

## **Supplementary File 10: Microarray data relating to one test only**

No narrative synthesis was prepared for this section of the report due to time constraints the relatively low relevance of the data to the decision problem.

Note: Ahn 2013 also reported other data relating to Oncotype-DX versus Mammaprint and appears in the main report.

Table 1 Study characteristics

Bianchini, 2013 <sup>5</sup> N= 683	GSE6532, GSE9195, GSE17705, GSE12093	NR			MMP			100% ER+ 95% HER2-	38% LN+ (LN>3 NR)	100% ET CT NR
Zemmour, 2015 <sup>6</sup> N=197	TRANSBIG**	France, Sweden UK			MMP			ER+ 69% HER2- 94%	LN0 100%	ET 0% CT 0%

Table 2 Data from microarray studies for one test only

Reference; N	Cohorts	Population	Nodal status	Endo / chemo	% pts per group			Outcome	Test	Outcomes HR (95% CI) unless stated otherwise		
					Low	Inte r	Hig h			0-5 yr	0-10 yr	5- 10y r
<b>O-DX only</b>												
Ahn 2013 <sup>1</sup> a)N=186	Gananam Severance Hospital	100% ER+ 12% HER2+ a) all patients	a)47.8% LN+ (% LN>3 NR)	a)84% ET 13% CT	27	82	77	OS	O-DX		HR NR, P=0.361	
Cockburn 2016 <sup>2</sup> a) N=230 b) N=132	NCBI Gene Expression Omnibus: a) GSE17705 - training	100% ER+ 100% HER2-	a) 39.6% LN+ (LN>3 NR)	100% ET CT NR	-	-	-	DRFS	O-DX		HR (O-DX continuous): 1.74 (0.99 to 3.07, p=0.055)*	
			a) LN0 (n=139)		-	-	-				HR (O-DX continuous): 3.58 (1.38 to 9.27, p=0.012)*	

			a) LN+ (n=91)		-	-	-			HR (O-DX continuous): 1.16 (0.57 to 2.34, p=0.68)*	
b) GSE6532			b) LN0 (n=43)		-	-	-			HR (O-DX continuous): 0.36 (95% CI NR) p=0.0001*	
			b) LN+ )N=89)		-	-	-			HR (O-DX continuous): HR 0.82 (95% CI NR)P=0.306*	
Loi 2007 <sup>3</sup> N=249 a) 118 b) 131	John Radcliffe Hospital, UK; Guys Hospital, UK; Uppsala University Hospital, Sweden	HR+ 100% HER2- NR	LN0 47%	ET 100% CT 0%  a) LN0 100%  b) LN+ 100%	30	70	TDM	O-DX		Rates Inter/Low vs High: 81% vs 60% AUC: 0.69	
					34	66				Rates Inter/Low vs High: 84% vs 64%	
					27	73				Rates Inter/Low vs High: 78% vs 57%	
Naoi, 2013 <sup>4</sup> N=459	Osaka University Hospital; public databases (GSE17705, GSE12093)	100%ER+ HER2- NR	LN0 100%	100% ET 0% CT	62	18	20	RFS	O-DX	Low vs Intermediate: HR NR, p=0.0014 Low vs High: HR NR, p<0.01	
Jonsdottir, 2014 <sup>7</sup> N=94	NR - Norway	a-i) 100% ER+, HER2- NR	a-i) NR	-	-	-		O-DX	HR NR <b>14 year Rates:</b> low: 83%; Inter: 81%; High: 61%, p=0.293		
Gyorffy 2015 <sup>8</sup> b-i) N=113	b) University Hospitals (Frankfurt & Hamburg)	SG b-i): 100% ER+; HER2- NR	SG b-i): ER+, LN0	NR	-	-	-	O-DX	2.21 (0.80 to 6.11, p=0.116)		

MMP only												
Bianchini, 2013 <sup>5</sup> N= 683	GSE6532, GSE9195, GSE17705, GSE12093	100% ER+ 95% HER2-	38% LN+	100% ET	NR	NR	NR	DRFS	MMP	HR: 3.59 (2.02 to 6.30) p<0.0001	HR: 2.93 (1.91 to 4.49) p<0.0001	HR: 2.30 (1.1 6 to 4.56 ) p=0. 017
Zemmour, 2015 <sup>6</sup> N=197	TRANSBIG* *	ER+ 69% HER2- 94%	LN0 100%	ET 0% CT 0%	-	-	-		MMP	<b>Year (5 or 10) NR</b> 15.19 (2.08 to 110.88, p<0.001) <b>Sens:</b> 97% <b>Spec:</b> 34% <b>Accuracy:</b> 45%  <b>5 year multivariate HR:</b> <sup>a</sup> 17.03 (95% CI 2.31 to 125.55, p=0.005)		

<sup>a</sup> multivariate analysis adjusted for age, tumour size, tumour grade, ER status, HER2 status.

## REFERENCES

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