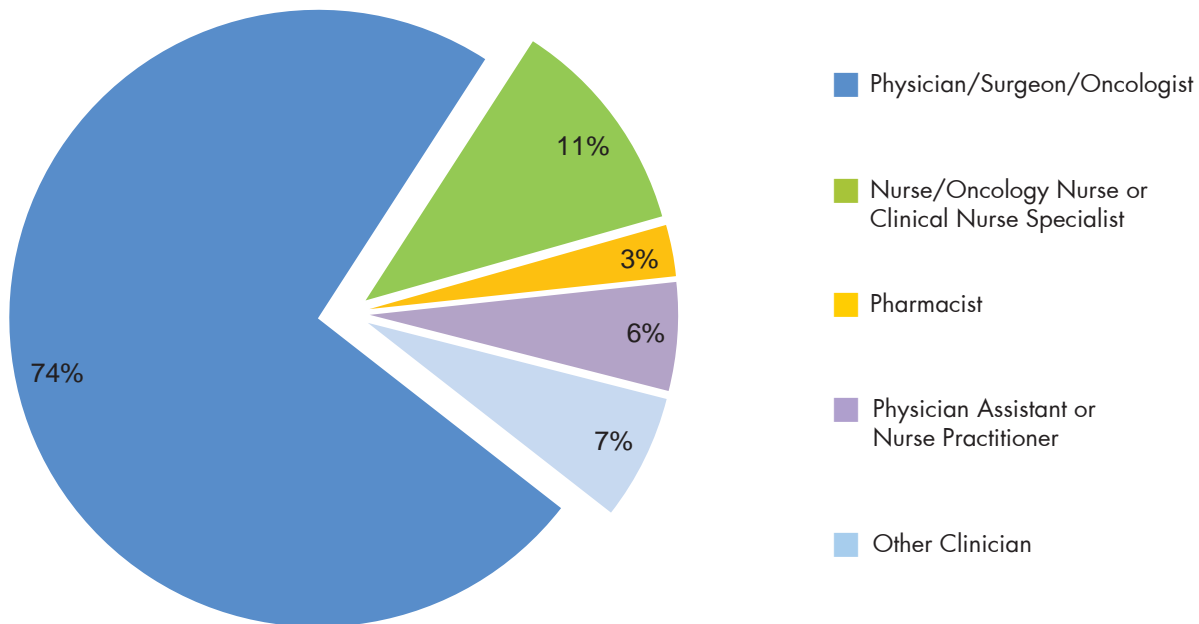


NCCN Trends™ is an analytics tool from the National Comprehensive Cancer Network® (NCCN®) that surveys how clinicians across the U.S. and around the globe are delivering cancer care. This summary includes the results of the September 2012 NCCN Trends™ Survey, which focused on Ductal Carcinoma in Situ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

## DEMOGRAPHICS†

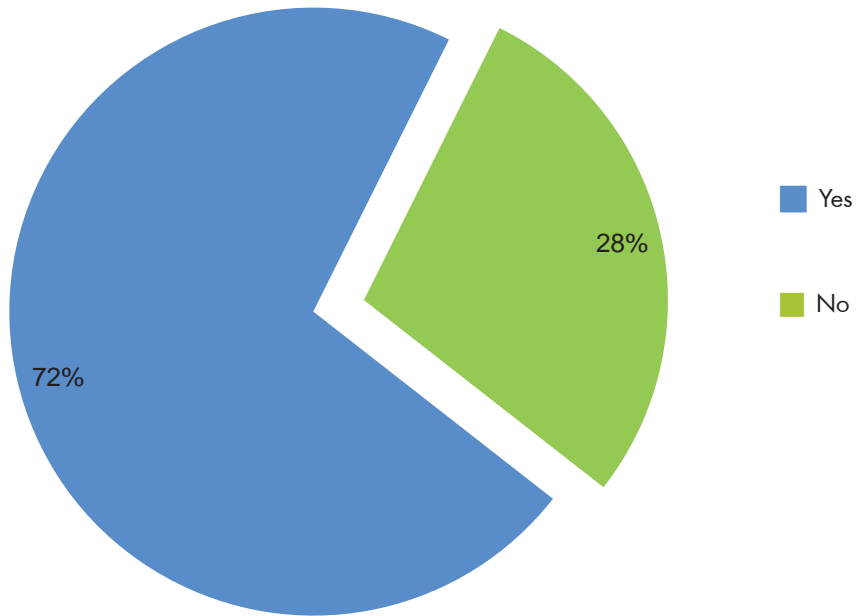
**Distribution of Respondent Types (n = 1,778)**



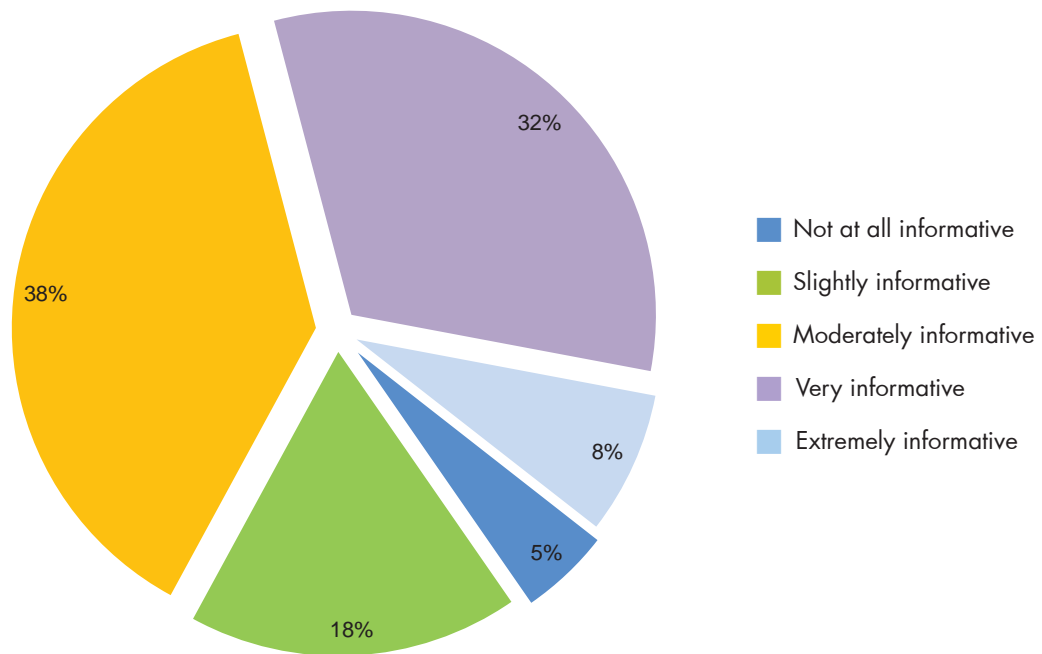
†Note: Percentages may not total 100 because of rounding.

**Results: September 2012**  
DUCTAL CARCINOMA IN SITU (DCIS)

**Q1. Do you treat patients with ductal carcinoma in situ (DCIS)? (n = 1,748)**



**Q2. To what extent are the clinical and pathology measures that you currently use to evaluate patients with DCIS informative of the risk of an invasive recurrence? (n = 1,138)**

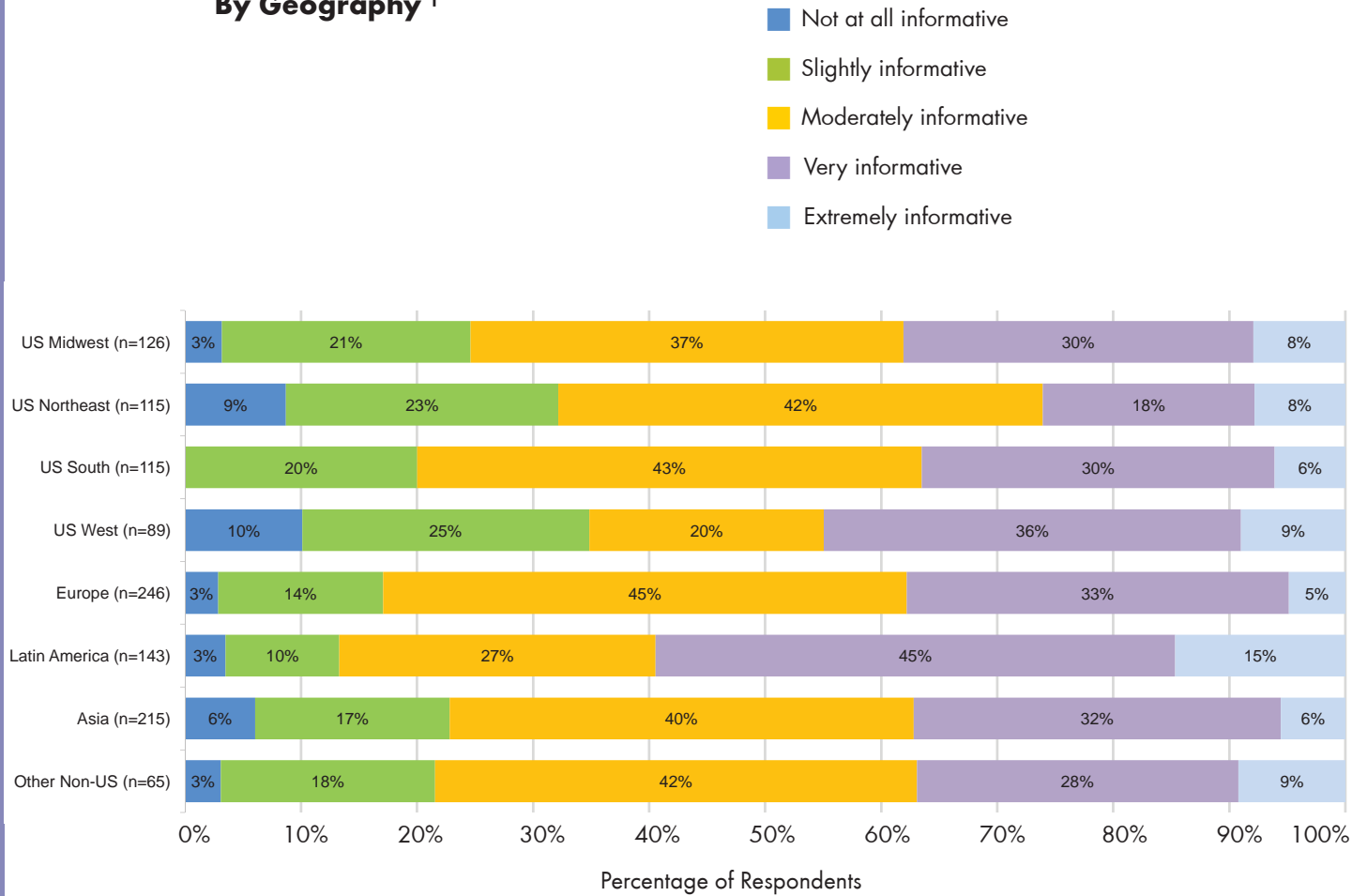


†Note: Percentages may not total 100 because of rounding.

**Results: September 2012**  
**DUCTAL CARCINOMA IN SITU (DCIS)**

**Q2. To what extent are the clinical and pathology measures that you currently use to evaluate patients with DCIS informative of the risk of an invasive recurrence?**

**By Geography †**

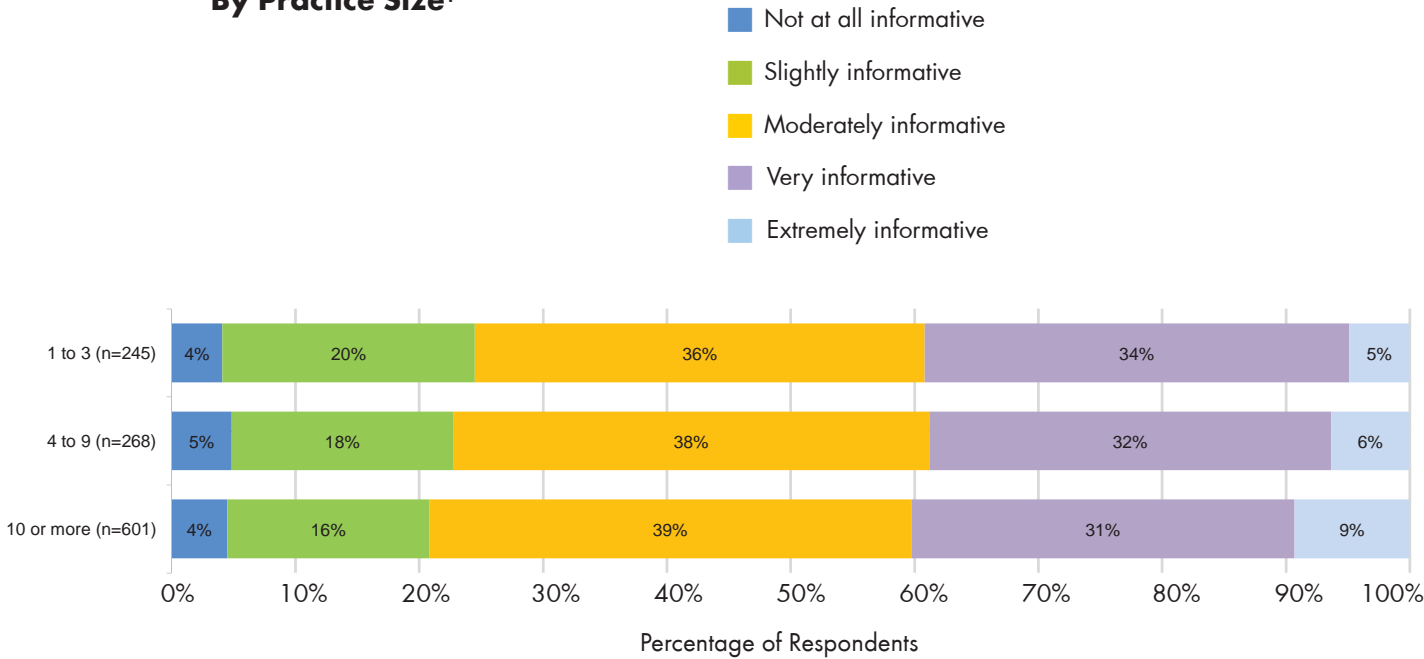


†Note: Percentages may not total 100 because of rounding.

**Results: September 2012**  
DUCTAL CARCINOMA IN SITU (DCIS)

**Q2. To what extent are the clinical and pathology measures that you currently use to evaluate patients with DCIS informative of the risk of an invasive recurrence?**

**By Practice Size†**



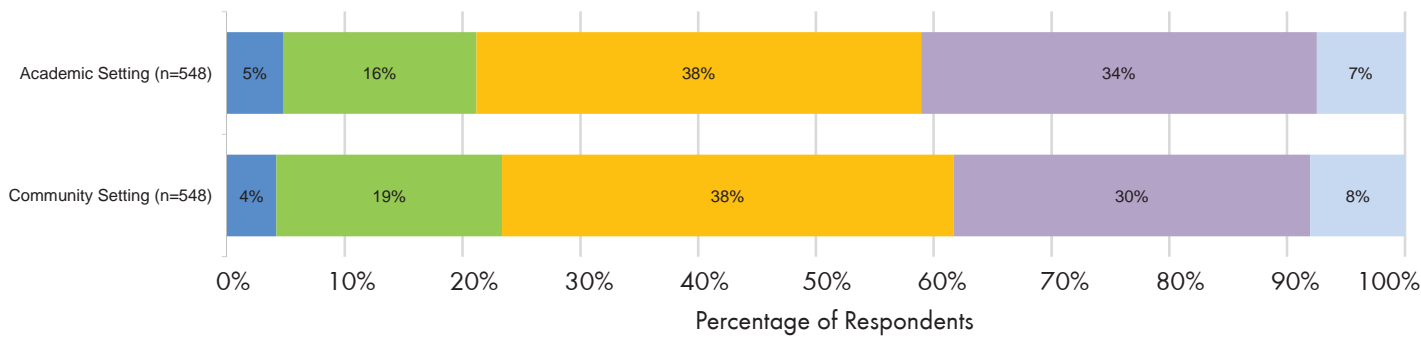
†Note: Percentages may not total 100 because of rounding.

**Results: September 2012**  
DUCTAL CARCINOMA IN SITU (DCIS)

**Q2. To what extent are the clinical and pathology measures that you currently use to evaluate patients with DCIS informative of the risk of an invasive recurrence?**

**By Practice Setting<sup>†</sup>**

- Not at all informative
- Slightly informative
- Moderately informative
- Very informative
- Extremely informative

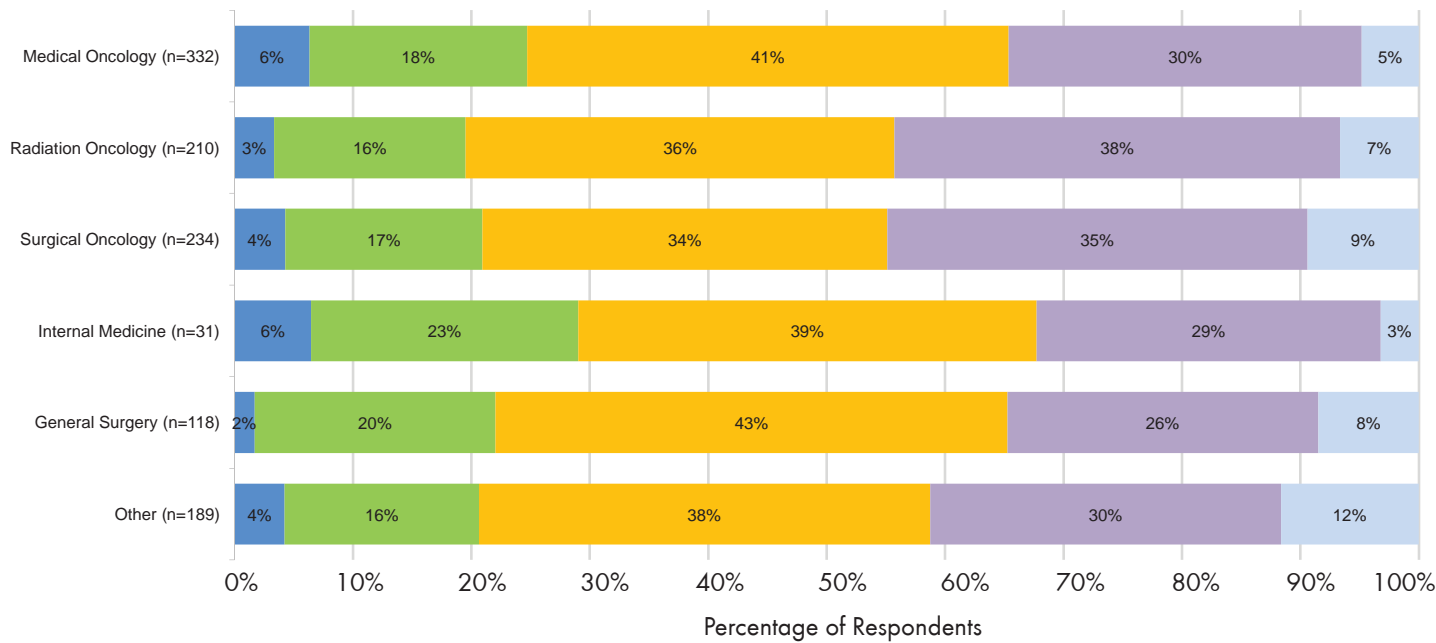


<sup>†</sup>Note: Percentages may not total 100 because of rounding.

**Q2. To what extent are the clinical and pathology measures that you currently use to evaluate patients with DCIS informative of the risk of an invasive recurrence?**

**By Specialty†**

- Not at all informative
- Slightly informative
- Moderately informative
- Very informative
- Extremely informative

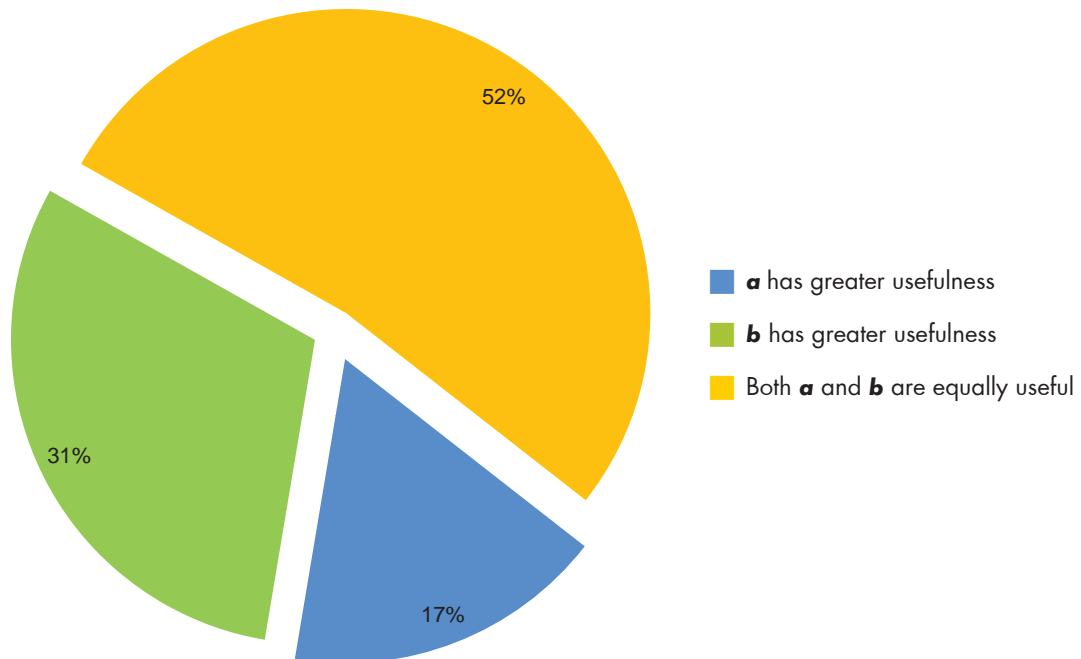


†Note: Percentages may not total 100 because of rounding.

**Q3. The Oncotype DX Breast Cancer Assay for patients with DCIS quantifies the 10-year risk after surgical excision of:**

- a. any local recurrence (DCIS or invasive carcinoma), and**
- b. an invasive local recurrence.**

**Which of the above two features of the assay do you think has the greatest usefulness to you in your treatment planning discussions with your patient?  
(n = 1,021)**



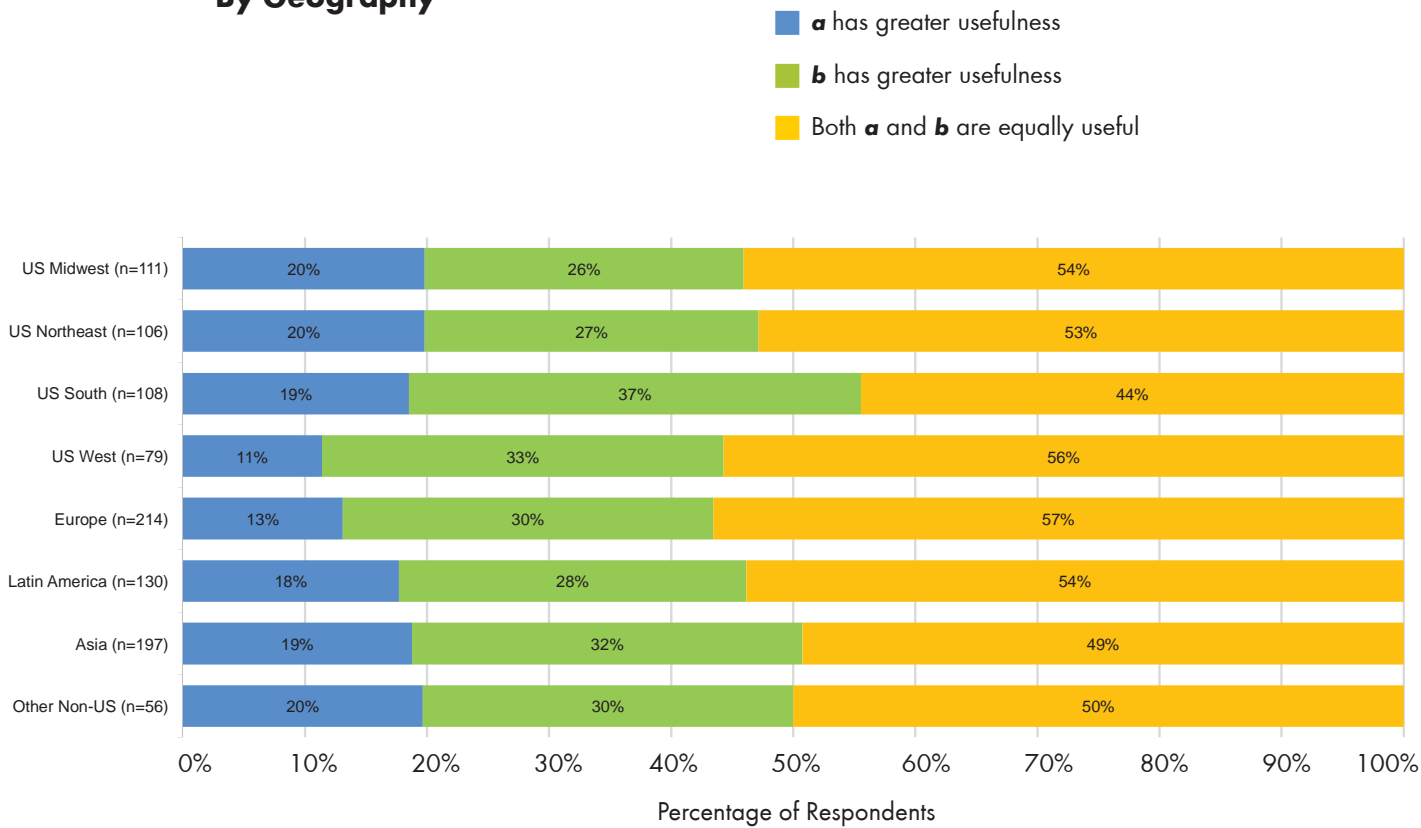


**Q3. The Oncotype DX Breast Cancer Assay for patients with DCIS quantifies the 10-year risk after surgical excision of:**

- a. any local recurrence (DCIS or invasive carcinoma), and**
- b. an invasive local recurrence.**

**Which of the above two features of the assay do you think has the greatest usefulness to you in your treatment planning discussions with your patient?**

**By Geography**



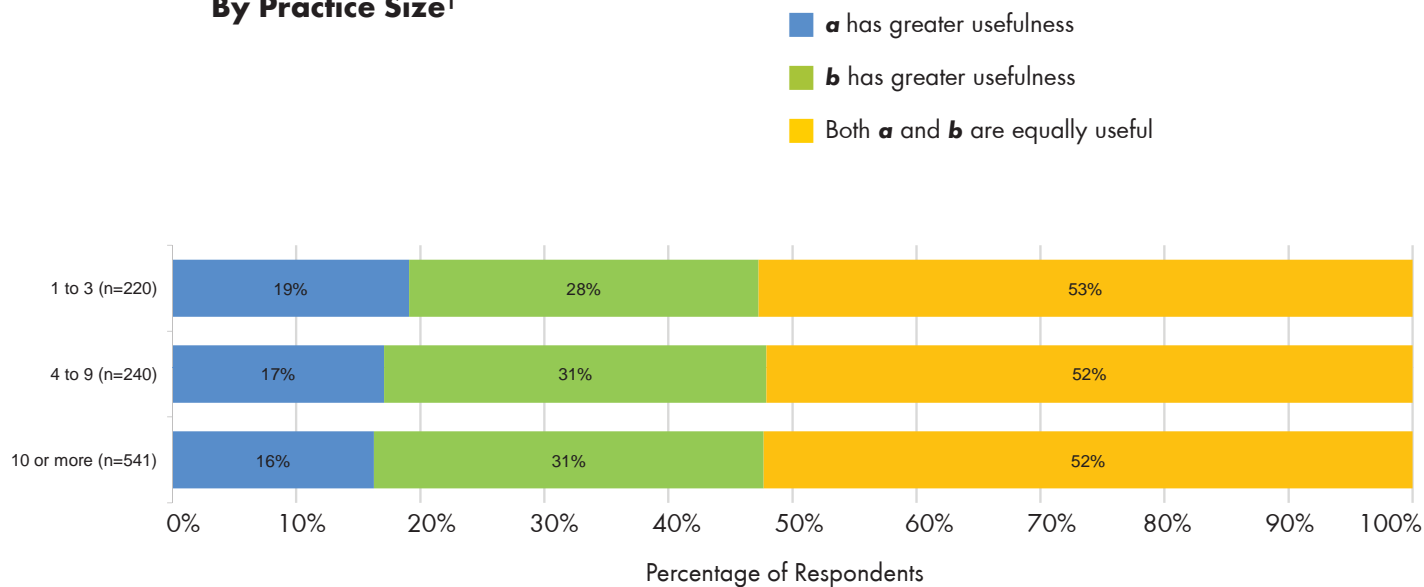
**Results: September 2012**  
DUCTAL CARCINOMA IN SITU (DCIS)

**Q3. The Oncotype DX Breast Cancer Assay for patients with DCIS quantifies the 10-year risk after surgical excision of:**

- a. any local recurrence (DCIS or invasive carcinoma), and**
- b. an invasive local recurrence.**

**Which of the above two features of the assay do you think has the greatest usefulness to you in your treatment planning discussions with your patient?**

**By Practice Size†**



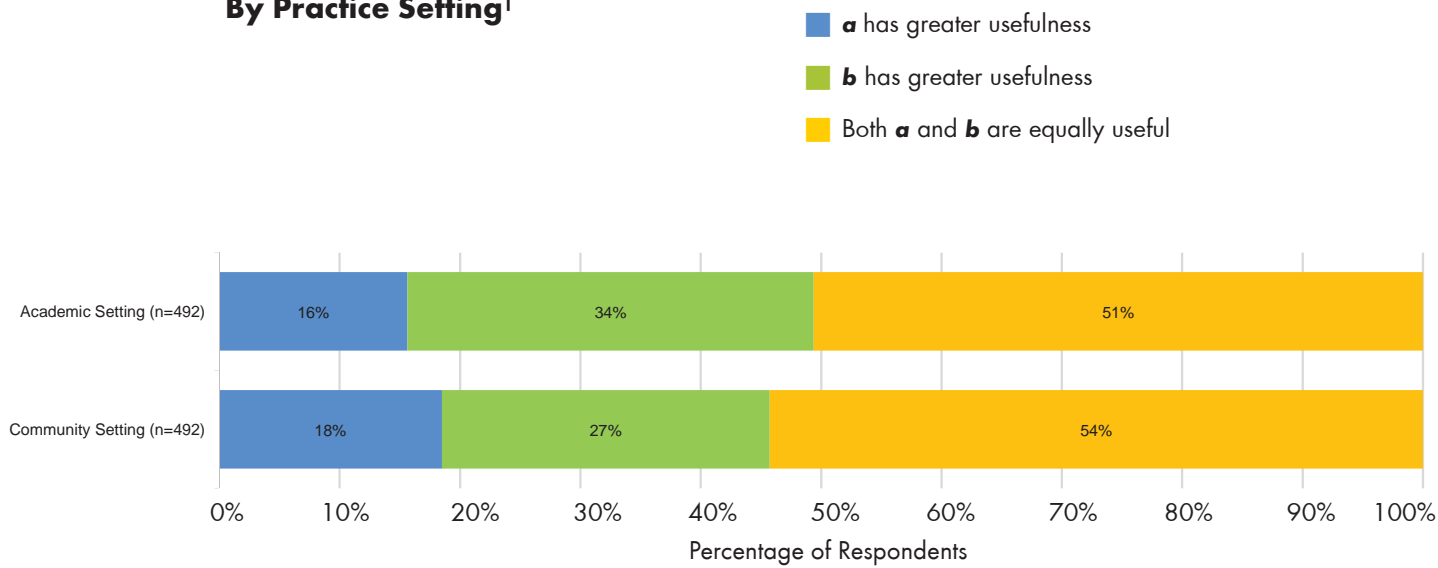
†Note: Percentages may not total 100 because of rounding.

**Q3. The Oncotype DX Breast Cancer Assay for patients with DCIS quantifies the 10-year risk after surgical excision of:**

- a. any local recurrence (DCIS or invasive carcinoma), and**
- b. an invasive local recurrence.**

**Which of the above two features of the assay do you think has the greatest usefulness to you in your treatment planning discussions with your patient?**

**By Practice Setting†**



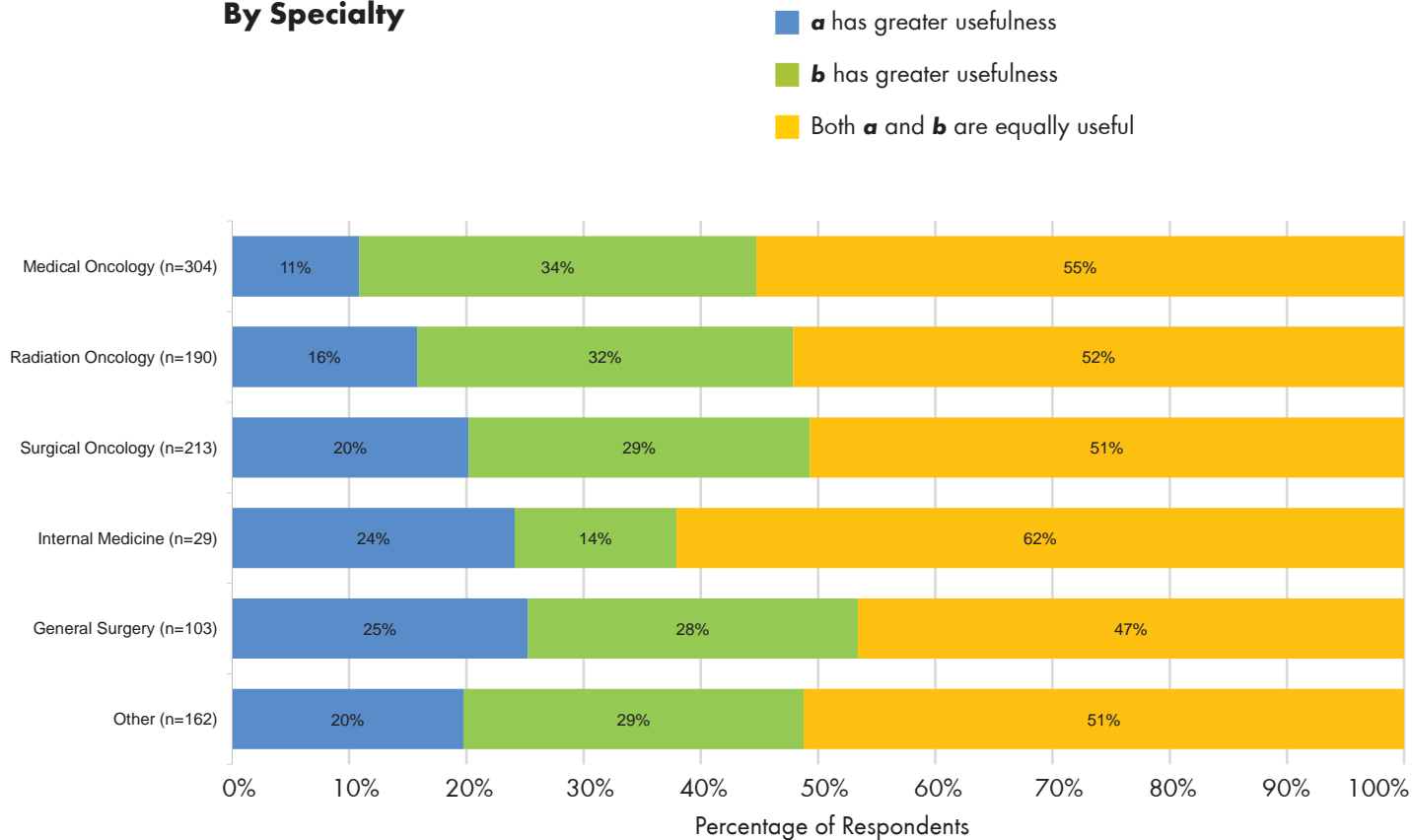
†Note: Percentages may not total 100 because of rounding.

**Q3. The Oncotype DX Breast Cancer Assay for patients with DCIS quantifies the 10-year risk after surgical excision of:**

- a. any local recurrence (DCIS or invasive carcinoma), and**
- b. an invasive local recurrence.**

**Which of the above two features of the assay do you think has the greatest usefulness to you in your treatment planning discussions with your patient?**

**By Specialty**



**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:

**Christine MacCracken, MSHEd, BSN**  
**Senior Director, Business Insights**  
**215.690.0557**  
[maccracken@nccn.org](mailto: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.



National  
Comprehensive  
Cancer  
Network®

275 Commerce Drive • Suite 300  
Fort Washington, PA, 19034  
Telephone: 215.690.0300  
Fax: 215.690.0280

[NCCN.org](http://NCCN.org) - For Clinicians • [NCCN.com](http://NCCN.com) - For Patients

\*All NCCN Trends™ survey content and resulting data are owned by NCCN. Survey responses are made anonymous to protect the privacy of survey respondents. NCCN may license survey content, data, and analytic results to third parties, but retains the rights to use this data for other purposes, including the support of educational and research efforts or for other strategic or business purposes.