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NCCN Guidelines Panel:	Breast Cancer (Treatment)

Specific Changes:

1. We request the following changes (in red) to footnote "kk" in the therapy decision tree provided on BINV-7:

[kk]In N1mi and N1, multigene assays are prognostic and not proven to be predictive of chemotherapy benefit in prospective randomized trials but can be used to identify a low-risk population that when treated with proper endocrine therapy may derive little absolute benefit from chemotherapy. Regarding the 21-gene RT-PCR assay, a secondary analysis of a prospective trial suggests that the test is predictive for women with 1-3 involved ipsilateral axillary lymph nodes (category 2A). Regarding the 12-gene RT-PCR assay, a multicohort prospective analysis of 3,746 archived tumors from chemo-endocrine (GEICAM 2003-02/9906) and endocrine only cohorts (ABCSG 6/8, TransATAC) that included 1,284 women with node positive disease, suggests that EPclin High risk scores are predictive of chemotherapy benefit for women with nodal involvement (category 2A)[1]. Other multigene assays have not proven to be predictive of chemotherapy benefit."

Rationale:

2. 34.3% of the women in the prospective clinical trials used for the multicohort analysis by Sestak et al. had nodal involvement. That analysis showed that women with EPclin High risk scores experienced significant chemo-benefit whereas women with EPclin Low risk scores did not. A retrospective analysis of the prospective SWOG trial is currently used to support the use of the 21-gene assay for chemo-prediction in N+ disease.

Reference:

[1]Sestak et al. Prediction of chemotherapy benefit by EndoPredict in patients with breast cancer who received adjuvant endocrine therapy plus chemotherapy or endocrine therapy alone. Breast Cancer Res Treat 176(3):377-386, 2019.

Sincerely,

Johnathan Lancaster, MD, PhD
Chief Medical Officer, Myriad Genetic Laboratories Inc.