RS-assay versus Canadian clinical practice±.

Chemotherapy plus endocrine therapy                 Markov "C"
Endocrine therapy alone                                         Markov "E"

Low risk
Chemotherapy plus endocrine therapy                 Markov "C"
Endocrine therapy alone                                         Markov "E"

Intermediate Risk
Chemotherapy plus endocrine therapy                 Markov "C"
Endocrine therapy alone                                         Markov "E"

High risk
Chemotherapy plus endocrine therapy                 Markov "C"
Endocrine therapy alone                                         Markov "E"

21-Gene assay
Chemotherapy plus endocrine therapy                 Markov "C"
Endocrine therapy alone                                         Markov "E"

Low risk
Chemotherapy plus endocrine therapy                 Markov "C"
Endocrine therapy alone                                         Markov "E"

Intermediate Risk
Chemotherapy plus endocrine therapy                 Markov "C"
Endocrine therapy alone                                         Markov "E"

High risk
Chemotherapy plus endocrine therapy                 Markov "C"
Endocrine therapy alone                                         Markov "E"

Current clinical practice

Schematic representation of the Markov model structure “E”*‡.

LR
Remission
Death
DR

Schematic representation of the Markov model structure “C”†‡.

Remission with no CSAE
Remission with CSAE
LR
DR
Dead

* Patients entering Markov model “E” start the model and remain in the remission state unless they relapse (LR, DR or Dead).
† Patients entering Markov model “C” start the model in the remission state with no CSAE. Within the first cycle patients may develop CSAE. These patients will make a transition to the remission state with CSAE. During the first cycle, patients also may transition to DR, LR and Dead states. After the first cycle, patients may remain in the two remission states unless they relapse in to LR, DR or Dead.
‡ In both Markov models, patients who developed LR, remain in the LR state or make transition to DR or Dead states. Patients who developed DR remain in the DR state or make transition to the Dead state. The cycle length was 1 month. LR, loco-regional recurrence; DR, distant recurrence; CSAE, chemotherapy-related serious adverse effects.

± The risk classification criteria in the Canadian clinical practice arm was based on the Canadian clinical practice guidelines for adjuvant systemic therapy for women with node-negative breast cancer 4.