EndoPredict®

Breast Cancer Prognostic Test

Level of Evidence 1A in ESMO Guidelines

The treatment strategy for each patient should be based on an individual risk–benefit analysis considering the tumor burden (size and location of the primary tumor, number of lesions and extent of LN involvement) and biology (pathology, including biomarkers and gene expression), as well as age, menopausal status, general health status and patient preferences [I, A][1].

Overview of adjuvant chemotherapy for HR-positive, HER2-negative EBC (Supplementary table S5)

Stage		Chemotherapy	
	TN	Premenopausal[d]	Postmenopausal[e]
I	T1ab N0	No	No
	T1c N0	Low risk[i]: may consider especially if not receiving OFS High risk[i]: yes	Low risk[i]: no High risk[i]: yes
II	T2-3 N0	Low risk[i]: consider especially if not receiving OFS High risk[i]: yes	Low risk[i]: no High risk[i]: yes
	T1-T2 N1	Low risk[i]: consider especially if not receiving OFS High risk[i]: yes	Low risk[i]: no High risk[i]: yes
III	Any	Yes	Yes

The full table is available in the supplementary material table S5. Overview of adjuvant therapy for HR-positive, HER2-negative EBC. You can find the supplementary data here.

d (premenopausal)
Premenopausal women with lower-risk tumors who are not advised/recommended to receive OFS may benefit more from ChT.

e (postmenopausal)
The role of ChT is largely determined by tumor pathobiology including high-risk genomic signature scores (preferred).

i (Low risk)
EndoPredict® 'Low';
MammaPrint® 'Low' or 'Ultra Low';
Oncotype DX® RS ≤15;
Prosigna® RS ≤60.

i (High risk)
EndoPredict® 'High';
MammaPrint® 'High';
Oncotype DX® ≥26;
Prosigna® >60.

LN: Lymph node
OFS: Ovarian Function Suppression
ChT: Chemotherapy

Reference:
1. Loibl S. et al. Annals of Oncology, 2024 (adapted from supplementary table S5)

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