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Following the recent publication of initial study results in The New England Journal of Medicine, updated data were presented in an oral session at SABCS[®] by Dr. Kevin Kalinsky, study lead investigator of the RxPONDER trial. In an analysis with longer follow-up (median 6.1 years) from the prior years' reporting, the investigators reported that postmenopausal women with 1-3 positive nodes and Recurrence Score[®] results 0-25 do not benefit from adjuvant chemotherapy.¹ In addition, a new analysis of distant recurrence-free interval (defined as time to distant recurrence or death from breast cancer) showed that premenopausal women with Recurrence Score results 0-13 received a modest 2.3% absolute benefit at five years. For those with Recurrence Score results 14-25 the benefit was 2.8%.

Approximately one-third of patients diagnosed with hormone receptor (HR)-positive, HER2-negative early breast cancer have a tumor that has spread to their lymph nodes.² A large majority of these patients currently receive chemotherapy² even though approximately 85% of them have Recurrence Score results 0 to 25.³ In addition, approximately two out of three early-stage breast cancer patients are postmenopausal.⁴

The RxPONDER trial, coupled with the landmark TAILORx⁵ study, have shown that most newly diagnosed women with HR+, HER2- breast cancer can be safely spared from chemotherapy. Additionally, RxPONDER data showed that a node-positive breast cancer diagnosis does not automatically mean chemotherapy.¹

1 Kalinsky, K. et al., New Engl J Med. 2021.

2 Zhang et al., Breast Can Res Treat. 2020.

3 Bello et al., Ann Surg Ocol. 2018.

4 Heer E. et al., The Lancet. 2020

5 Sparano et al. N Engl J Med. 2018.

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