Intending to Cure eBC by Preventing Recurrence Is the Overall Treatment Goal[1,2]

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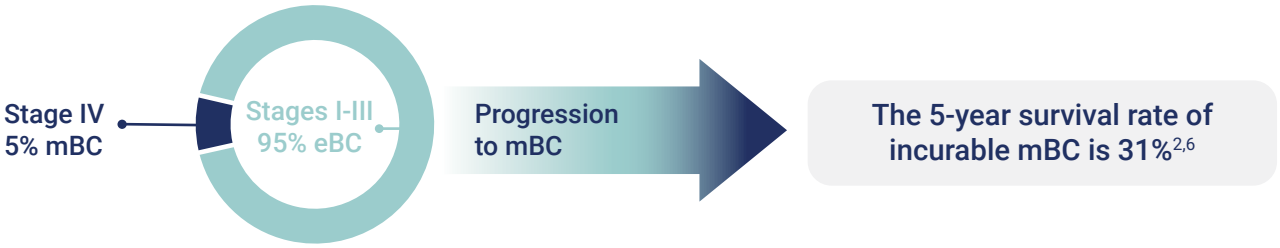
eBC constitutes most breast cancer cases, and **most recurrences** will be to metastatic disease, for which there is currently **no cure**.[2-4]

- For patients with HR+ eBC, recurrence can occur despite recommended adjuvant therapy[5]

Diagnosis by Stage[3]



~50% of women who **experience a recurrence** do so **within 5 years** of diagnosis[7,8]

The Risk of Recurrence Persists Among Patients With HR+ Stage II/III eBC, Including Those With No to Low Nodal Involvement[5,9-11]

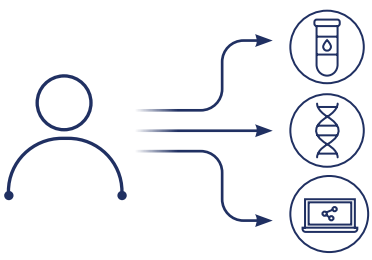
	Patient type	Risk of invasive disease, including risk of recurrence within **3 YEARS of diagnosis**[9,10,a] **(up to)**	Risk of distant recurrence within **20 YEARS of diagnosis**[5,11,b]
Risk by nodal status (stage II/III)	**N0** (no nodal involvement)	**11%**	**29%**
	N1 (1–3 nodes)	**13%**	**31%**
	N2/N3 (4+ nodes)	**21%**	**52%**[c]
Risk by stage	**Stage II**	12%	27%–37%
	Stage III[d]	21%	46%–57%

The 3-year and 20-year data are not from a longitudinal study.
[a]3-year risk is based on the invasive disease–free survival outcomes of patients with HR+/HER2- eBC who received endocrine therapy alone in select cyclin-dependent kinase 4/6 inhibitor clinical trials.[9,10]
[b]20-year risk of distant recurrence is from a meta-analysis of 78 randomized trials in the Early Breast Cancer Trialists' Collaborative Group database of 74,194 women with estrogen receptor–positive breast cancer who had 5 years of scheduled endocrine therapy. Analysis included patients with T1/T2 disease and <10 involved nodes.[5]
[c]The 20-year rate listed is for N2 patients with 4-9 nodes.
[d]The 3-year rate listed for stage III includes some stage IIB patients, due to differentiated data breakouts between trials.

The risk of recurrence can be underestimated in patients with no to low nodal involvement

Individualized Risk Assessments Can Guide Adjuvant Treatment Decisions in HR+/HER2- eBC[12]

Evaluating risk of recurrence for patients with eBC is complex and multifactorial[13,14]



eBC, early breast cancer; HER2-, human epidermal growth factor receptor 2–negative; HR+, hormone receptor–positive; mBC, metastatic breast cancer.

Understanding Each Patient's Individualized Risk of Recurrence

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Clinical and pathologic features can provide prognostic value, but several studies have observed significant limitations when prognosis is based on these features alone[15-17]

Since 2007, HR+/HER2- eBC treatment decisions have been guided by the predictive and prognostic value of GEP assays[12,17-19]

Online risk calculators and tools may incorporate many key clinical and pathologic features. Some may also integrate genomic risk[14,16]

- Studies suggest that combining clinical and pathologic features with GEP assays may change the prognosis for some patients and improve risk estimates with narrower confidence intervals[16,20-23]
  - Appropriate risk assessment for N0 patients requires consideration beyond nodal status, encompassing factors that also play a role in risk of recurrence, like age, tumor size, and grade[24]

ASCO recommends incorporating age, menopausal status, and nodal status when considering GEP test result interpretation[12]

Practical Considerations for Patient Management to Decrease Risk in HR+/HER2- eBC

- Appropriate risk assessment can help guide therapeutic selection, reducing overtreatment and identifying patients who can most benefit from therapy[14,25-28]
  - Consequently, appropriate therapy can reduce unnecessary therapy-related toxicity and patients' inappropriate risk perceptions, relieving patient anxiety[14,25-28]
- Effective doctor-patient communication is critical to patient understanding and perception of risk of distant recurrence[27-29]
  - About 33% of women reported that doctors discussed risk of recurrence "quite a bit" or "a lot," while 14% said "not at all"[29]

Establishing a comprehensive picture of each patient's risk of recurrence can help facilitate discussions on therapy choice and guide optimal care[12,27-29]

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ASCO, American Society of Clinical Oncology; GEP, gene expression profiling.

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