Risk Of Distant Recurrence & Extended Endocrine Benefit (Report Page 1 of 2)

Physician Information
Treating Physician

Pathologist

Patient & Order Information
Order ID

BCI Prognostic - Node Negative

LOW RISK CATEGORY*

2.0% Risk of Late Recurrence (years 5-10)

LOW RISK CATEGORY* (95% CI: 0.1% - 3.9%)
OF LATE DISTANT RECURRENT FOR ER+, LYMPH NODE-NEGATIVE PATIENTS†
Based on the following clinical information for this patient:
Nodal Status: Lymph Node-Negative (N0)

† Risk of Recurrence estimate is based on analysis of BCI Prognostic in the
Stockholm clinical study and provides residual risk of distant recurrence beyond year
5 in patients treated with a maximum of 5 years of adjuvant endocrine therapy only
(no adjuvant chemotherapy or extended endocrine therapy). Risk of recurrence applies
only to LN- patients.

BCI Predictive

HIGH LIKELIHOOD OF BENEFIT
FROM EXTENDED ENDOCRINE THERAPY³

Your Test Summary

High Likelihood of Benefit

Low Likelihood of Benefit

Patients with High Likelihood of Benefit result had 67% RELATIVE RISK REDUCTION (p=0.007)
when treated with extended endocrine therapy in the MA.17 validation study³

TREATMENT BENEFIT BASED ON INDEPENDENT VALIDATION DATA OF BCI PREDICTIVE IN MA.17³

Additional Comments:

Laboratory Director: Miriam J. Bloch, M.D.
BCI Predictive was validated in a cohort that included both LN- and LN+ (1-3 nodes) patients; however, the study was not designed or powered to assess LN+ and LN- groups separately.

Independent validation data of BCI Prognostic in TransATAC

Risk of recurrence for lymph node-negative patients from years 0-10 by BCI risk groups in TransATAC

Risk of recurrence for lymph node-negative patients from years 0-10 by BCI risk groups in TransATAC

3.5% Risk of Overall Recurrence (years 0-10)