

A 65-year-old woman presents with a 3.4-cm, ER-negative, HER2-positive IDC, receives neoadjuvant TCHP and at surgery is found to have a pathologic complete response. What adjuvant anti-HER2 therapy would you recommend?

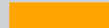
Trastuzumab

70%



Trastuzumab/pertuzumab

30%



Other

0%



A 65-year-old woman presents with a 3.4-cm, ER-negative, HER2-positive IDC, receives neoadjuvant TCHP and at surgery is found to have significant residual disease. What adjuvant anti-HER2 therapy would you recommend?

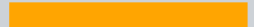
Trastuzumab

13%



Trastuzumab/pertuzumab

76%

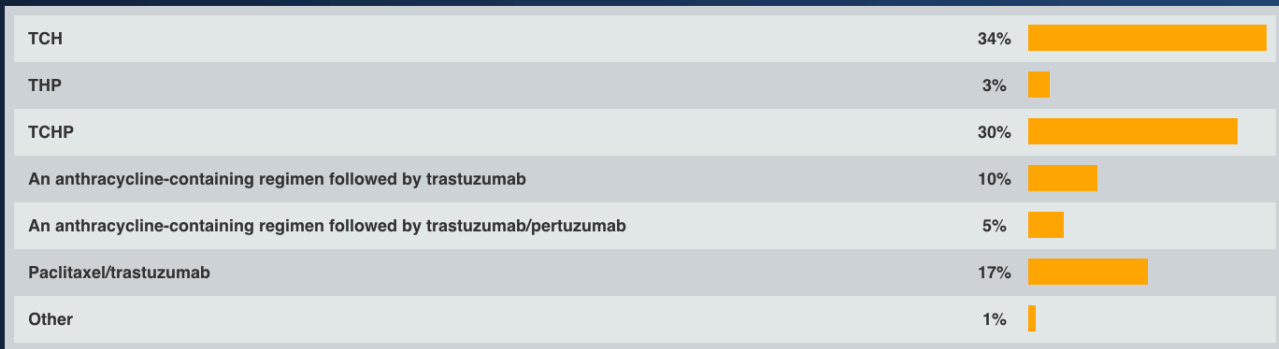


Other

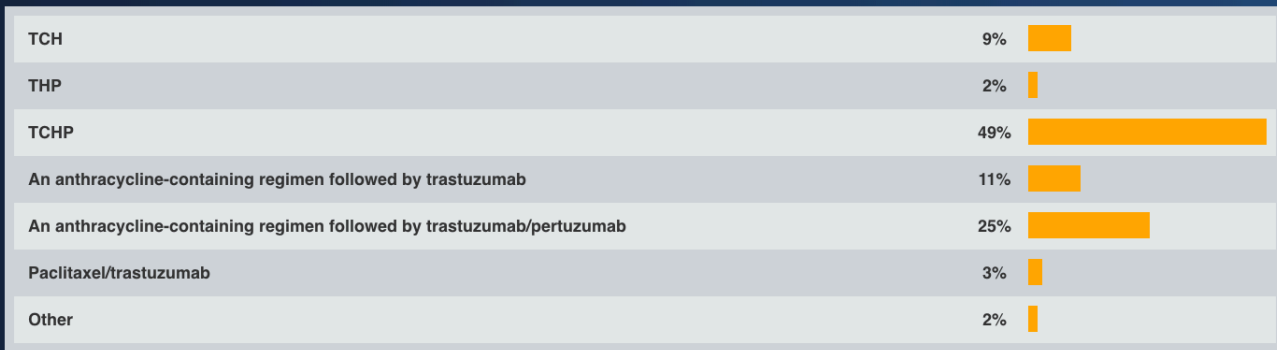
10%



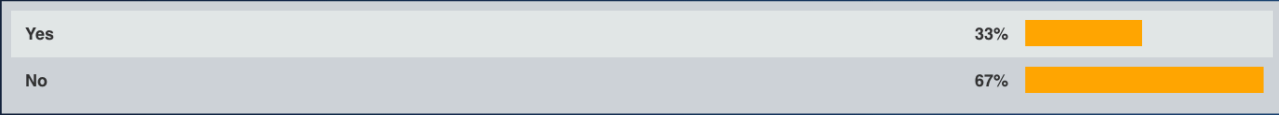
What adjuvant systemic therapy would you generally recommend for a 65-year-old woman who at surgery is found to have a 2.5-cm, ER-negative, HER2-positive, node-negative IDC?



What adjuvant systemic therapy would you generally recommend for a 65-year-old woman who at surgery is found to have a 2.5-cm, ER-negative, HER2-positive IDC with 2 of 4 positive sentinel nodes?



A 65-year-old woman presents with a 2.5-cm, ER-negative, HER2-positive IDC with 2 of 4 positive sentinel nodes and completes your adjuvant therapy of choice. Would you recommend postadjuvant neratinib?



A 65-year-old woman presents with a 2.5-cm, ER-positive, HER2-positive IDC with 2 of 4 positive sentinel nodes and completes your adjuvant therapy of choice. Would you recommend postadjuvant neratinib?

Yes

42%

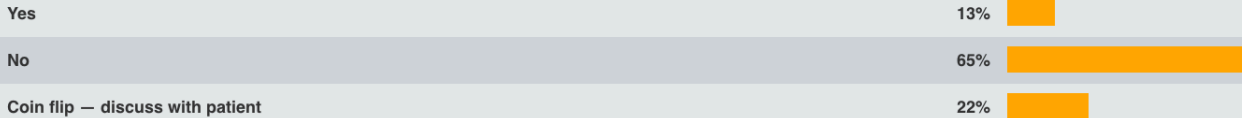


No

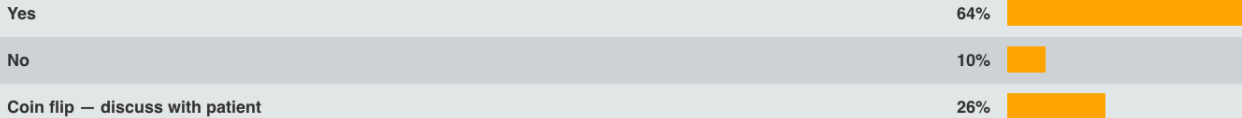
58%



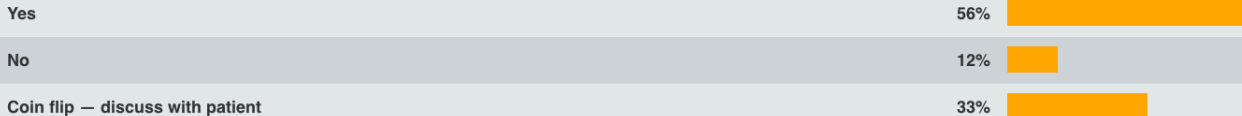
Would you recommend adjuvant chemotherapy for a 65-year-old postmenopausal woman with a 1.5-cm, ER-positive, HER2-negative, node-negative IDC and a 21-gene Recurrence Score of 24?



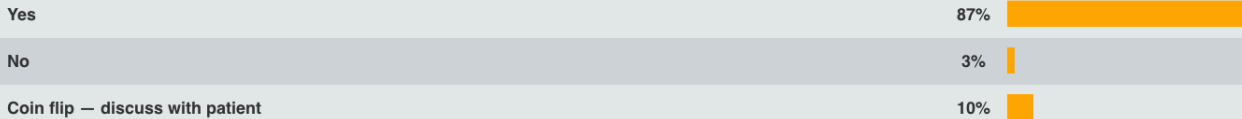
Would you recommend adjuvant chemotherapy for a 65-year-old postmenopausal woman with a 1.5-cm, ER-positive, HER2-negative, node-negative IDC and a 21-gene Recurrence Score of 29?



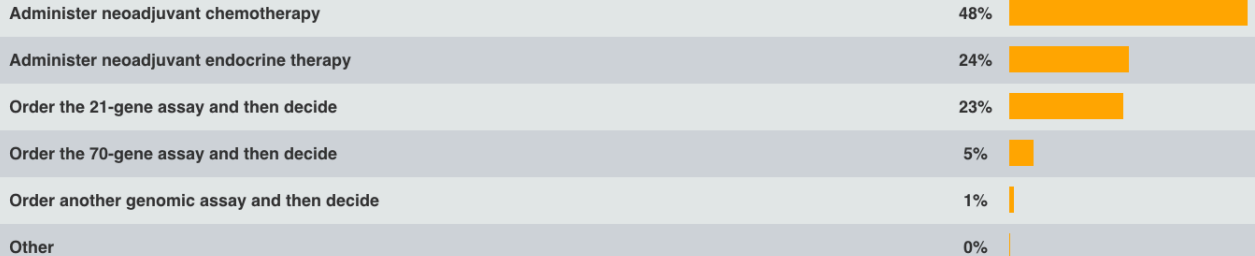
Would you recommend adjuvant chemotherapy for a 40-year-old premenopausal woman with a 1.5-cm, ER-positive, HER2-negative, node-negative IDC and a 21-gene Recurrence Score of 24?



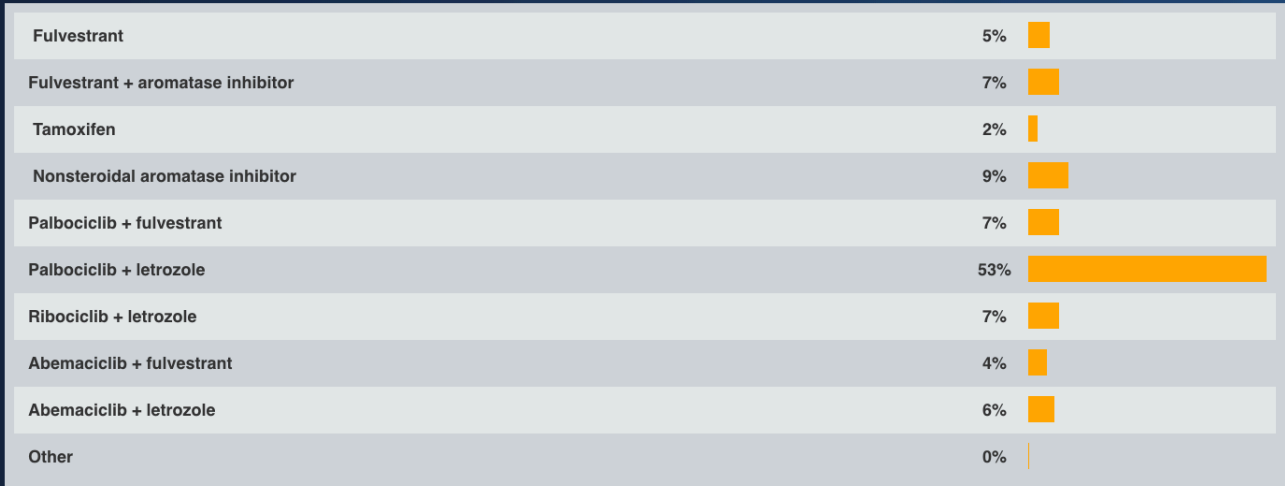
Would you recommend adjuvant chemotherapy for a 40-year-old premenopausal woman with a 1.5-cm, ER-positive, HER2-negative, node-negative IDC and a 21-gene Recurrence Score of 29?



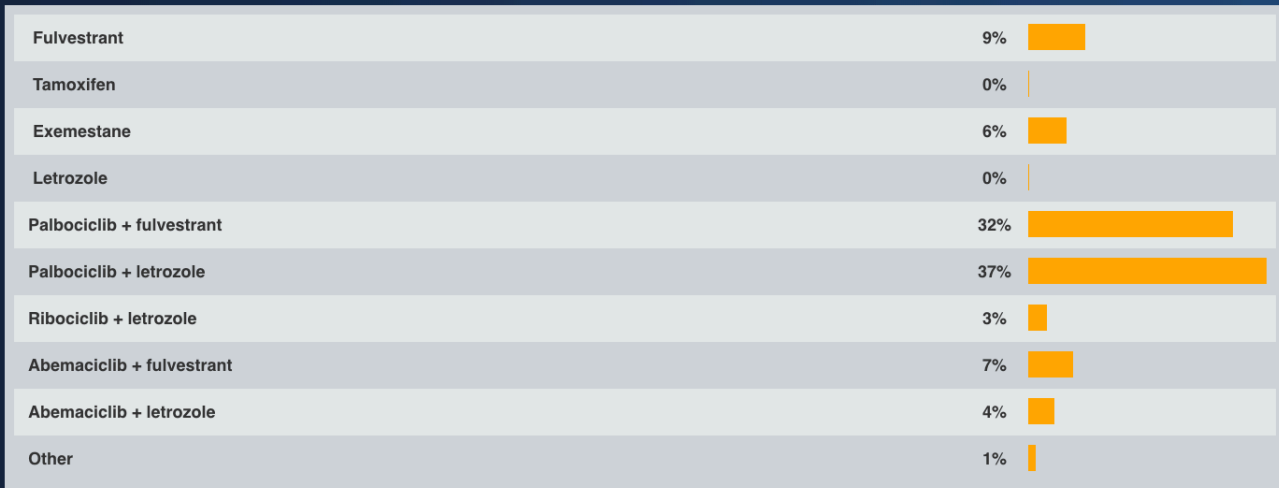
A 66-year-old woman presents with a 4-cm, ER-positive, HER2-negative IDC. The patient wishes to undergo lumpectomy, but the size of her breast precludes that unless the tumor shrinks by at least half. What would you recommend?



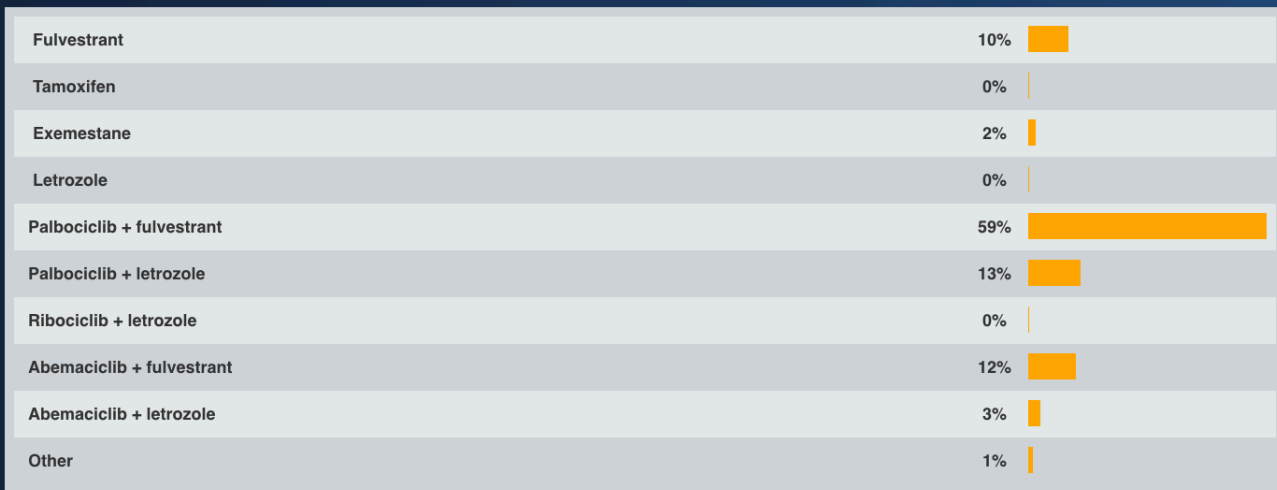
A 65-year-old woman presents with a 4.0-cm, ER-positive, HER2-negative breast cancer with biopsy-proven asymptomatic bone metastases. Which endocrine-based treatment would you most likely recommend?



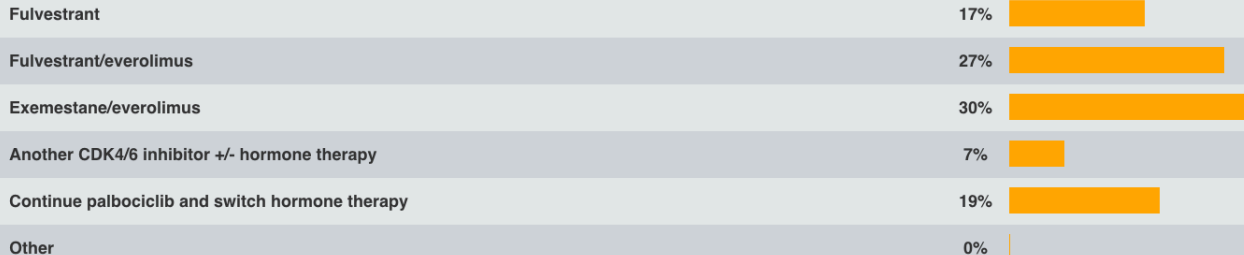
A 65-year-old woman completes 5 years of adjuvant anastrozole for an ER-positive, HER2-negative IDC but develops asymptomatic biopsy-proven bone metastases 2 years later. Which systemic treatment would you most likely recommend?



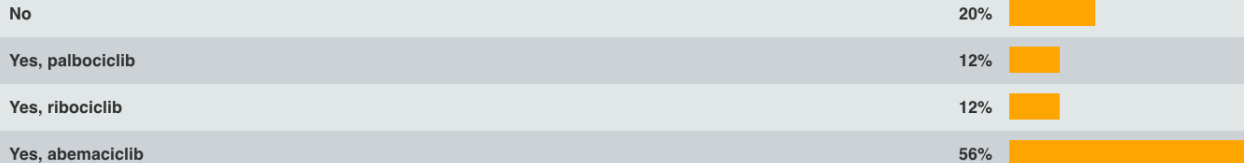
A 65-year-old woman with ER-positive, HER2-negative, node-negative breast cancer develops asymptomatic biopsy-proven bone metastases 2 years after starting anastrozole. Which systemic treatment would you most likely recommend?



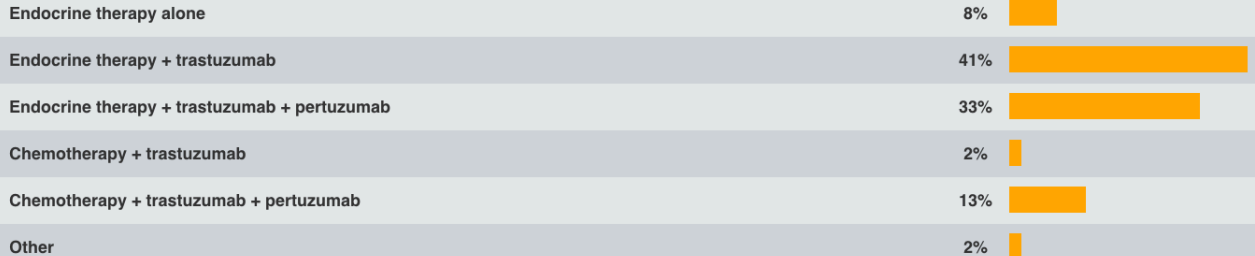
A 65-year-old woman with ER-positive, HER2-negative, node-negative breast cancer develops moderately symptomatic liver and lung metastases 2 years after starting anastrozole. She receives palbociclib combined with letrozole and responds but 1 year later experiences asymptomatic disease progression. What would be your likely next endocrine-based treatment?



A patient with both systemic and CNS metastases is being started on a CDK4/6 inhibitor with endocrine therapy. Would you have any preference as to which agent to use?



A 78-year-old frail but otherwise healthy woman presents with de novo ER/PR-positive, HER2-positive breast cancer and asymptomatic lung metastases. What would be your likely initial systemic therapy?



Have you administered a CDK4/6 inhibitor in combination with anti-HER2 therapy to a patient with HER2-positive metastatic breast cancer off protocol?

Yes

17%



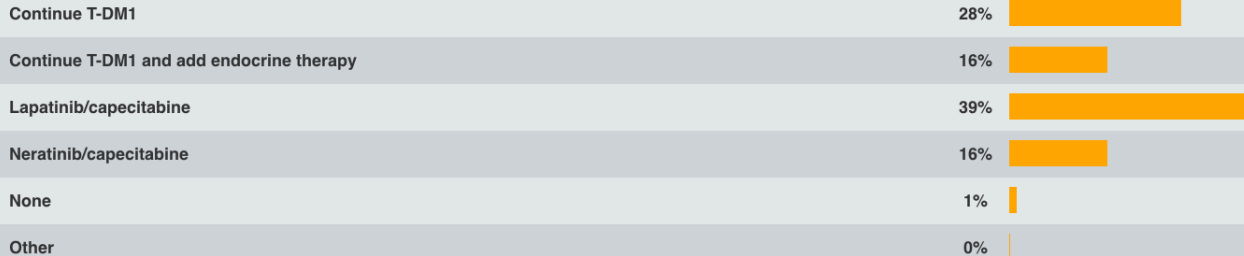
No

83%

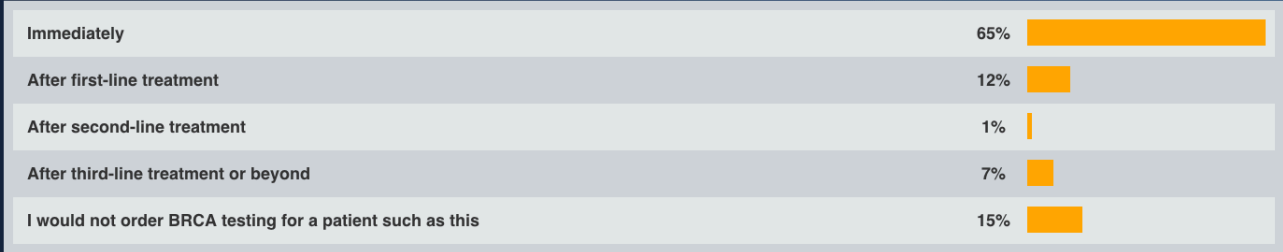
A 56-year-old woman with ER-positive, HER2-positive metastatic breast cancer responds to THP → HP + letrozole but experiences disease progression in the liver after 18 months. What would you recommend?



The patient in the previous scenario receives T-DM1 alone but after 12 months develops bilateral brain metastases requiring whole brain radiation therapy. Extracranial disease is stable. Regulatory and reimbursement issues aside, what systemic therapy would you recommend?



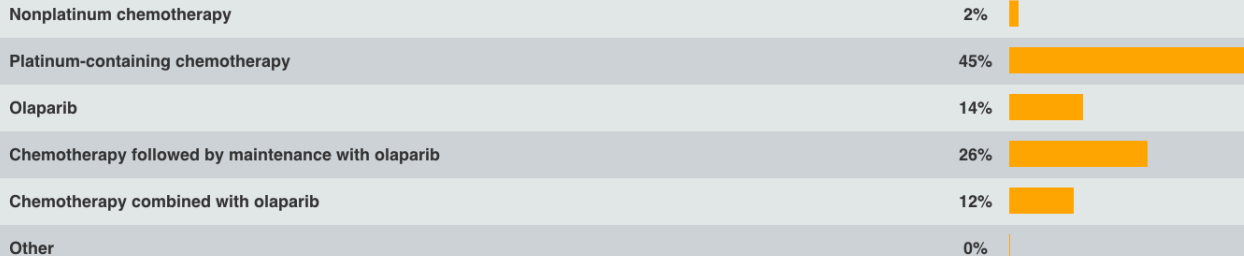
In general, for a 65-year-old woman who presents with triple-negative metastatic breast cancer and no relevant family history, at what point, if any, would you order BRCA testing?



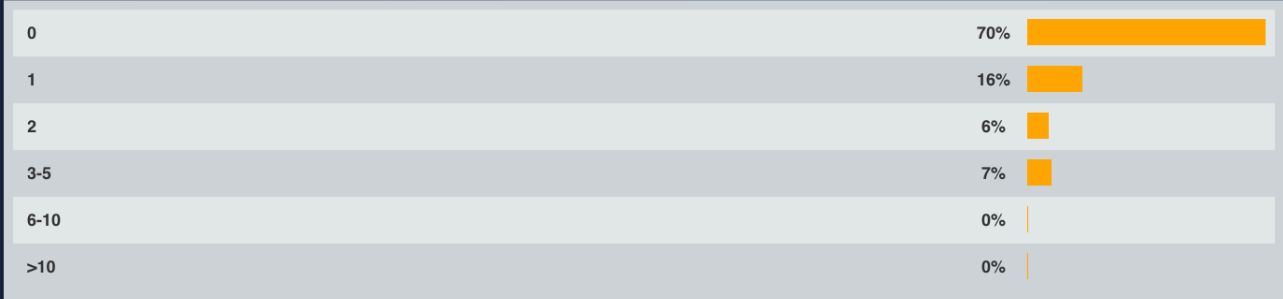
In general, for a 65-year-old woman who presents with ER-positive, HER2-negative metastatic breast cancer and no relevant family history, at what point, if any, would you order BRCA testing?



Reimbursement and regulatory issues aside, what would be your preferred treatment approach for a patient with de novo metastatic triple-negative breast cancer (TNBC) and a BRCA germline mutation?



Approximately how many times, if any, have you administered an anti-PD-1/PD-L1 antibody to a patient with metastatic breast cancer outside of a clinical trial setting?



Do you consider PD-L1 expression or tumor mutational burden when making the decision of whether to administer an anti-PD-1/PD-L1 antibody to a patient with metastatic breast cancer?



Do you generally order multiplex testing such as next-generation sequencing in your patients with metastatic breast cancer who have exhausted all available treatment options?

Yes

72%



No

28%

