



FIND YOUR  
*Finish*

TO ANTI-ESTROGEN  
THERAPY

Your answer to how much longer awaits.  
Learn about the **Breast Cancer Index®**  
(BCI™) test inside.

**Breast Cancer Index® (BCI™) Test**

# What is the *Right Length* of Anti-estrogen Treatment for You?

5

The **standard length** of anti-estrogen therapy is at least **5 years**.<sup>1</sup> But some women **may need 10 years**.<sup>2-7</sup>

vs.

10

While continuing treatment beyond 5 years helps some women with hormone receptor-positive (HR+), early-stage breast cancer lower their risk of recurrence, **not all women benefit**.<sup>2-7</sup>

**Only the Breast Cancer Index test** is recognized by national oncology guidelines to predict if **you** are likely to benefit from continuing anti-estrogen therapy beyond 5 years.<sup>8,9</sup>

## When You Can See the Finish Line, *Every Day Feels Worth It*

Between hot flashes, fatigue, joint pains, and other potential side effects from anti-estrogen therapy,<sup>2,10,11</sup> you may wonder,

**“How much longer until I feel like myself again?”**

## You Could Be Close and *Not Know It*

“When I got my results, I could have danced on the ceiling.

I was so happy to know that I wasn't going to have to take this medicine that had really changed my life in ways I didn't like.”

— Mary, BCI test patient

## Starting the *Conversation*

Take this guide with you to your next doctor's appointment.

- ▶ What is my individual risk of having a recurrence after 5 years? What is this based on?
- ▶ Can I lower my risk of cancer coming back? If so, how?
- ▶ How long will I need to take my anti-estrogen medication? Is this based on my risk or whether longer treatment is likely to help?
- ▶ What are the potential side effects of my medication?
- ▶ Are there any long-term health concerns related to taking anti-estrogen therapy for an extended period of time?
- ▶ How do we decide if the potential benefits of anti-estrogen therapy beyond 5 years outweigh the potential risks?
- ▶ Am I an appropriate candidate for the Breast Cancer Index test?



# The Breast Cancer Index® Test

A genomic test that provides two pieces of information to help your doctor recommend whether 5 vs 10 years of anti-estrogen therapy may be right for you:

- 1 Your risk of recurrence years 5-10 (reported as a percentage)
- 2 Whether continuing treatment for a full 10 years is likely to help reduce that risk (reported as a clear **YES** or **NO** answer)

## The only test recognized by

NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) and the ASCO® Clinical Practice Guideline to predict whether you are likely to benefit from anti-estrogen therapy beyond 5 years.<sup>8,9</sup>



## Getting the Test is *Simple*



**Start by asking your doctor  
if the test is right for you.**

The Breast Cancer Index test may be ordered for women:



Diagnosed with early-stage, HR+ breast cancer and lymph node-negative or lymph node-positive with up to 3 positive lymph nodes



On Tamoxifen or an aromatase inhibitor, regardless of menopausal status



Who have not had a metastatic recurrence

## *What to Expect Once Your Doctor has Ordered the Test*

1

Tissue from your original tumor sample will be sent to our lab. No additional procedures are needed.

2

Our Patient Services Team will review your individual insurance plan and reach out if your expected out-of-pocket cost is more than \$100 to discuss the test's cost and our Financial Assistance Program.

You will also have the opportunity to decide whether to proceed with testing or not at this time.

3

Your results will be sent to your doctor to review with you.

# Contact the Patient Services Team

We are committed to ensuring all eligible patients have access to BCI testing.

Contact our Patient Services Team directly to discuss your insurance coverage or scan the QR code below to save their contact information so that you are prepared if they call when your doctor orders your Breast Cancer Index test.



(844) 319-8111



Patient.Services@hologic.com

Ready to #findyourfinish?  
*Ask your doctor about the BCI test.*

Learn more at [breastcancerindex.com](https://breastcancerindex.com)

**References:** **1.** Burstein HJ, Temin S, Anderson H, et al: Adjuvant endocrine therapy for women with hormone receptor–positive breast cancer: American Society of Clinical Oncology clinical practice guideline focused update. *J Clin Oncol* 32:2255-2269. 2014. **2.** Davies C, et al. *Lancet Oncol*. 2013;381:805-816. **3.** Gray R, et al. *J Clin Oncol*. 2013;31(suppl:abstr 5). **4.** Jakesz R, et al. *J Natl Cancer Inst*. 2007;99:1845-1853. **5.** Goss PE, et al. *J Natl Cancer Inst*. 2005;97:1262-1271. **6.** Goss PE, et al. *N Engl J Med*. 2003;349. **7.** Mamounas EP, et al. *Clin Cancer Res*. 2014; 30(9):1984-1991. **8.** Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Breast Cancer V1.2025. © National Comprehensive Cancer Network, Inc. 2025. All rights reserved. Accessed March 4, 2025. To view the most recent and complete version of the guideline, go online to NCCN.org. NCCN makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way. **9.** Andre F et al. *J Clin Oncol*. Published online April 19, 2022. DOI: 10.1200/JCO.22.00069. Referenced with permission from the American Society of Clinical Oncology (ASCO®) Clinical Practice Guideline Biomarkers for Adjuvant Endocrine and Chemotherapy in Early-Stage Breast Cancer. © American Society of Clinical Oncology. 2024. All rights reserved. To view the most recent and complete version of the guideline, go online to <https://ascopubs.org/jco/special/guidelines> [ascopubs.org]. ASCO makes no warranties of any kind whatsoever regarding their content, use of application and disclaims any responsibility for their application or use in any way. **10.** Goss PE, et al. *N Engl J Med*. 2016;375:209-219. **11.** Hormonal therapy side effects comparison chart. Breastcancer.org. Accessed September 3, 2022. [https://www.breastcancer.org/treatment/hormonal/comp\\_chart](https://www.breastcancer.org/treatment/hormonal/comp_chart).

#### Breast Cancer Index Intended Uses and Limitations

The Breast Cancer Index (BCI) Risk of Recurrence & Extended Endocrine Benefit Test is indicated for use in women diagnosed with hormone receptor-positive (HR+), lymph node-negative (LN-) or lymph node-positive (LN+; with 1-3 positive nodes) early-stage, invasive breast cancer, who are distant recurrence-free. The BCI test provides: 1) a quantitative estimate of the risk for both late (post-5 years from diagnosis) distant recurrence and of the cumulative distant recurrence risk over 10 years (0-10y) in patients treated with adjuvant endocrine therapy (LN- patients) or adjuvant chemoendocrine therapy (LN+ patients), and 2) prediction of the likelihood of benefit from extended (>5 year) endocrine therapy. BCI results are adjunctive to the ordering physician's workup; treatment decisions require correlation with all other clinical findings. This test was developed and its performance characteristics determined by Biotheranostics, Inc. It has not been cleared or approved by the U.S. Food and Drug Administration. This test is used for clinical purposes, and should not be regarded as experimental or investigational. How this information is used to guide patient care is the responsibility of the treating provider. Biotheranostics is certified under the Clinical Laboratory Improvement Amendments of 1988 to perform high complexity clinical laboratory testing.

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