

Understanding PACCT-1: TAILORx

A CANCER RESEARCH
TRIAL ASSIGNING
INDIVIDUALIZED OPTIONS
FOR TREATMENT (Rx)



Since President Nixon declared war on cancer in 1971, great progress has been made in the treatment of breast cancer. Many treatments have been developed that can often slow or stop breast cancer's steady progression. But some of those same treatments, such as chemotherapy, have serious side effects. Patients experience severe nausea, hair loss, fatigue, and other short- and long-term side effects. Breast cancer research also has delved into the area of treatment in efforts to find less toxic chemotherapy drugs or other approaches to treatment such as hormonal therapy. Now, many breast cancer patients can be treated with hormonal therapy alone to reduce or eliminate cancer. The TAILORx trial continues that type of research by using the *Oncotype DX* Assay to identify women who would most likely require chemotherapy and those whose cancer will most likely respond to hormonal therapy.

A New Research Trial

TAILORx stands for "Trial Assigning Individualized Options for Treatment (Rx)" and is a clinical research trial of women with early-stage breast cancer. The purpose of the clinical trial is to determine which patients with early-stage breast cancer would be more likely to benefit from chemotherapy and reduce the use of chemotherapy in those who are unlikely to benefit from it.

Standard treatment for women who are eligible for this trial includes chemotherapy and hormonal therapy. Use of a diagnostic test called the *Oncotype DX* Assay may result in more selective use of chemotherapy for those who are more likely to benefit from it. Likewise, it would reduce the need for chemotherapy in women who are very unlikely to benefit from it.

A clinical trial is a study conducted by doctors to test new ways of preventing, diagnosing, managing, or treating cancer.

Eligibility

This cancer research trial is for women with early-stage breast cancer who have recently been diagnosed. The cancer must be estrogen-receptor and/or progesterone-receptor positive and HER2/neu negative, must not have spread to the lymph nodes and must measure at least one centimeter in size. Some women who have smaller tumors may be eligible if the tumor has certain characteristics associated with a higher risk of relapse. Only women who have been advised by their doctor to receive chemotherapy because they meet these criteria, are medically appropriate candidates for chemotherapy, and who agree to take chemotherapy may participate in this trial.



Standard Treatment for this Type of Early-Stage Cancer

All women with breast cancer require surgery or surgery plus radiation therapy. All women with this type of breast cancer always receive hormonal therapy given for at least five years. There are several types of hormonal therapy, usually consisting of pills taken once a day. In addition, patients participating in this trial meet standard clinical criteria for receiving chemotherapy, which is also considered part of standard treatment.

The Oncotype DX Breast Cancer Assay

Oncotype DX analyzes what is called the “expression pattern” — an examination of certain genes in the breast tumor for each individual. The test can more precisely estimate a person’s risk of cancer recurrence than standard characteristics that doctors usually use to assess recurrence risk. Those characteristics include tumor size, tumor grade, age, and other factors. The Oncotype DX Assay that is being used in this trial has been commercially available since 2004.

The Genomic Health laboratory that performs the test is certified to perform it according to Clinical Laboratory Improvement Amendments (CLIA) by federal and state agencies in the United States. It has been performed for more than 10,000 breast cancer patients through March 2006.

The test result is expressed as a “Recurrence Score,” which is a number from 0 to 100. This number correlates to a specific likelihood of breast cancer recurrence within ten years of initial diagnosis — the higher the score, the greater the chance of having a recurrence when treated with hormonal therapy alone. The treatment that patients will receive on this trial will depend upon the results of the Recurrence Score.

- If the Recurrence Score is 10 or lower, the risk of recurrence is five percent or less with hormonal therapy alone. About 30 percent of patients historically, have had a Recurrence Score in this range.
- If the Recurrence Score is 26 or higher, the risk of recurrence is about 30 percent with hormonal therapy alone, and may be reduced to 10 percent with chemotherapy. These patients will receive chemotherapy and hormonal therapy. About 25 percent of patients have had a Recurrence Score in this range.



Recurrence Score	Standard Treatment
1 – 10	Hormonal therapy
11-25	Chemotherapy and hormonal therapy
26 or higher	Chemotherapy and hormonal therapy

- If the Recurrence Score is between 11 and 25, the risk of recurrence is about 10 to 15 percent with hormonal therapy alone. Patients who have a Recurrence Score in this range will be randomized to receive chemotherapy plus hormonal therapy (the standard treatment arm) versus hormonal therapy alone (the experimental treatment arm). About 45 percent of patients have had a Recurrence Score in this range.

Randomization of the Primary Study Group Only

Randomization is a procedure commonly used in clinical trials when new treatment approaches are being tested, and when there is uncertainty about the best treatment approach.

Randomization is like flipping a coin. The treatment will be assigned by chance. Patients with a recurrence score between 11 and 25 comprise the

“Primary Study Group” and are being randomized because the benefit of chemotherapy to patients in this group is uncertain.

Randomization is the assignment, by chance, to separate groups that compare different treatments or other interventions

Patients who have a low Recurrence Score (10 or less) or a high Recurrence Score (26 or more) will not be randomized. Patients in these groups are being assigned rather than randomized to treatment because we already know that chemotherapy is not beneficial or is very unlikely to be beneficial for those with a low Recurrence Score, and very likely to be beneficial for those who have a high Recurrence Score.

Trial Treatment	Percentage of patients in this range
Hormonal therapy	30%
Chemotherapy and hormonal therapy OR hormonal therapy alone	45%
Chemotherapy and hormonal therapy	25%

Medications Used in TAILORx

All chemotherapy and hormonal therapy medications used in this trial are commercially available and are not considered experimental. The choice of exactly which type of chemotherapy and hormonal therapy will be used will be decided by the treating physician. Your doctor will discuss them with you before you begin treatment.

The most likely side effects of chemotherapy include nausea, vomiting, hair loss, fatigue, anemia, infection, and other side effects. Side effects of hormonal therapy include hot flashes, osteoporosis, and vaginal discharge and/or dryness.

If you have not had menopause, some of the treatments may cause premature menopause or sterility. You should not become pregnant or breastfeed while receiving these treatments. The side effects of the specific treatment regimen will be discussed with you by your doctor.

Cancer Clinical Trials and Insurance

The treatments and routine tests done as part of this trial are considered standard care, and will be billed to your insurance company. Medicare and commercial insurance companies usually cover the routine costs of care required in clinical trials. Coverage may not, however, be the same from plan to plan. The cost of routine treatment, such as doctors' visits, medications, blood tests, and x-rays required for your cancer treatment may or may not be covered by your insurance plan.



The *Oncotype* DX Assay is an approved diagnostic test in the United States. The cost of the *Oncotype* DX Assay will be billed to your insurance company. Representatives from Genomic Health will work with insurance companies to secure reimbursement for the cost of the test. Patients will not be charged for the cost of the test if their insurance company does not pay for all or a part of it, or if they have no insurance. **You will not receive a bill from Genomic Health for the *Oncotype* DX Assay, but may receive an Explanation of Benefits (EOB) from your insurance company, to advise you that a claim has been submitted.**

If you have any questions or concerns about a statement you receive from your insurance company for the *Oncotype* DX Assay, please call 1-866-ONCOTYPE (1-866-662-6897) toll free.

More Information

We hope this brochure helps you understand the TAILORx trial for women with early-stage breast cancer. If you would like more information about cancer or clinical trials, visit the links below.

- For more information about the Eastern Cooperative Oncology Group: www.ecog.org
- For information about cancer clinical trials: Coalition of Cancer Cooperative Groups: www.CancerTrialsHelp.org
- The National Cancer Institute (NCI) Cancer Information Service: 1-800-4-CANCER (1-800-422-6237) or TTY: 1-800-332-8615, http://cancer.gov/clinical_trials for clinical trial information and http://cancer.gov/cancer_information for information about cancer
- For information about the *Oncotype* DX Assay: <http://www.oncotypedx.com>

The Eastern Cooperative Oncology Group

This trial is being conducted by the North American Breast Cancer Intergroup, which includes all of the major National Cancer Institute-funded cooperative groups in the United States. The Eastern Cooperative Oncology Group (ECOG) is coordinating this trial. ECOG is one of the largest cancer research organizations in the United States. It has a network of researchers, physicians, and healthcare professionals at public and private institutions across the country. ECOG conducts clinical trials in all types of adult cancers. It receives funding from the National Cancer Institute (NCI) and other sources. ECOG's goal is to control, effectively treat, and ultimately cure cancer. ECOG provides research results to individuals and the medical community through scientific publications and professional meetings.

