresponding pathology report and completed Specimen Request Form must be submitted with the specimen.

### SPECIMEN TYPE

Testing is performed on breast primary invasive tumor. The following are acceptable specimen types in order of preference:

- 1) Surgical Resection/Excisional Biopsy
- 2) Core Needle Biopsy

### CASES WITH ANY OF THE FOLLOWING ARE NOT ACCEPTABLE FOR TESTING:

- ER- and PR-
- $\geq 4$  positive nodes
- Microinvasive carcinoma
- Fine Needle Aspirations (FNA) or fresh/frozen tissue
- Metaplastic breast cancer, Carcinosarcoma, Sarcoma, Neuroendocrine carcinoma, and Phyllodes tumor
- Male
- T4 tumor
- Metastatic breast cancer
- No evidence of invasive (ductal, lobular or mixed ductal lobular) carcinoma
- Biopsy site: Chest wall, Axilla or Lymph node, Skin
- Any post-treatment (adjuvant or neoadjuvant) specimen

### FIXATION METHOD

Formalin-Fixed Paraffin-Embedded (FFPE) tissue is recommended for all testing services. Optimum fixation should be between 6-72 hrs in 10% neutral buffered formalin, other types of fixatives should not be used.

### SPECIMEN REQUIREMENTS

An area of tumor that contains  $\geq 40\%$  neoplastic cells  
 Specimen options: FFPE block (preferred) OR  
 3-4 unstained 10 micron sections on glass slides and 1 H&E slide

### SPECIMEN SELECTION

- If multiple acceptable specimen types are available, select the specimen containing tumor of the highest grade
- Multifocal tumors: Prioritize specimen selection as follows 1) highest grade 2) largest size
- Select a specimen obtained prior to treatment (adjuvant or neoadjuvant therapy)
- Locally recurrent tumors: Select specimen from original excision or biopsy
- Do not submit multiple blocks from different biopsies or specimen sites; select the best block

### STORAGE

Store specimen at room temperature (15-30°C).

### TRANSPORTATION

Ambient kit. Use pre-cooled cold pack for transport. Do not place cold pack in direct contact with specimen during transport. Place FFPE blocks in a plastic bag and slides in a plastic case or slide-mailer. Place the specimens, completed Test Requisition, completed Specimen Request Form, pathology report and supporting documents in a Biotheranostics Specimen Shipping Kit. Send specimens via FedEx service. A pickup may be scheduled online at [www.fedex.com](http://www.fedex.com) or by calling (800) 463-8839. To obtain specimen shipping kits and Biotheranostics FedEx account information contact Client Services at (877) 886-6739.

## BILLING INFORMATION

It is the sole responsibility of the patient who may be enrolled in an FSA/ HSA or other medical spending account with an employer or insurance carrier, that the provision on coordination of benefits for any coverage policy may result in an automatic deduction of out-of-pocket costs directly from that fund by the insurance carrier or employer. Biotheranostics is in no way responsible or liable for that deduction, and does not have the ability to reverse it, refund it, or otherwise reimburse patients for those amounts. It is the patient's responsibility to contact any insurance carrier or employer in advance of services regarding coordination of benefits issues that may impact such accounts.

If Patient/Medicare is selected, all patients will have an eligibility check and may be contacted during the process. If Patient is selected, where provided Insurance is invalid, a representative will contact the ordering physician's office to validate payment information. Biotheranostics may contact the ordering physician's office for a statement of medical necessity to expedite appeals.

### MEDICARE LCD COVERAGE CRITERIA

When ordering Breast Cancer Index (BCI), please keep in mind Medicare's position that the following criteria must be met for Medicare coverage:

- Post-menopausal female with non-relapsed, ER+ breast cancer, and was lymph node negative (LN-), and
- Is completing five (5) years of tamoxifen therapy, and
- Patient must be eligible for consideration of extended endocrine therapy based on published clinical trial data or practice guidelines, and
- Physician or patient is concerned about continuing anti-hormonal therapy because of documented meaningful toxicity or possible significant patient-specific side effects, and
- The test results will be discussed with the patient (including the limitations of the testing method, the risks and benefits of either continuing or stopping the therapy based on the test, and current cancer management guidelines).

### NOTICE:

In all cases, it is the treating physician's responsibility to determine how the test result should be used in determining a treatment plan for that patient. Biotheranostics will perform the test and report a result unless it determines that a) the test has been cancelled by the physician or patient; b) the specimen does not have adequate cancer tissue; or c) the forms submitted did not provide sufficient information to perform the test and report a result.

### Intended Uses and Limitations

The Breast Cancer Index (BCI) Risk of Recurrence & Extended Endocrine Benefit Test is intended for use in patients diagnosed with estrogen receptor-positive (ER+), lymph node-negative (LN-) or lymph node positive (LN+; with 1-3 positive nodes) early-stage, invasive breast cancer, who are distant recurrence-free. BCI provides: 1) a quantitative assessment of the likelihood of both late (post-5 years) and overall (0-10 year) distant recurrence following an initial 5 years of endocrine therapy (LN- patients) or 5 years of endocrine therapy plus adjuvant chemotherapy (LN+ patients), and 2) prediction of 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. It should not be regarded as investigational or for research. How this information is used to guide patient care is the responsibility of the physician. Biotheranostics is certified under the Clinical Laboratory Improvement Amendments of 1988 to perform high complexity clinical laboratory testing.

### ICD-10 CODE REFERENCE

For Breast Cancer Index, below is a list of covered diagnosis codes from the Medicare MoIDX Local Coverage Determination policy. The codes are provided as a guide to help you determine if the test is reimbursable by Medicare based on the patient's medical condition. Biotheranostics does not recommend diagnosis codes and will only submit diagnosis information provided to us by the ordering physician or his/her designated staff.

Description	ICD-10 Code		
	Right Breast	Left Breast	Unspecified
Invasive ductal carcinoma of nipple and areola of female breast	C50.011	C50.012	C50.019
Invasive ductal carcinoma of central portion of female breast	C50.111	C50.112	C50.119
Malignant neoplasm of upper-inner quadrant of female breast	C50.211	C50.212	C50.219
Malignant neoplasm of lower-inner quadrant of female breast	C50.311	C50.312	C50.319
Invasive ductal carcinoma of upper-outer quadrant of female breast	C50.411	C50.412	C50.419
Malignant neoplasm of lower-outer quadrant of female breast	C50.511	C50.512	C50.519
Malignant neoplasm of axillary tail of female breast	C50.611	C50.612	C50.619
Malignant neoplasm of overlapping sites of female breast	C50.811	C50.812	C50.819
Malignant neoplasm of breast (female) unspecified site	C50.911	C50.912	C50.919
Estrogen receptor positive status [ER+]	Z17.0		