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Use of clinicopathologic tumor characteristics to predict results of Oncotype DX 21-gene breast cancer assay: A review of current nomograms

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The newest version of NCCN guidelines (1.2017) endorses consideration of Oncotype DX 21-gene breast cancer assay results in decision making for administration of systemic adjuvant chemotherapy treatment of hormone receptor-positive, *HER2*-negative, node negative (pN0) or micrometastatic node positive patients (pN1mi), with tumor>0.5 cm. Oncotype DX assay was the most frequently performed assay in the United States, accounting for 97% of all ordered multigene breast cancer tests (based on NCDB 2010-2012 data analysis). e use of multigene assays for breast cancer patients is also embraced by the 8th edition of *AJCC S . . M* which will be in use from January 2018, with an idea that the inclusion of multigene assays in the TNM staging o ers further prognostic strati cation of breast cancer patients. Unfortunately, multigene assays are expensive and are not a ordable or available for the majority of breast cancer patients (~30% of eligible breast cancer patients underwent Oncotype DX testing in the United States and <20% in the European countries). e need for nding surrogate (s) for Oncotype DX assay became apparent several years ago. ree calculators/nomograms are so far freely available online that use clinicopathologic characteristics of breast carcinomas to predict Oncotype DX results: University of Pittsburgh Magee equation, John Hopkins breast recurrence estim(c)-6.ts: ers frd5 (o)12 (fw)-6 (73 (a)8