

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

1. Approximately two thirds of practicing oncologists and one third of clinical investigators surveyed would generally recommend neoadjuvant TCH treatment for a 60-year-old patient with a 4.8-cm, ER-positive, HER2-positive, node-positive IDC (3 sentinel nodes) who wishes to undergo breast-conserving surgery, which would not be possible without shrinkage of the breast mass.
a. True
b. False
2. Assuming the patient in question 1 received neoadjuvant TCH for 6 cycles and experienced significant tumor shrinkage clinically but at surgery significant residual tumor was present (3 positive nodes, 2-cm primary tumor mass), only a minority of practicing oncologists and clinical investigators surveyed would offer more postoperative chemotherapy/trastuzumab.
a. True
b. False
3. A majority of practicing oncologists and clinical investigators surveyed are more likely to recommend adjuvant TCH or paclitaxel/trastuzumab compared to AC → TH for 75-year-old patients with HER2-positive early breast cancer, regardless of tumor size.
a. True
b. False
4. For ER-positive, HER2-positive breast cancer that has recurred 18 or more months after adjuvant TCH and while the patient is receiving an adjuvant aromatase inhibitor, which of the following are practicing oncologists and clinical investigators surveyed most likely to recommend as first-line therapy?
a. Trastuzumab, lapatinib and chemotherapy
b. Lapatinib and chemotherapy
c. Lapatinib and trastuzumab
d. Trastuzumab and chemotherapy