

Consensus or Controversy, Issue 1: Clinical Investigators Provide Their Perspectives on Controversial Issues in the Management of Early Breast Cancer

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

1. None of the faculty would order a genomic assay to assist in decision-making regarding neoadjuvant therapy for a 60-year-old patient who presents with a palpable 2.4-cm, ER/PR-positive, HER2-negative infiltrating ductal carcinoma (IDC) and a clinically negative axilla.  
a. True  
b. False
2. A majority of the faculty believe that the efficacy of nab paclitaxel in the neoadjuvant setting is \_\_\_\_\_ that of standard-formulation paclitaxel.  
a. Better than  
b. Less than  
c. About the same as
3. The regimen favored by most of the faculty as neoadjuvant systemic therapy for a 60-year-old patient with a palpable 2.4-cm, ER/PR-negative, HER2-positive IDC and a clinically negative axilla is \_\_\_\_\_.  
a. THP  
b. TCHP  
c. TCH
4. A 60-year-old patient with primary invasive breast cancer has palpable axillary adenopathy that is positive on biopsy and achieves a complete clinical response to neoadjuvant systemic therapy. A majority of the faculty would recommend \_\_\_\_\_ as their approach to the patient's axilla.  
a. Sentinel node biopsy and, if negative, no further surgery  
b. Axillary dissection  
c. Neither of the above
5. All of the faculty would recommend additional chemotherapy (other than anti-HER2 targeted therapy) for patients with HER2-positive disease who have residual disease after completing neoadjuvant therapy.  
a. True  
b. False