

Assisting Community-Based Oncologists and Surgeons in Making Treatment Decisions for Patients with ER-Positive, HER2-Negative Early Breast Cancer

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

1. The American Society of Clinical Oncology Clinical Practice Guidelines on the use of biomarkers to guide decisions about adjuvant systemic therapy for women with hormone receptor-positive, HER2-negative early-stage invasive breast cancer endorse the use of the 21-gene Recurrence Score® (RS) in which of the following populations?

 - a. Patients with node-negative breast cancer
 - b. Patients with 1 to 3 positive nodes
 - c. Patients with 4 or more positive nodes
 - d. All of the above
 - e. Both a and b
2. The Phase III MINDACT trial evaluating the utility of the 70-gene signature in addition to standard clinical-pathological criteria in identifying patients with early-stage breast cancer who can safely forgo chemotherapy _____ include patients with node-positive disease.

 - a. Did
 - b. Did not
3. Long-term follow-up of the CALGB-9343 study of lumpectomy and tamoxifen with or without radiation therapy (RT) in women aged 70 years or older with early breast cancer indicated that those who did not undergo axillary dissection and received tamoxifen/RT had a significantly higher rate of axillary recurrence resulting in worse overall outcomes than those who underwent initial axillary dissection.

 - a. True
 - b. False
4. In the Phase III CALOR trial for patients who had undergone resection of an isolated locoregional recurrence of breast cancer, the disease-free survival benefit observed with adjuvant chemotherapy versus no chemotherapy was greater for those with _____ disease.

 - a. ER-positive
 - b. ER-negative
5. The ongoing Phase III RxPONDER study of adjuvant endocrine therapy with or without chemotherapy for patients with hormone receptor-positive, HER2-negative invasive breast cancer and a 21-gene RS of 25 or lower enrolled patients with _____.

 - a. Node-negative disease
 - b. One to 3 positive nodes
 - c. Four or more positive nodes
 - d. All of the above
 - e. Both a and b
6. The Phase III West German Study Group PlanB trial used the _____ to define a group of patients with ER-positive, HER2-negative, clinically high-risk early breast cancer for whom treatment with chemotherapy could be safely omitted.

 - a. 21-gene RS assay
 - b. 70-gene signature assay
 - c. PAM50 assay
 - d. Breast Cancer Index
7. The Phase III TAILORx trial is evaluating hormone therapy with or without chemotherapy, based on the 21-gene RS assay, for women with hormone receptor-positive breast cancer who have undergone surgery for _____ disease.

 - a. Node-positive
 - b. Node-negative
 - c. Both a and b

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8. Patients in the _____ group of the MINDACT trial had an approximately 98% rate of distant disease-free survival at 5 years.
- a. Clinical low-risk, genomic low-risk
 - b. Clinical low-risk, genomic high-risk
 - c. Clinical high-risk, genomic low-risk
 - d. Clinical high-risk, genomic high-risk
9. In a report aimed at determining the relationship between 21-gene RS and prospective breast cancer-specific mortality (BCSM) in a population of nearly 40,000 patients from the SEER database, the rate of BCSM in patients with a RS lower than 18 was _____ at 5 years.
- a. Less than 1%
 - b. 5%
 - c. 10%
10. In a study reported by Bear and colleagues using the 21-gene RS to select neoadjuvant therapy for patients with hormone receptor-positive, HER2-negative tumors not suitable for breast-conserving surgery, those with an intermediate RS who were assigned to neoadjuvant chemotherapy had a(n) _____ response rate and lower rate of successful breast-conserving surgery in comparison to those assigned to neoadjuvant hormonal therapy.
- a. Higher
 - b. Lower
 - c. Equivalent