

Supplemental Materials

- **Supplemental Figure 1**
- **Pre-assay Questionnaire**
- **Post-assay Questionnaire**

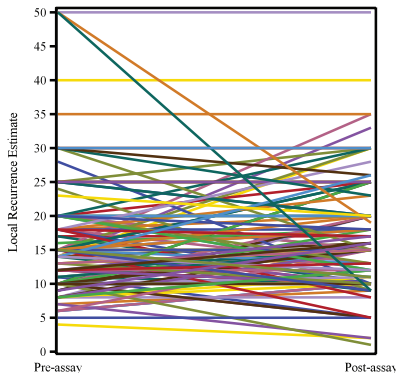
Supplemental Figure 1. Pre- and post-assay estimates of 10-year local recurrence risk made by (a) radiation oncologists and by (b) surgeons, for all patients and patients by DCIS Score risk group. Pre- and post-assay mean (standard deviation) and median (range) estimates are shown in tables alongside graphs. Each line in each graph represents one physician's estimate from pre- to post-assay.

a.

Each line represents one radiation oncologist's recommendation

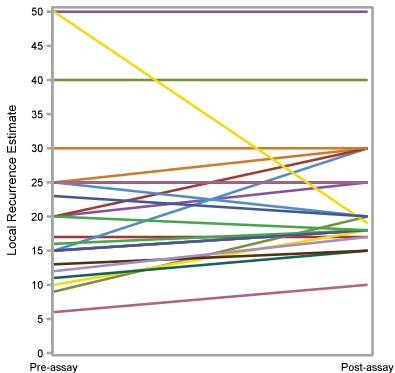
All patients (N=127)

Pre	Mean 15.8 (8.6)
	Median 14 (4-50)
Post	Mean 16.3 (8.1)
	Median 15 (1-50)



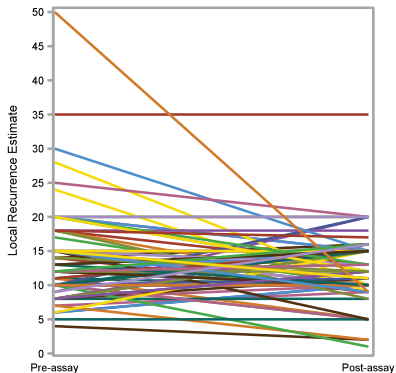
DCIS Intermediate (n=25)

Pre	Mean 21.3 (11.4)
	Median 20 (6-50)
Post	Mean 22.8
	Median 20 (10-50)



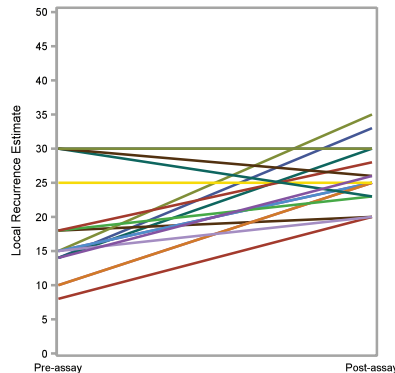
DCIS Low (n=84)

Pre	Mean 13.7 (6.9)
	Median 12 (4-50)
Post	Mean 12.2 (4.8)
	Median 11.5 (1-35)



DCIS High (n=18)

Pre	Mean 18.3 (7.4)
	Median 15 (8-30)
Post	Mean 26.1 (4.3)
	Median 25 (20-35)

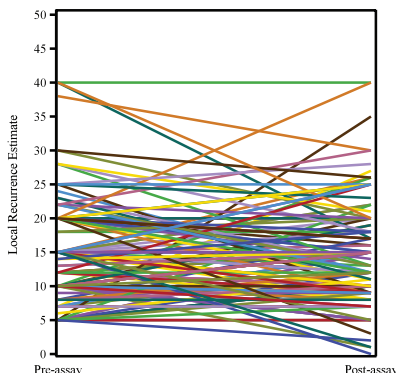


b.

Each line represents one suregon's recommendation

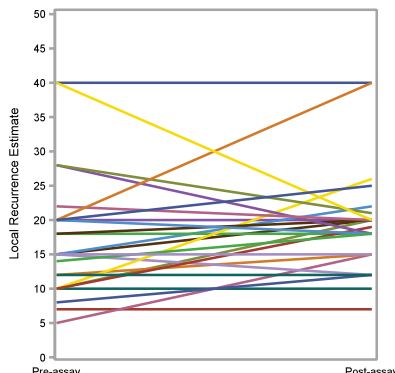
All patients (N=127)

Pre	Mean 14.7 (7.7)
	Median 14 (5-40)
Post	Mean 14.5 (7.4)
	Median 14 (0-40)



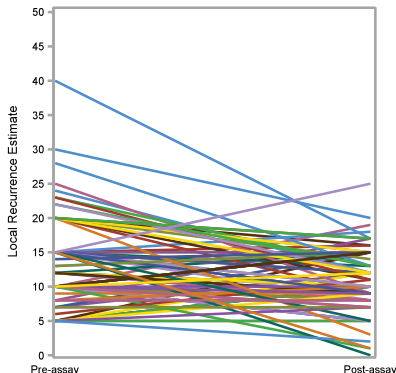
DCIS Intermediate (n=25)

Pre	Mean 17.3 (9.0)
	Median 15 (5-40)
Post	Mean 19.3 (7.7)
	Median 19 (7-40)



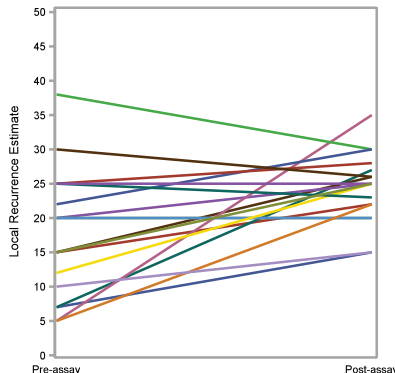
DCIS Low (n=84)

Pre	Mean 13.3 (6.5)
	Median 12 (5-40)
Post	Mean 11.0 (4.6)
	Median 10 (0-25)



DCIS High (n=18)

Pre	Mean 17.6 (9.1)
	Median 17.5 (5-38)
Post	Mean 24.4 (5.0)
	Median 25 (15-35)



PRE-DCIS SCORE QUESTIONNAIRE

Patient ID Number:

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Visit Date:

		—				—				
D	D		M	M	M		Y	Y	Y	Y

Physician ID:

(Physician's **First Initial** combined with their **Last Name** using all lowercase letters. Ex: Dr. John Doe would use jdoe)

Physician: **Surgeon** **Radiation Oncologist**

1. What is your estimate of this patient's 10-year risk of local (same breast) recurrence? (Please enter a percentage)

_____ %

2. Would you recommend radiation treatment for this patient right now?

- Yes
- No

3. Please identify up to three of the top reasons for your treatment recommendation

- Patient age
- Tumor grade
- Tumor size
- Margins
- Comedonecrosis
- Patient preference
- Patient co-morbidities
- Other pathology measures (please specify):

- Other reason (please specify):

PHYSICIAN POST-DCIS SCORE QUESTIONNAIRE

Patient ID Number:

Visit Date: — —
D D M M M Y Y Y Y

Physician ID: _____
(Physician's **First Initial** combined with their **Last Name** using all lowercase letters. Ex: Dr. John Doe would use jdoe)

Physician: **Surgeon** **Radiation Oncologist**

Requisition Number: _____

1. DCIS Score™: _____

2. What is your estimate of this patient's 10-year risk of local (same breast) recurrence? (Please enter a percentage)

_____ %

3. Would you recommend radiation treatment for this patient right now?

- Yes
- No

4. Please identify up to three of the top reasons for your treatment recommendation

- Patient age
- Tumor grade
- Tumor size
- Margins
- Comedonecrosis
- Patient preference
- Patient co-morbidities
- Other pathology measures (please specify):

- DCIS Score Result
- Other reason (please specify):

5. Was the *Oncotype DX* assay useful for this patient?

- Yes
 - No
- Reason (Why/Why not?):
