

Adjuvant Therapy in Breast Cancer: From Testing to Treatment

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CE Test Questions

1. Over the past 15 years, mortality from breast cancer has been
 - a. Increasing
 - b. Steady
 - c. Declining
 - d. Mortality rates are unknown

2. The National Comprehensive Cancer Network (NCCN) guidelines are based on evidence and, when evidence is incomplete, on expert consensus. To help make the level of evidence clear to physicians, four Categories of Evidence and Consensus are used. Which of the following category descriptions is NOT correct?
 - a. Category 1: There is uniform NCCN consensus, based on high-level evidence or extensive clinical experience, that the recommendation is appropriate.
 - b. Category 2A: There is uniform NCCN consensus, based on lower-level evidence including clinical experience, that the recommendation is appropriate.
 - c. Category 2B: There is nonuniform NCCN consensus (but no major disagreement), based on lower-level evidence including clinical experience, that the recommendation is appropriate
 - d. Category 3: There is major NCCN disagreement that the recommendation is appropriate.

3. Adjuvant systemic therapy is defined as:
 - a. The use of single-agent therapy for small, localized tumors.
 - b. The use of chemotherapy, endocrine therapy, and targeted therapy in lieu of surgery.
 - c. Chemotherapy and other treatments used before but not after surgery.

- d. Systemic therapy to decrease the likelihood of developing recurrent or metastatic disease.
4. In “switching trials” involving tamoxifen and aromatase inhibitors,
- a. Switching from tamoxifen to an aromatase inhibitor showed benefit only when tamoxifen was taken for five years.
 - b. Switching to tamoxifen following an aromatase inhibitor provided an overall survival benefit.
 - c. It was shown that, whether therapy is with tamoxifen or aromatase inhibitors, endocrine therapy should always be stopped after five years.
 - d. Switching from tamoxifen to an aromatase inhibitor showed consistent benefit for disease free survival.
5. For early-stage, node-negative, ER/PR-positive, HER2-negative tumors >1 cm, the NCCN guidelines recommend consideration of adjuvant chemotherapy. Which of the following options is included as a Category 2B recommendation?
- a. Considering a 21-gene RT-PCR assay, which gives predictive and prognostic information.
 - b. Considering a 70-gene assay, which gives predictive but not prognostic information.
 - c. Repeating the hormone receptor testing, since guidelines differ for ER-negative tumors.
 - d. Considering the patient’s age, because chemotherapy is not considered useful in women over age 70.
6. Menopausal status is a consideration when selecting hormone therapy. Which of the following is correct?
- a. Tamoxifen should never be used in postmenopausal women.
 - b. Aromatase inhibitors should not be used in premenopausal women.
 - c. There is no role for the use of biochemical testing in determining menopausal status.
 - d. Some women who appear to become postmenopausal during chemotherapy will resume menstruation after starting aromatase inhibitors.
 - e. b and c
 - f. b and d
7. Recently, there have been concerns about the accuracy of testing for HER2 status. Which of the following is an appropriate approach to HER2 testing?
- a. When selecting a laboratory, the best choice is the one which give results most quickly, so that treatment can begin.
 - b. When an IHC test gives a borderline result, repeating the IHC test is the most appropriate next step.
 - c. When a FISH test gives a borderline result, conducting an IHC test is an appropriate next step.

- d. When a FISH test gives a borderline result, the test should nonetheless be considered positive.

8. Fertility is a concern for many young breast cancer patients. Patients can correctly be told that:

- a. Pregnancy should not be attempted after breast cancer treatment because it will elevate the risk of recurrence.
- b. Among premenopausal women, young women are less likely than older women to see a return of fertility after chemotherapy treatment.
- c. The benefits of adjuvant chemotherapy are small compared to the risk of losing fertility, so adjuvant chemotherapy should be avoided when fertility is a concern.
- d. The likelihood of fertility loss depends in part on the chemotherapy agent(s) chosen.

9. Targeted therapy with trastuzumab has greatly improved the prognosis for many women with HER2 positive tumors. Which of the following statements about trastuzumab is correct?

- a. There is strong evidence that one year of treatment with trastuzumab provides more benefit than longer or shorter courses of treatment.
- b. When adverse cardiac effects occur with trastuzumab, these effects usually are seen early in treatment, although long-term cardiac effects of trastuzumab are under investigation.
- c. Patients with localized HER2-positive tumors smaller than 1 cm may be treated with trastuzumab alone, because chemotherapy does not add significant benefit.
- d. Trastuzumab is used only in patients with HER2-positive, ER-negative tumors.

10. Considerations for treatment of “triple-negative” tumors include:

- a. Current thinking is that all triple-negative tumors are biologically similar, so they can all be expected to respond the same way to a given treatment.
- b. Because triple-negative tumors may actually express low levels of hormone receptors, the NCCN guidelines recommend consideration of endocrine therapy for these tumors.
- c. It is not currently known whether there are common molecular pathways in triple-negative breast cancers that can be targeted by specific therapies.
- d. About 35% of women with breast cancer will have triple-negative tumors.

CE Evaluation

Adjuvant Therapy in Breast Cancer: From Testing to Treatment

1) The program content helped me to achieve the following objectives:

Describe various testing options for hormonal and HER2 status

Strongly Agree Agree Undecided Disagree Strongly Disagree

Explain the limitations and strengths of existing risk assessment tools

Strongly Agree Agree Undecided Disagree Strongly Disagree

Identify the role of tamoxifen therapy in hormone receptor-positive younger women

Strongly Agree Agree Undecided Disagree Strongly Disagree

Describe the role of aromatase inhibitors and the data supporting their use in hormone receptor-positive postmenopausal women

Strongly Agree Agree Undecided Disagree Strongly Disagree

Discuss the use of cytotoxic chemotherapy based on risk assessment

Strongly Agree Agree Undecided Disagree Strongly Disagree

Summarize the role of trastuzumab in treatment of HER2-positive tumors in the adjuvant setting

Strongly Agree Agree Undecided Disagree Strongly Disagree

2) Time spent completing this activity?

< 30 min 30 min 45 min 1 hr 1.5 hrs >1.5 hrs

Rate the extent to which you agree or disagree:

3) You were satisfied with the overall quality of this activity.

Strongly Agree Agree Undecided Disagree Strongly Disagree

4) Participation in this activity changed your knowledge/attitudes.

Strongly Agree Agree Undecided Disagree Strongly Disagree

5) You will make a change in your practice as a result of participation in this activity.

Strongly Agree Agree Undecided Disagree Strongly Disagree

6) The activity presented scientifically rigorous, unbiased, and balanced information.
 Strongly Agree Agree Undecided Disagree Strongly Disagree

7) Individual presentations were free of commercial bias.
 Strongly Agree Agree Undecided Disagree Strongly Disagree

8) The program was up-to-date in terms of current practices and issues.
 Strongly Agree Agree Undecided Disagree Strongly Disagree

9) Which ONE of the following best describes the impact of this activity on you:
a) I plan to incorporate these updates in cancer management into my practice.
b) I do not plan to incorporate these updates in cancer management into my practice.

10) For Question #9, if you selected "B" please list any factors that may be acting as barriers to implementing change.

11) If commercial bias was noted, please explain.

12) On what topic(s) would you like to receive future education?

13) Are you interested in participating in future Discovery Health CME programs?

Not at all Somewhat Very Extremely

14) Additional Feedback.

15) Please tell us how you found out about Discovery Health CME.

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