This decision tree should be used in conjunction with the SHTG Recommendations on the use of tumour profiling tests to guide adjuvant chemotherapy decisions for patients with early breast cancer.

Patients with ER+, HER2-, early-stage breast cancer with 0-3 positive lymph nodes

Premenopausal
- Node negative (LN-)
  - Oncotype DX® is recommended as an option for guiding adjuvant chemotherapy decisions in patients:
    - with an intermediate risk of distant recurrence
    - who are informed that premenopausal patients have a higher propensity to benefit from chemotherapy even when their genomic risk score is low
- Node positive (LN+)
  - Tumour profiling tests not recommended for routine use

Postmenopausal
- Node negative (LN-)
  - Oncotype DX® and Prosigna® are recommended as options for guiding adjuvant chemotherapy decisions in patients with an intermediate risk of distant recurrence only
- Node positive (LN+)
  - Tumour profiling tests not recommended for routine use

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1. The general subtypes of breast cancer are identical in men and women, but the evidence base for tumour profiling tests is based on trials with women. Clinical judgement should be used when applying the decision tree with male patients.
2. In some studies, participants were categorised by age (50 and under and over 50) rather than menopausal status. Age 50 was also used as a cut-off in some studies for patients that did not meet the definitions of pre and postmenopausal.
3. Intermediate risk of distant recurrence should be established using a validated tool such as PREDICT or the Nottingham Prognostic Index.

*This SHTG recommendation applies to all patients with ER+, HER2- early-stage breast cancer, including women, men, trans and non-binary people.*