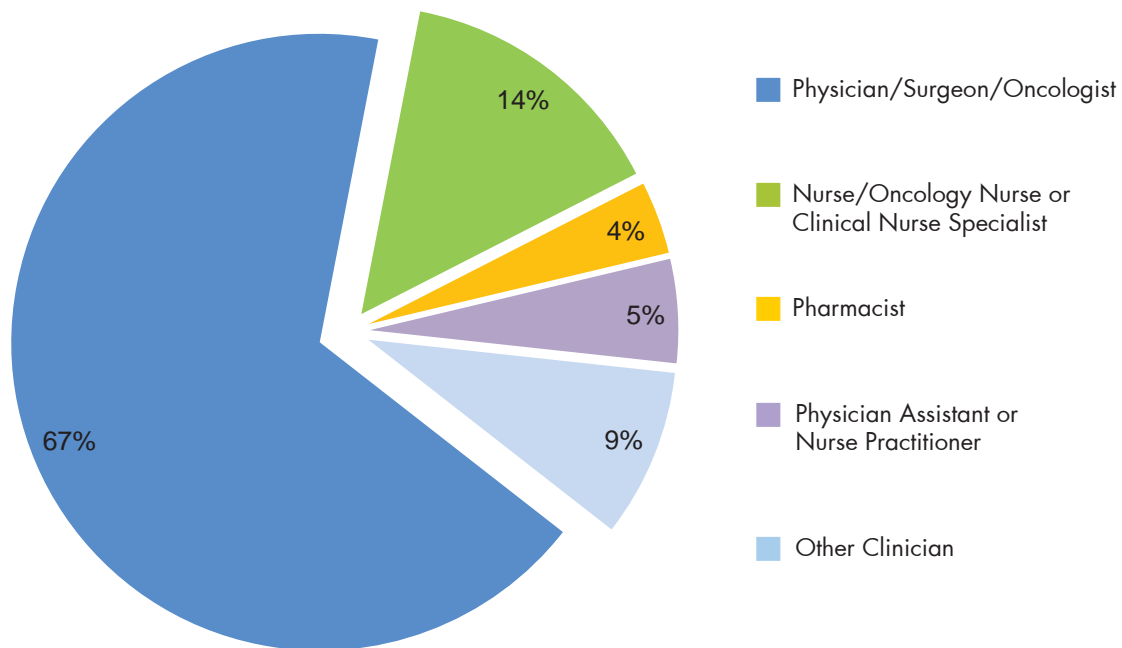


NCCN Trends™ is an analytics tool from the National Comprehensive Cancer Network® (NCCN®) that surveys how clinicians across the U.S. and around the globe are delivering cancer care. This summary includes the results of the November 2012 NCCN Trends™ Survey, which focused on Breast Cancer. This survey was sent to U.S. and International users of NCCN.org.

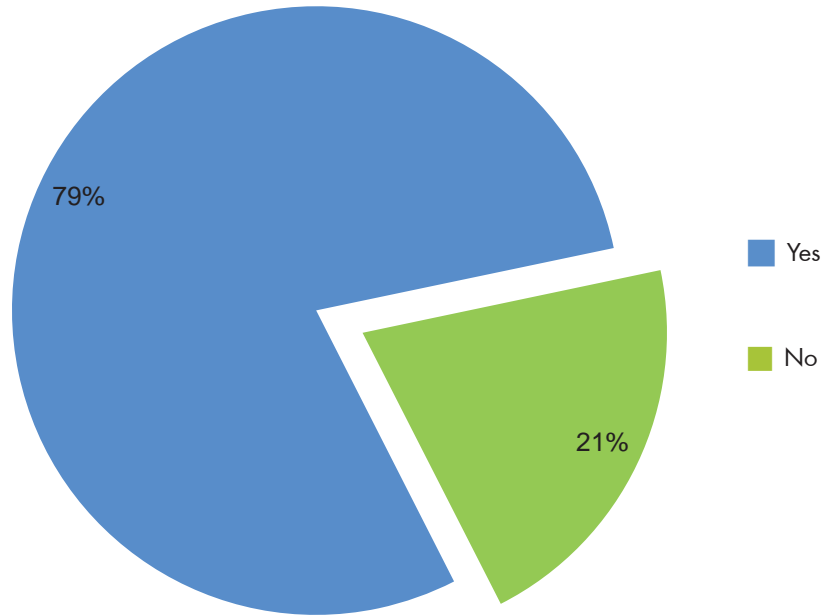
DEMOGRAPHICS†

Distribution of Respondent Types (n = 1,787)

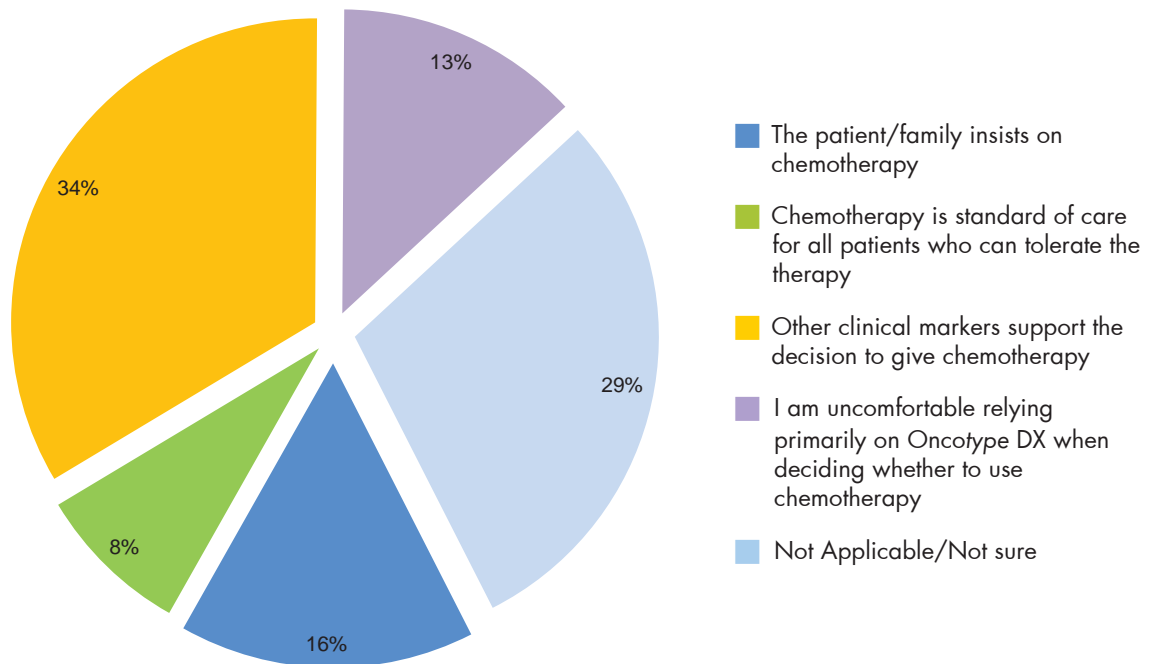


†Note: Percentages may not total 100 because of rounding.

Q1. Do you treat patients with breast cancer? (n = 1,787)



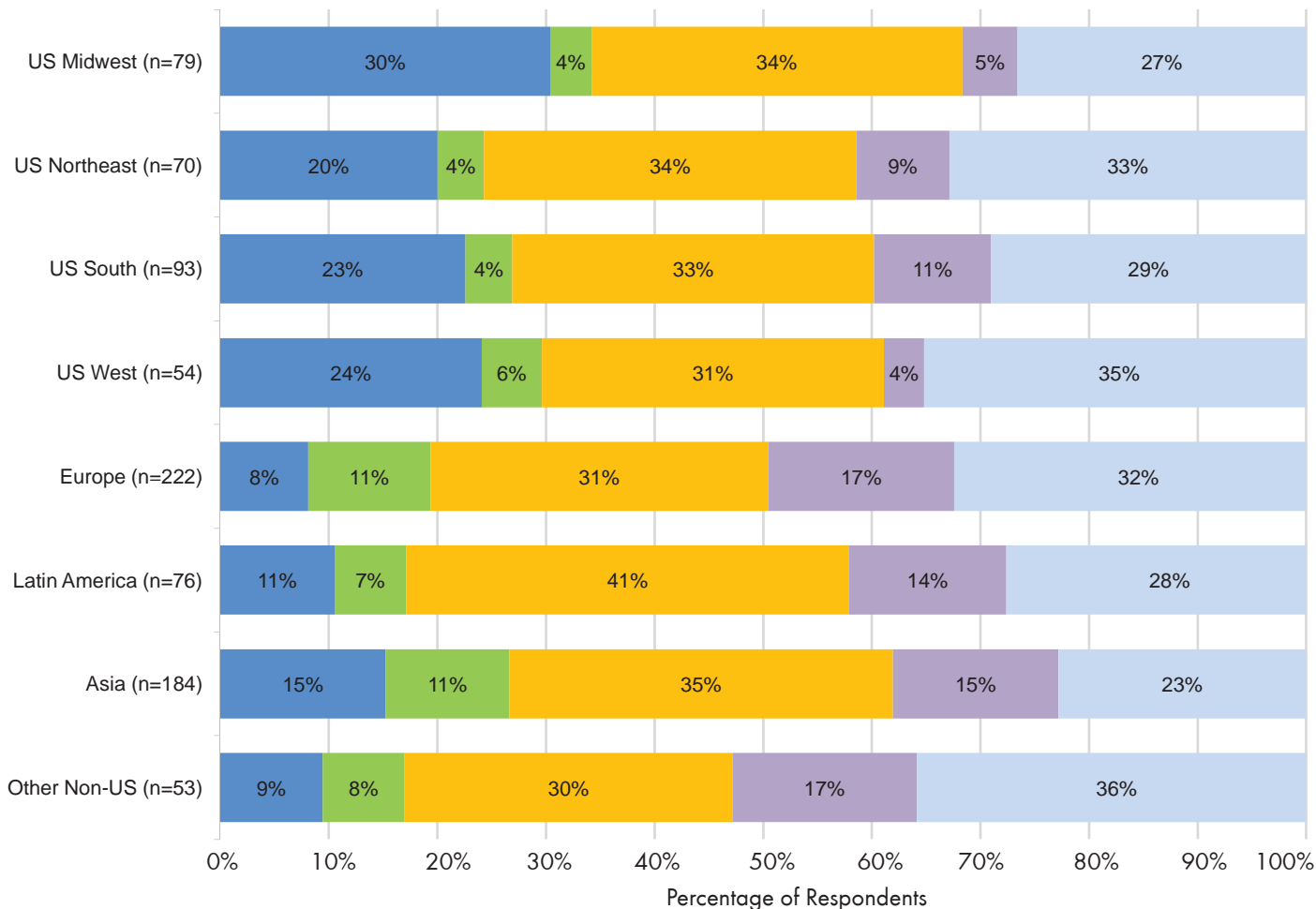
Q2. Assuming a low Recurrence Score result for a node negative patient and therefore, no benefit to treat with chemotherapy, what is the primary reason that you would not adhere to the Oncotype DX Breast Recurrence Score result when making the actual treatment decision? (n = 832)



Q2. Assuming a low Recurrence Score result for a node negative patient and therefore, no benefit to treat with chemotherapy, what is the primary reason that you would not adhere to the Oncotype DX Breast Recurrence Score result when making the actual treatment decision?

By Geography†

- The patient/family insists on chemotherapy
- Chemotherapy is standard of care for all patients who can tolerate the therapy
- Other clinical markers support the decision to give chemotherapy
- I am uncomfortable relying primarily on Oncotype DX when deciding whether to use chemotherapy
- Not Applicable/Not sure

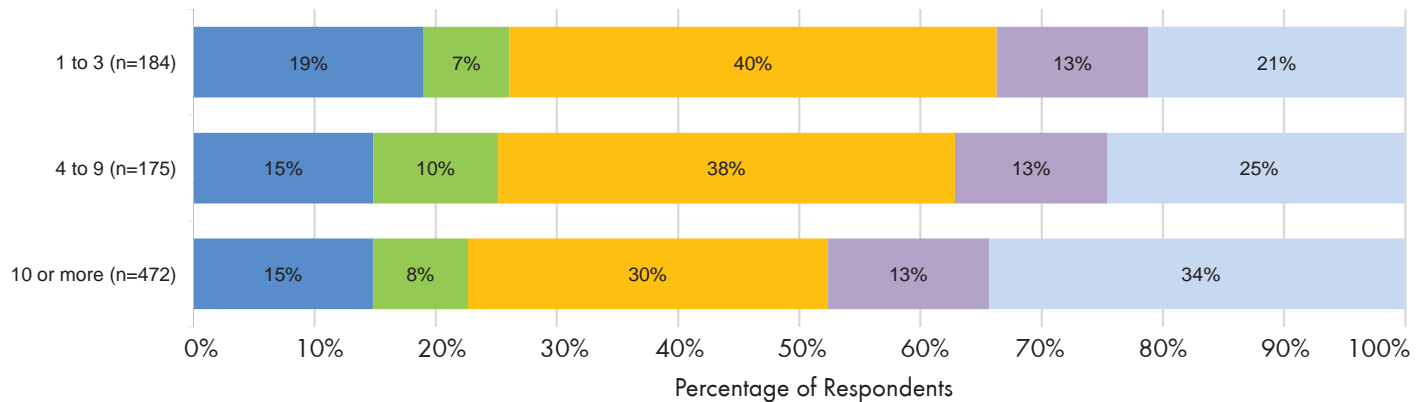


†Note: Percentages may not total 100 because of rounding.

Q2. Assuming a low Recurrence Score result for a node negative patient and therefore, no benefit to treat with chemotherapy, what is the primary reason that you would not adhere to the Oncotype DX Breast Recurrence Score result when making the actual treatment decision?

By Practice Size†

- The patient/family insists on chemotherapy
- Chemotherapy is standard of care for all patients who can tolerate the therapy
- Other clinical markers support the decision to give chemotherapy
- I am uncomfortable relying primarily on Oncotype DX when deciding whether to use chemotherapy
- Not Applicable/Not sure

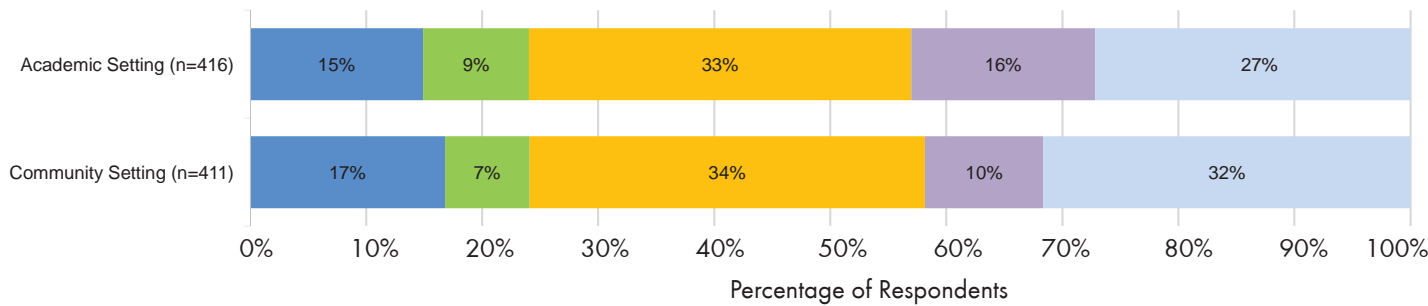


†Note: Percentages may not total 100 because of rounding.

Q2. Assuming a low Recurrence Score result for a node negative patient and therefore, no benefit to treat with chemotherapy, what is the primary reason that you would not adhere to the Oncotype DX Breast Recurrence Score result when making the actual treatment decision?

By Practice Setting

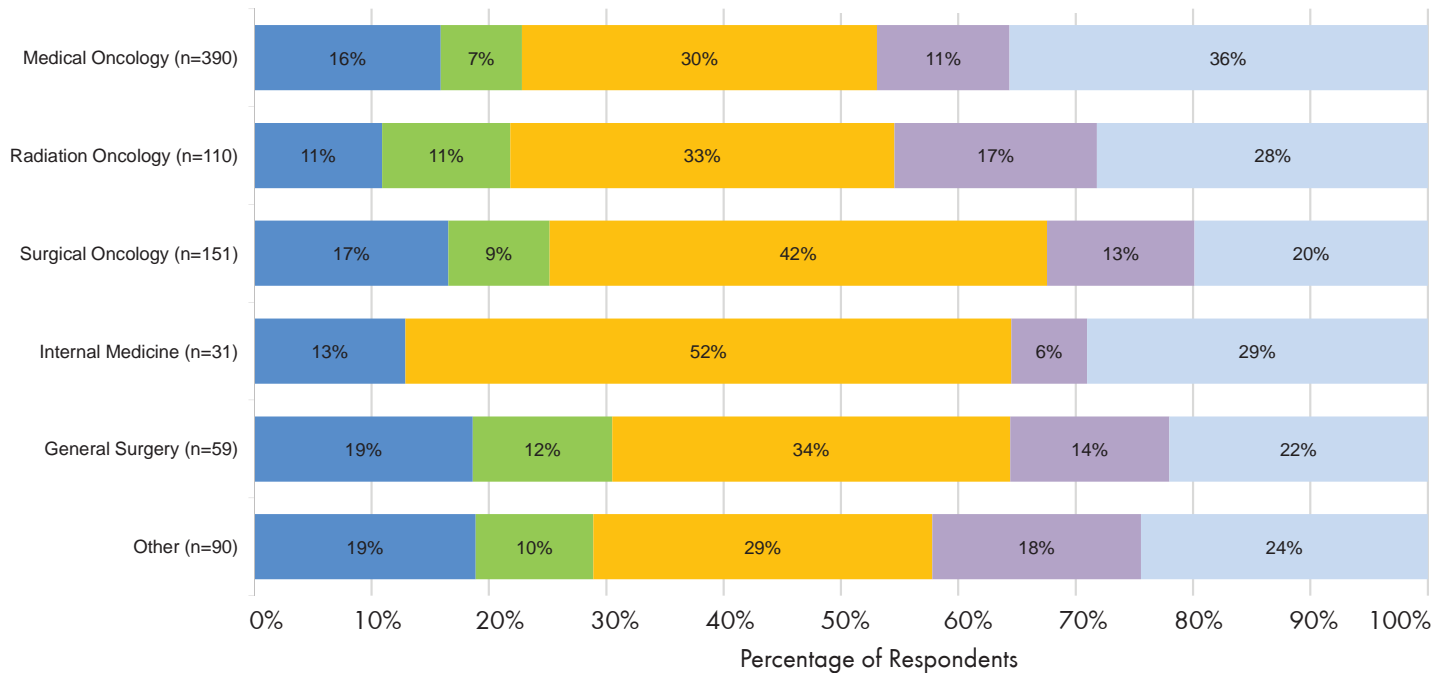
- The patient/family insists on chemotherapy
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Q2. Assuming a low Recurrence Score result for a node negative patient and therefore, no benefit to treat with chemotherapy, what is the primary reason that you would not adhere to the Oncotype DX Breast Recurrence Score result when making the actual treatment decision?

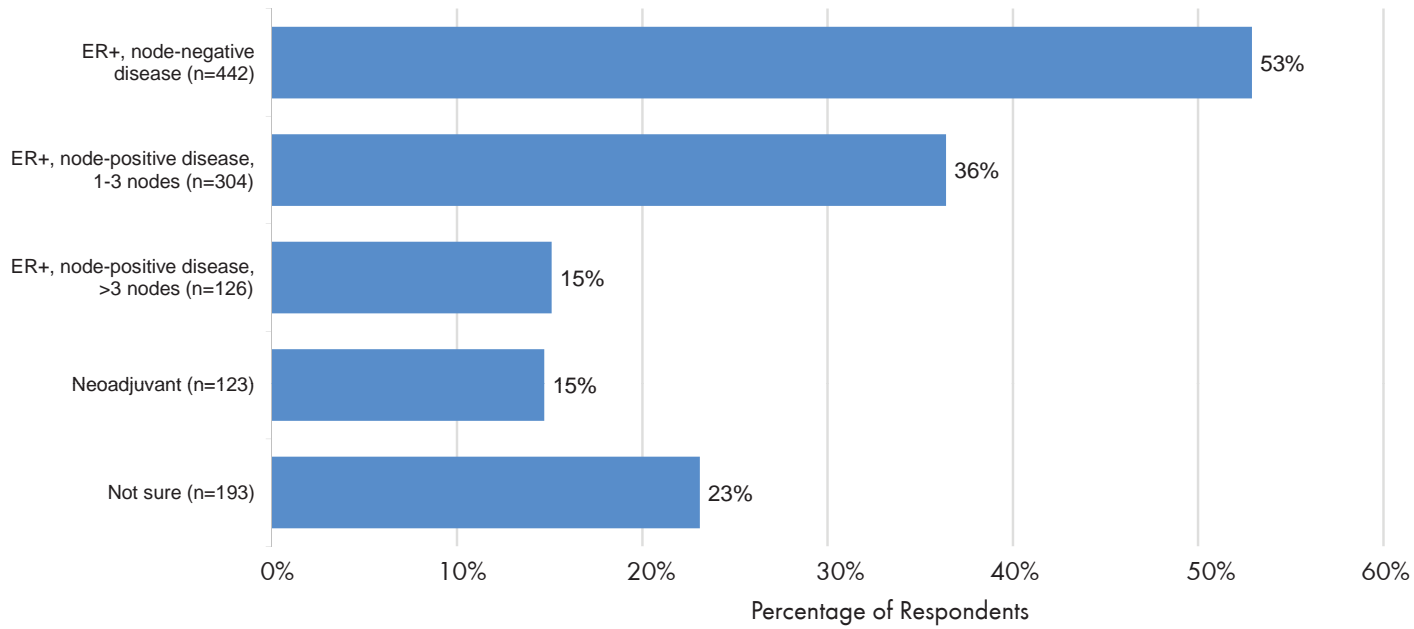
By Specialty†

- The patient/family insists on chemotherapy
- Chemotherapy is standard of care for all patients who can tolerate the therapy
- Other clinical markers support the decision to give chemotherapy
- I am uncomfortable relying primarily on Oncotype DX when deciding whether to use chemotherapy
- Not Applicable/Not sure



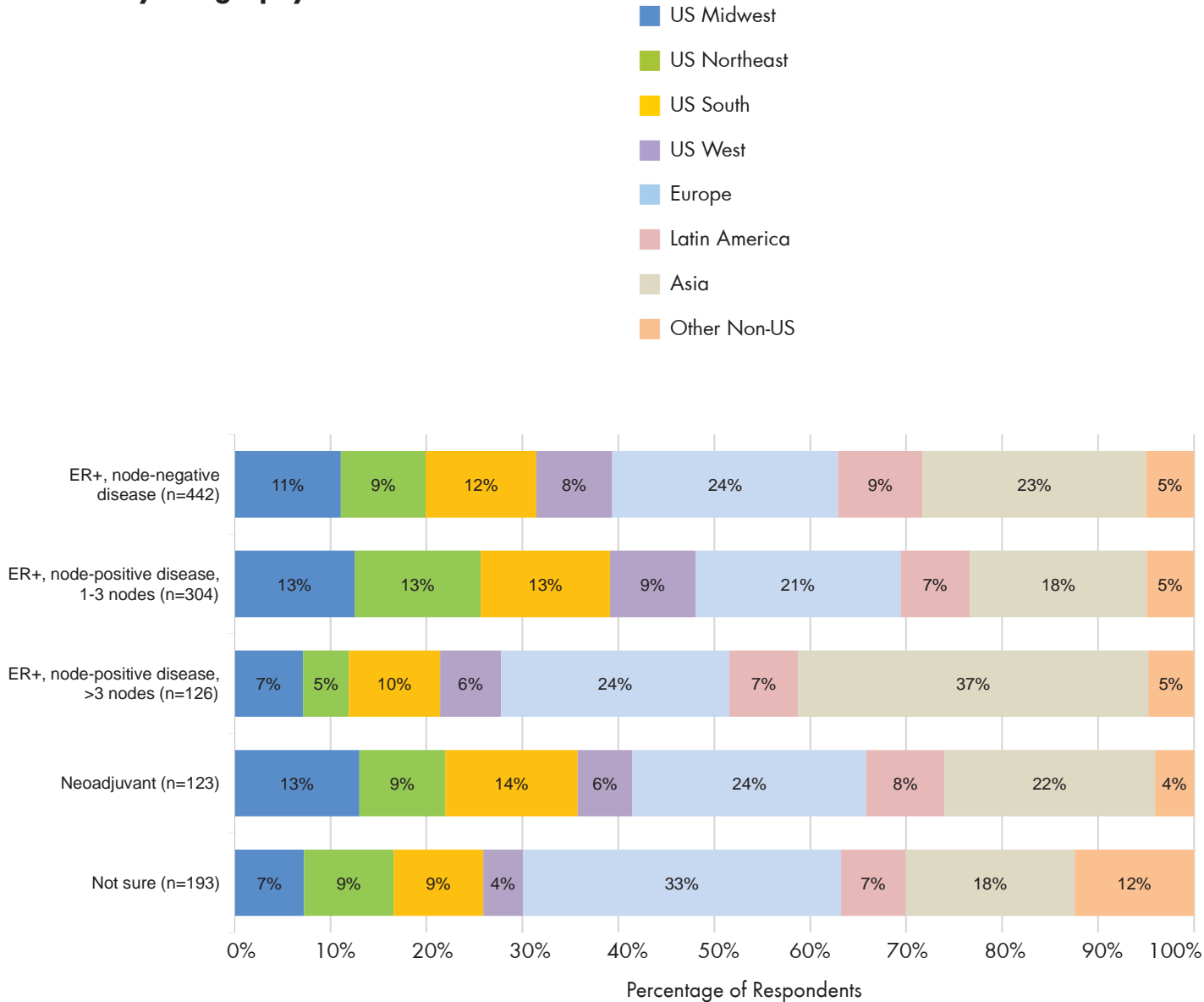
†Note: Percentages may not total 100 because of rounding.

Q3. In your opinion, what criteria are needed for Medicare to cover the Oncotype DX breast cancer assay? (Select all that apply) (n = 836)



Q3. In your opinion, what criteria are needed for Medicare to cover the Oncotype DX breast cancer assay? (Select all that apply)

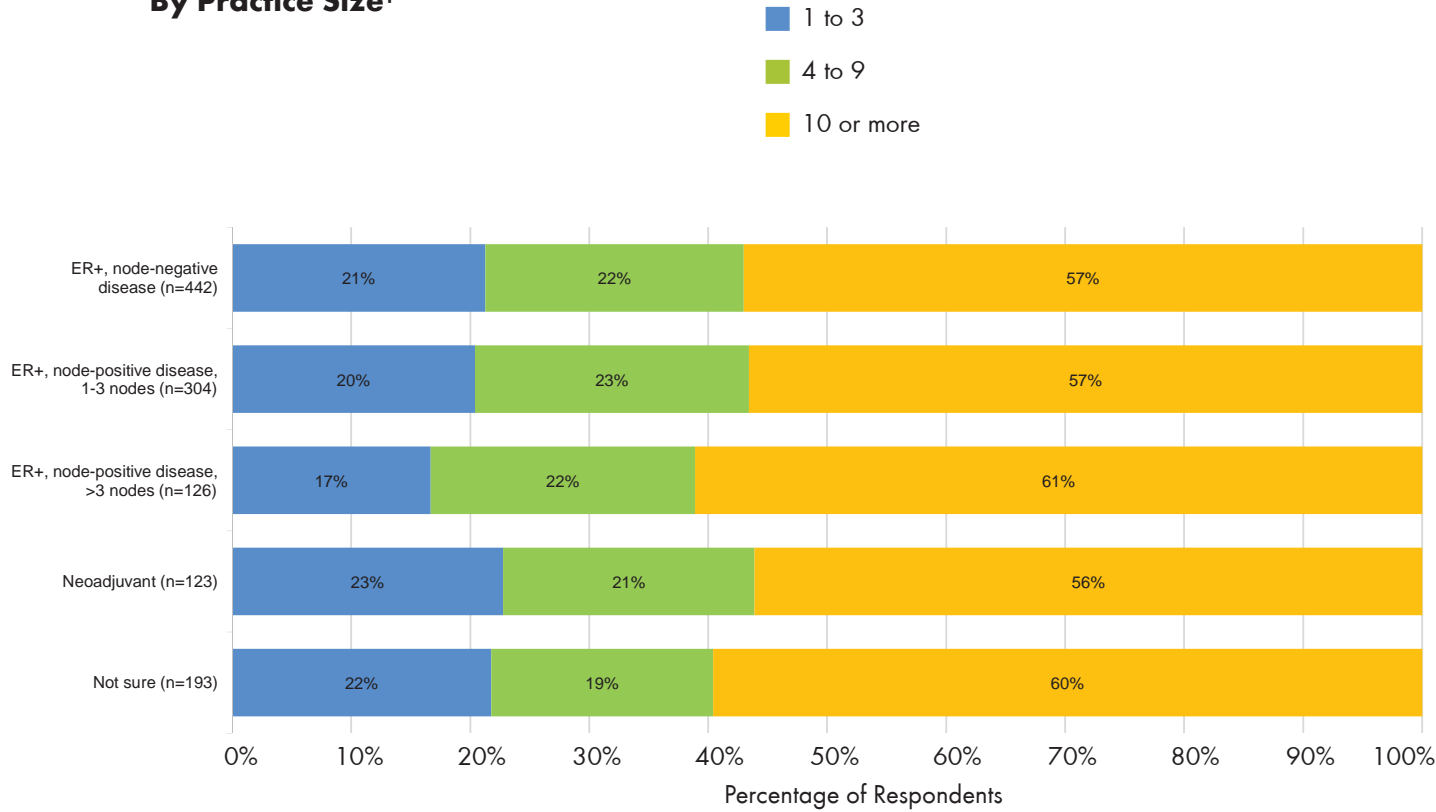
By Geography†



†Note: Percentages may not total 100 because of rounding.

Q3. In your opinion, what criteria are needed for Medicare to cover the Oncotype DX breast cancer assay? (Select all that apply)

By Practice Size†

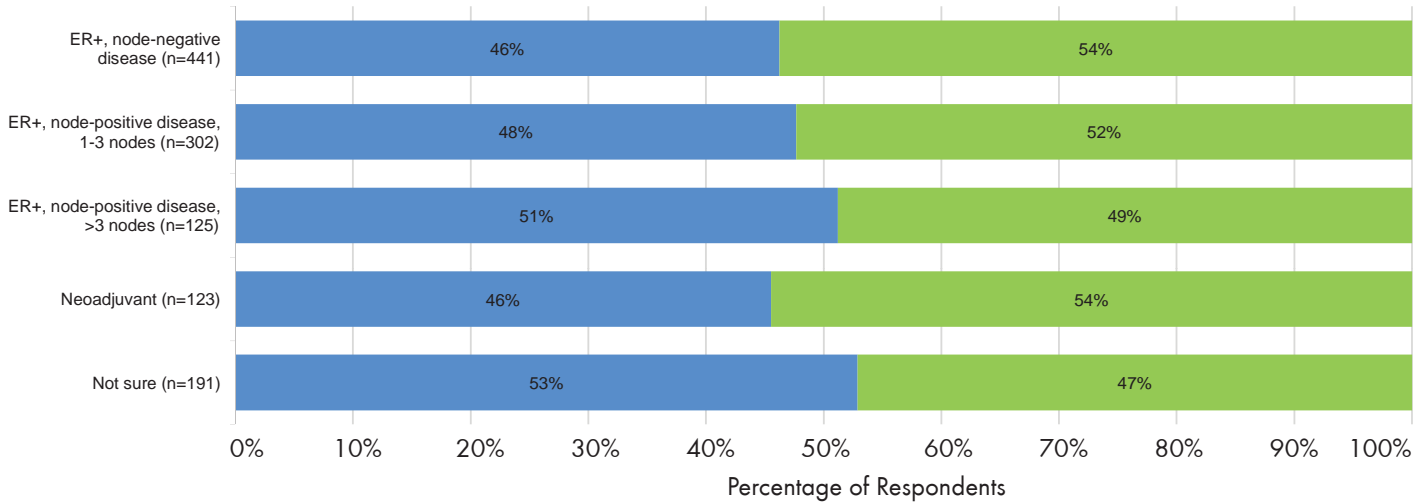


†Note: Percentages may not total 100 because of rounding.

Q3. In your opinion, what criteria are needed for Medicare to cover the Oncotype DX breast cancer assay? (Select all that apply)

By Practice Setting

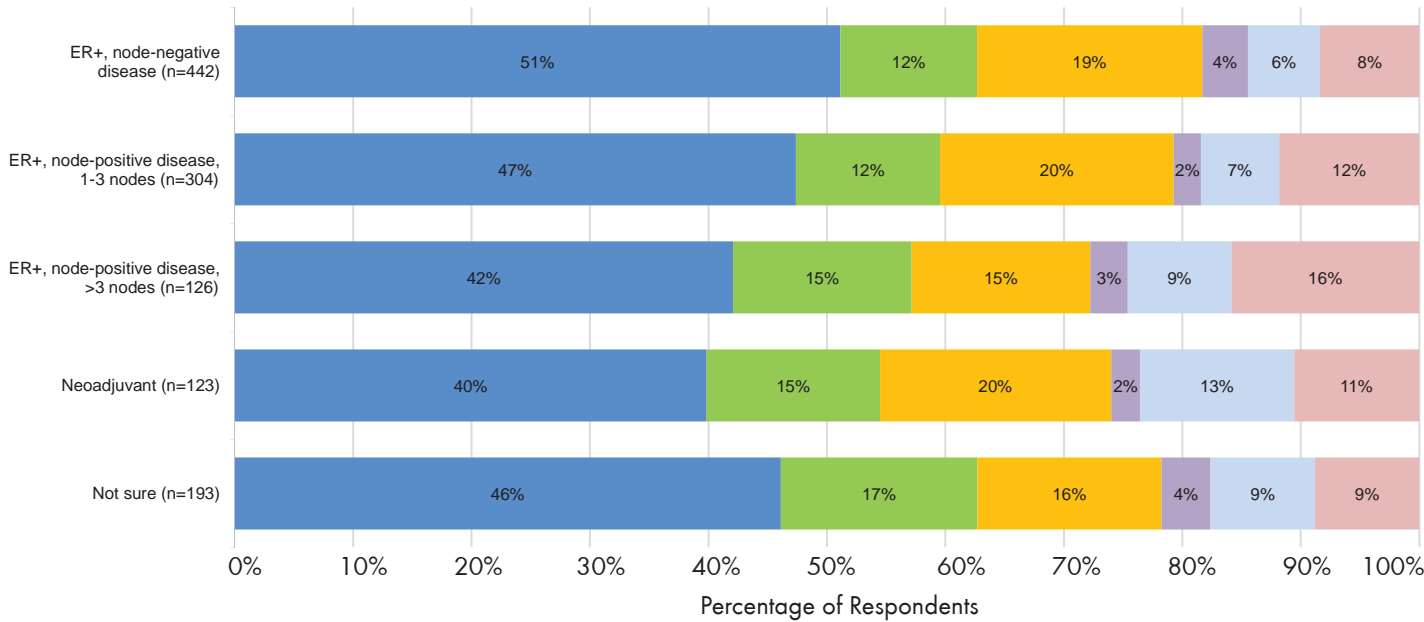
■ Academic Setting
■ Community Setting



Q3. In your opinion, what criteria are needed for Medicare to cover the Oncotype DX breast cancer assay? (Select all that apply)

By Specialty†

- Medical Oncology
- Radiation Oncology
- Surgical Oncology
- Internal Medicine
- General Surgery
- Other



†Note: Percentages may not total 100 because of rounding.

NCCN Trends™ is an analytics tool from the National Comprehensive Cancer Network® (NCCN®) that surveys how clinicians across the U.S. and around the globe are delivering cancer care. NCCN Trends™ surveys are designed to reach targeted populations that can include several thousand clinicians as a potential sample size. NCCN can also provide analytics on existing NCCN Trends™ and clinician demographic data sets, allowing for greater insight into oncology practice patterns.

To commission an **NCCN Trends™** survey, to discuss analytic and data services, or to request information on other NCCN programs and resources, please contact:

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maccracken@nccn.org

National Comprehensive Cancer Network® (NCCN®)

The National Comprehensive Cancer Network® (NCCN®), a not-for-profit alliance of 21 of the world's leading cancer centers, is dedicated to improving the quality and effectiveness of care provided to patients with cancer. Through the leadership and expertise of clinical professionals at NCCN Member Institutions, NCCN develops resources that present valuable information to the numerous stakeholders in the health care delivery system. As the arbiter of high-quality cancer care, NCCN promotes the importance of continuous quality improvement and recognizes the significance of creating clinical practice guidelines appropriate for use by patients, clinicians, and other health care decision-makers. The primary goal of all NCCN initiatives is to improve the quality, effectiveness, and efficiency of oncology practice so patients can live better lives.



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