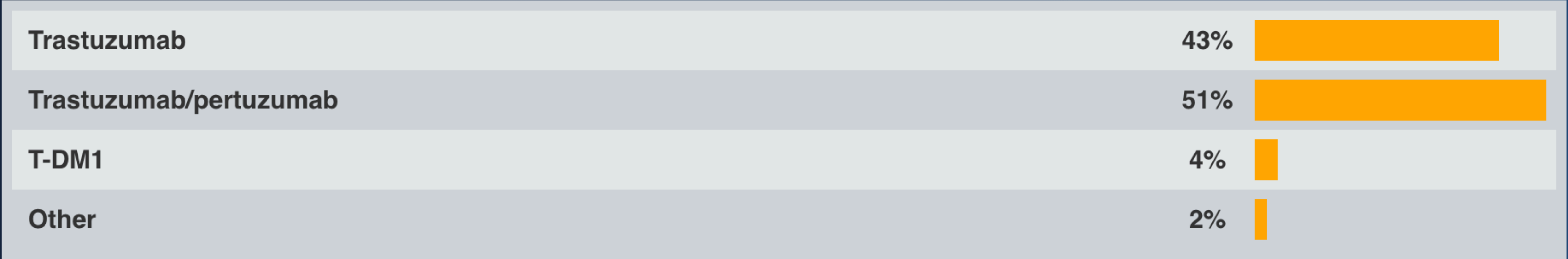
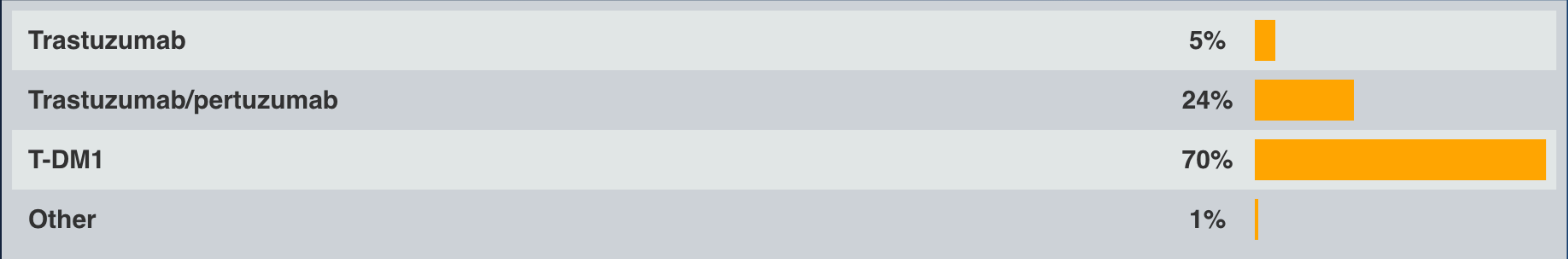


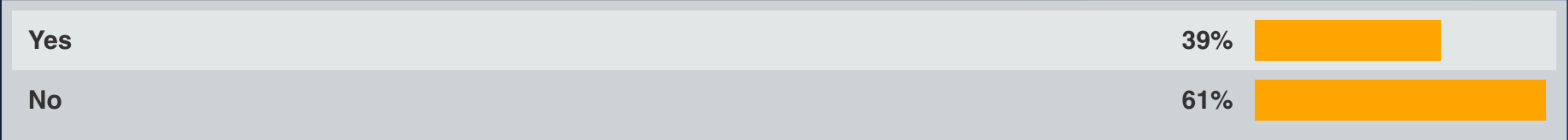
A 65-year-old woman presents with a 3.4-cm, ER-negative, HER2-positive IDC with biopsy-proven axillary nodes, receives neoadjuvant TCHP and at surgery is found to have a pathologic complete response. What adjuvant anti-HER2 therapy would you recommend?



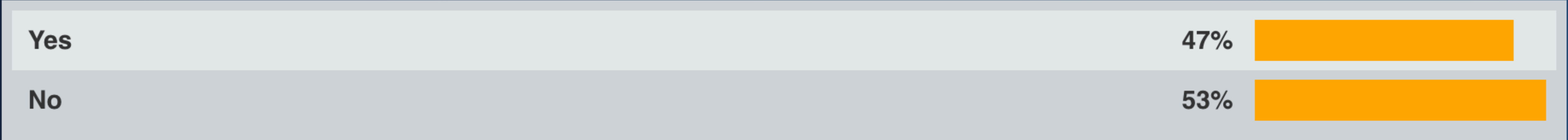
A 65-year-old woman presents with a 3.4-cm, ER-negative, HER2-positive IDC with biopsy-proven axillary nodes, receives neoadjuvant TCHP and at surgery is found to have significant residual disease in the breast and axilla. What adjuvant anti-HER2 therapy would you recommend?



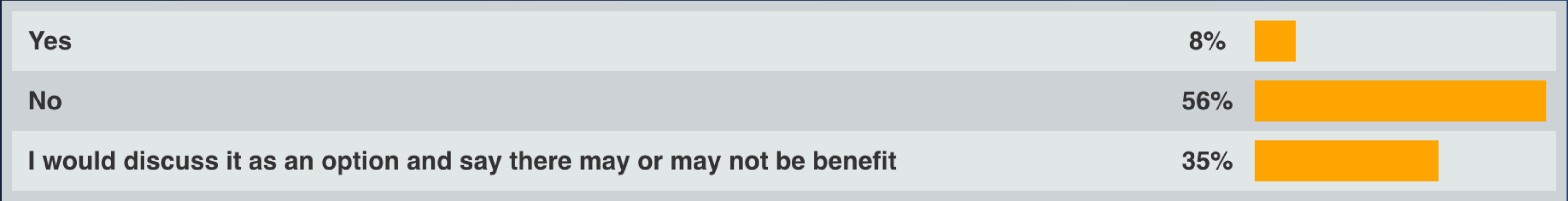
A 65-year-old woman presents with a 2.5-cm, ER-negative, HER2-positive IDC with 2 of 4 positive sentinel nodes and completes your adjuvant therapy of choice. Would you recommend postadjuvant neratinib?



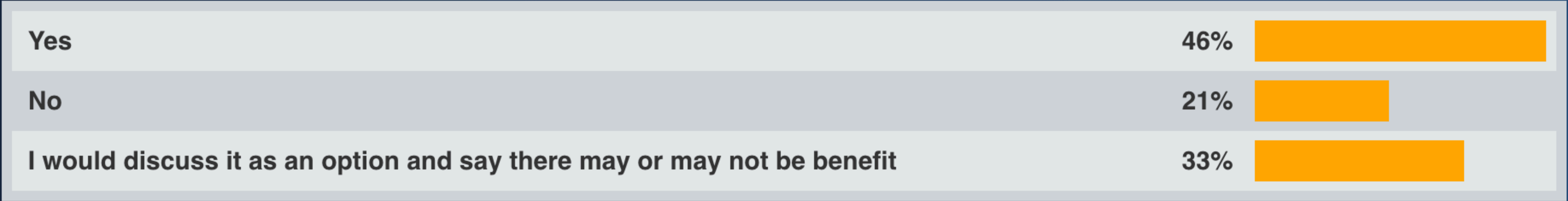
A 65-year-old woman presents with a 2.5-cm, ER-positive, HER2-positive IDC with 2 of 4 positive sentinel nodes and completes your adjuvant therapy of choice. Would you recommend postadjuvant neratinib?



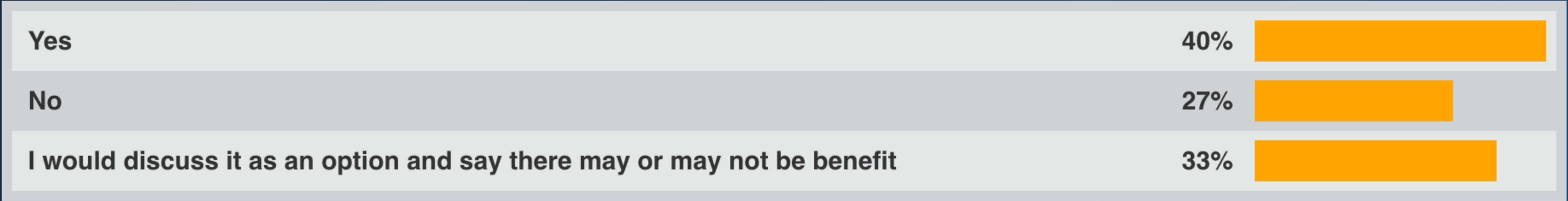
Would you recommend adjuvant chemotherapy for a 65-year-old postmenopausal woman with a 1.5-cm, low-grade, ER-positive, HER2-negative, node-negative IDC and a 21-gene Recurrence Score of 24?



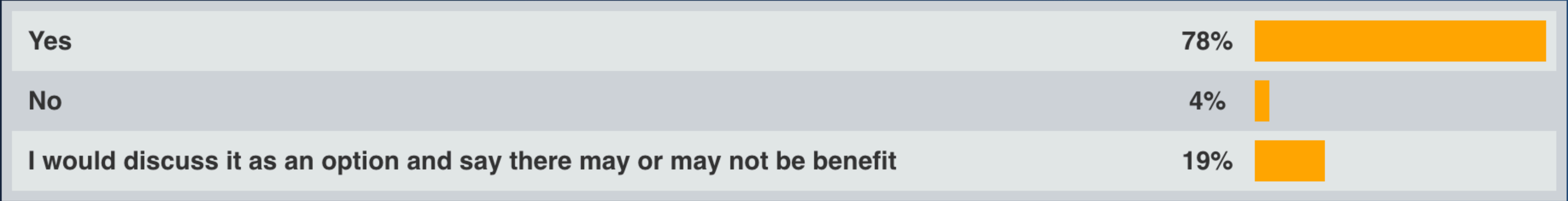
Would you recommend adjuvant chemotherapy for a 65-year-old postmenopausal woman with a 3.5-cm, high-grade, ER-positive, HER2-negative, node-negative IDC and a 21-gene Recurrence Score of 24?



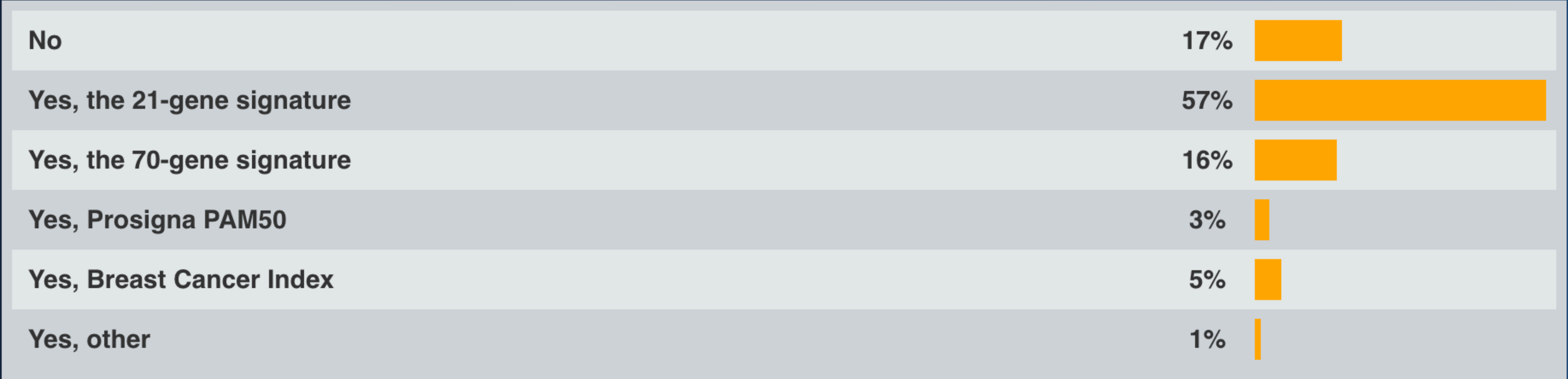
Would you recommend adjuvant chemotherapy for a 40-year-old premenopausal woman with a 1.5-cm, low-grade, ER-positive, HER2-negative, node-negative IDC and a 21-gene Recurrence Score of 24?



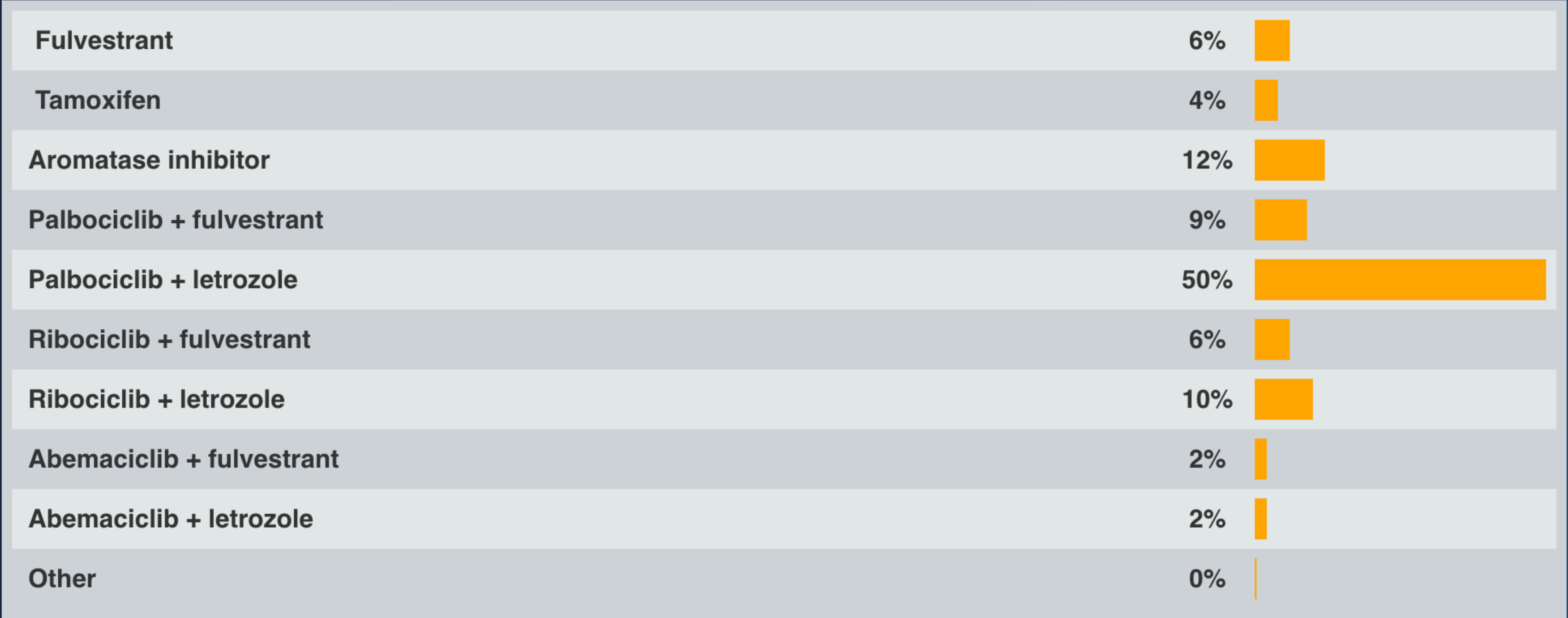
Would you recommend adjuvant chemotherapy for a 40-year-old premenopausal woman with a 3.5-cm, high-grade, ER-positive, HER2-negative, node-negative IDC and a 21-gene Recurrence Score of 24?



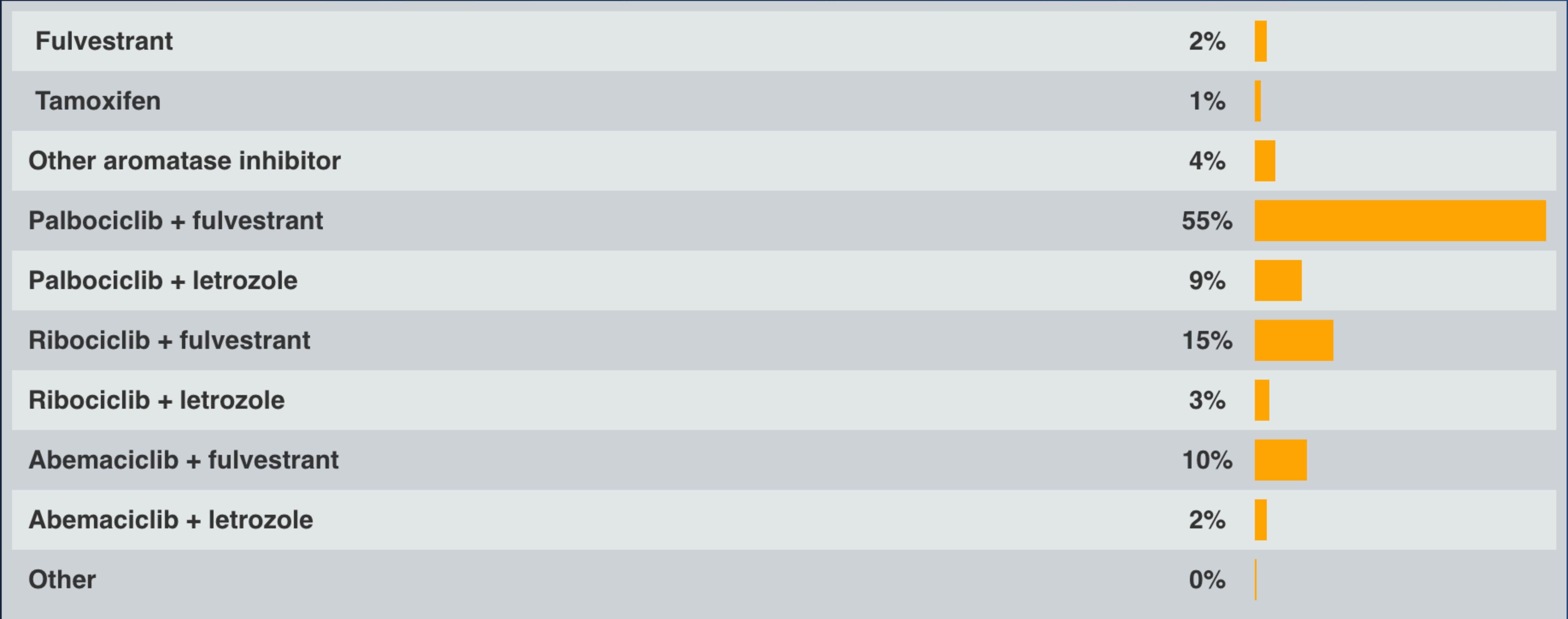
A 65-year-old woman is diagnosed with a 1.5-cm, ER/PR-positive, HER2-negative IDC. She has 1 positive axillary node. Would you order a genomic assay for this patient?



A 65-year-old woman presents with de novo ER-positive, HER2-negative metastatic breast cancer with asymptomatic bone metastases. Which endocrine-based treatment would you most likely recommend?



A 65-year-old woman with ER-positive, HER2-negative, node-negative breast cancer has developed multiple minimally symptomatic bone metastases 2 years after starting adjuvant anastrozole. Which endocrine-based treatment would you most likely recommend?



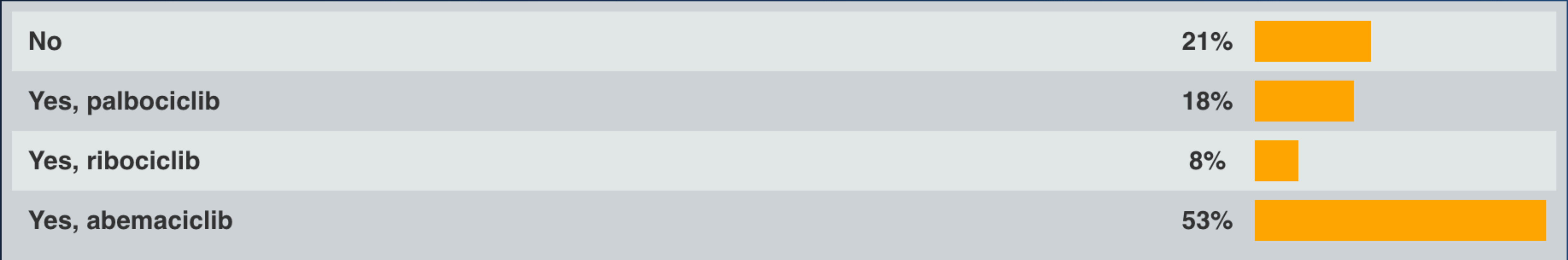
A 65-year-old woman has completed 5 years of adjuvant anastrozole for an ER-positive, HER2-negative IDC but has now developed minimally symptomatic bone metastases 2 years after completing adjuvant hormonal therapy. Which endocrine-based treatment would you most likely recommend?



A 65-year-old woman with ER-positive, HER2-negative, node-negative breast cancer presents with extensive moderately symptomatic hepatic metastases with normal liver function 2 years after starting adjuvant anastrozole. What would be your most likely treatment approach?



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?



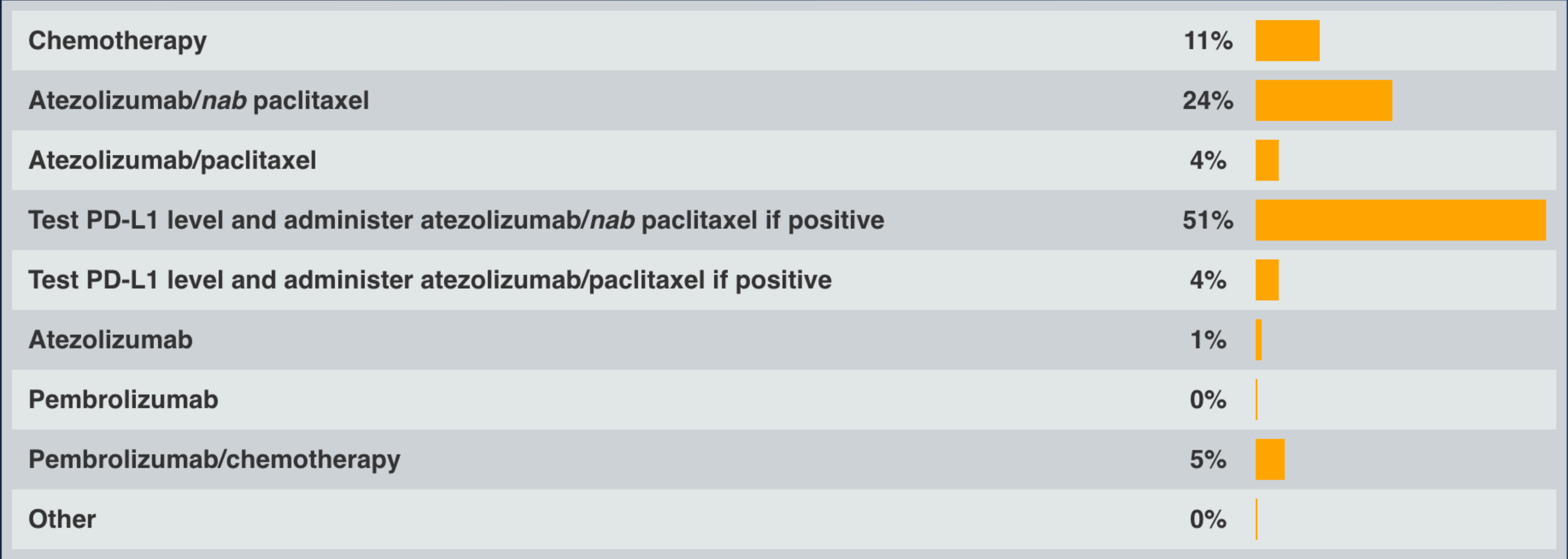
A patient who is receiving palbociclib/letrozole for ER-positive, HER2-negative metastatic breast cancer experiences disease progression. Which endocrine-based treatment would you most likely recommend next?



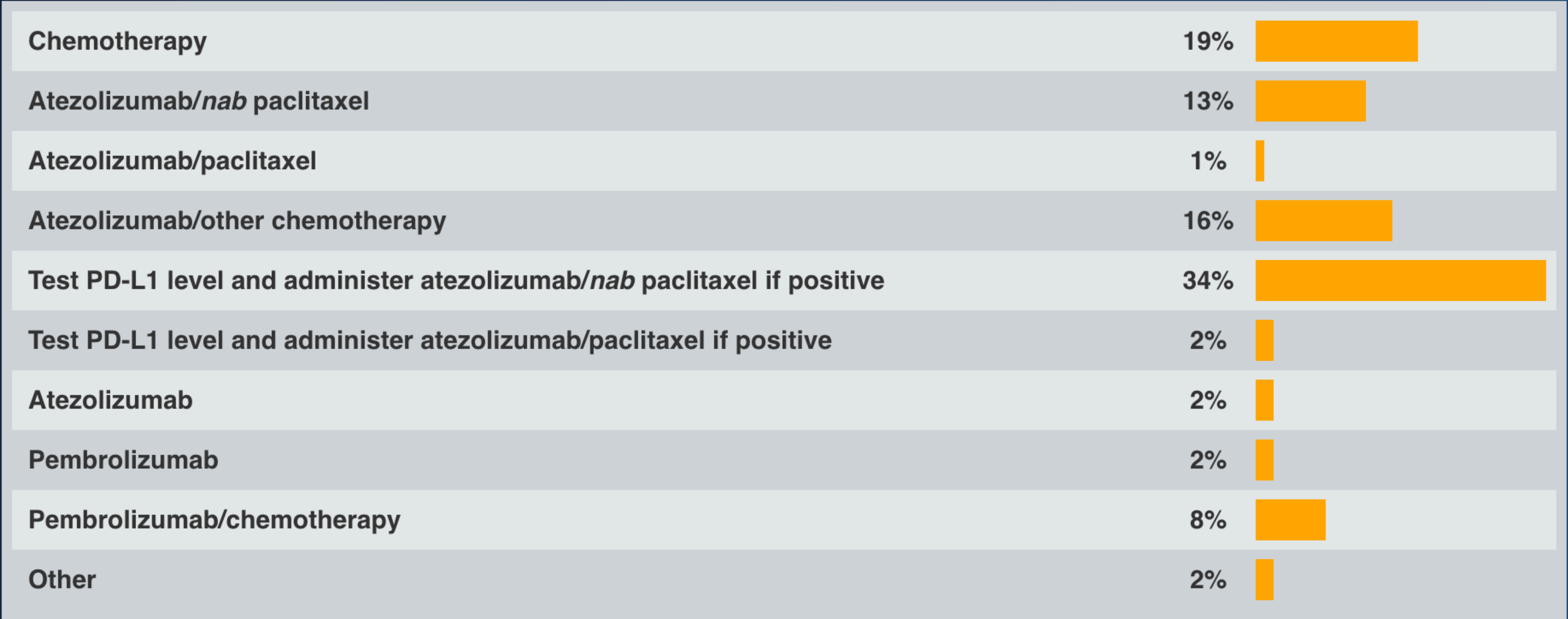
A 60-year-old woman presents with de novo metastatic triple-negative breast cancer (BRCA wild type). Regulatory and reimbursement issues aside, what first-line treatment would you recommend?



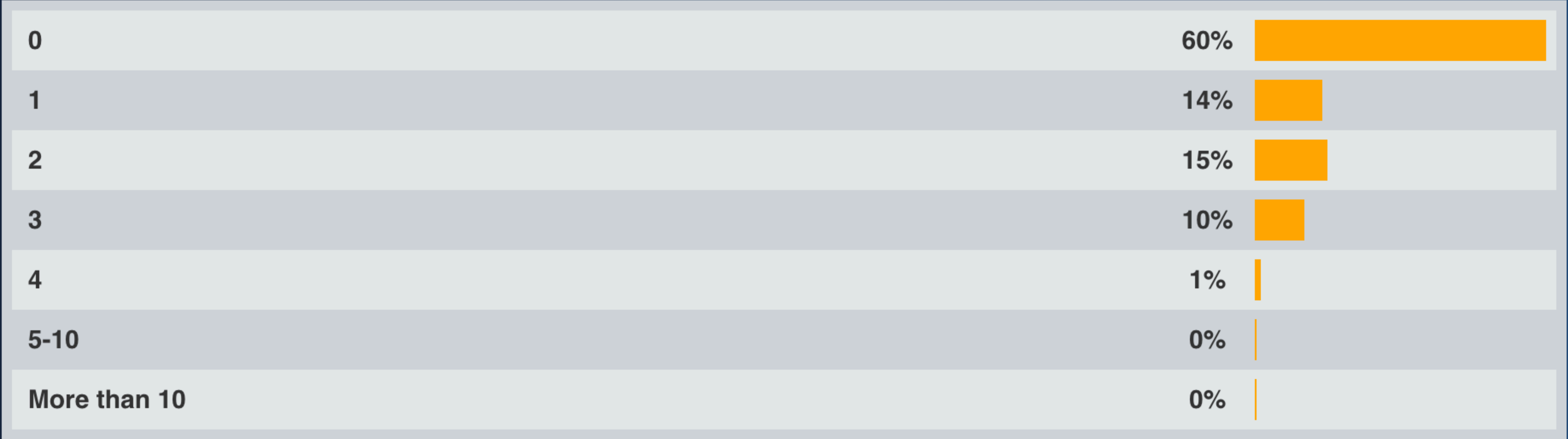
A 60-year-old woman who received an adjuvant anthracycline/taxane regimen presents 1 year later with metastatic triple-negative breast cancer (BRCA wild type). Regulatory and reimbursement issues aside, what first-line treatment would you recommend?



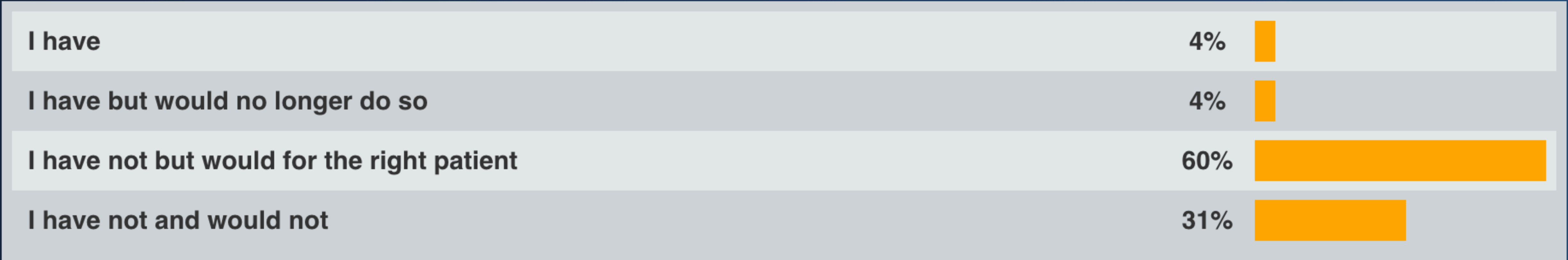
A 60-year-old woman who received an adjuvant anthracycline/taxane regimen presents 1 year later with metastatic triple-negative breast cancer (BRCA wild type). The patient has significant peripheral neuropathy. Regulatory and reimbursement issues aside, what first-line treatment would you recommend?



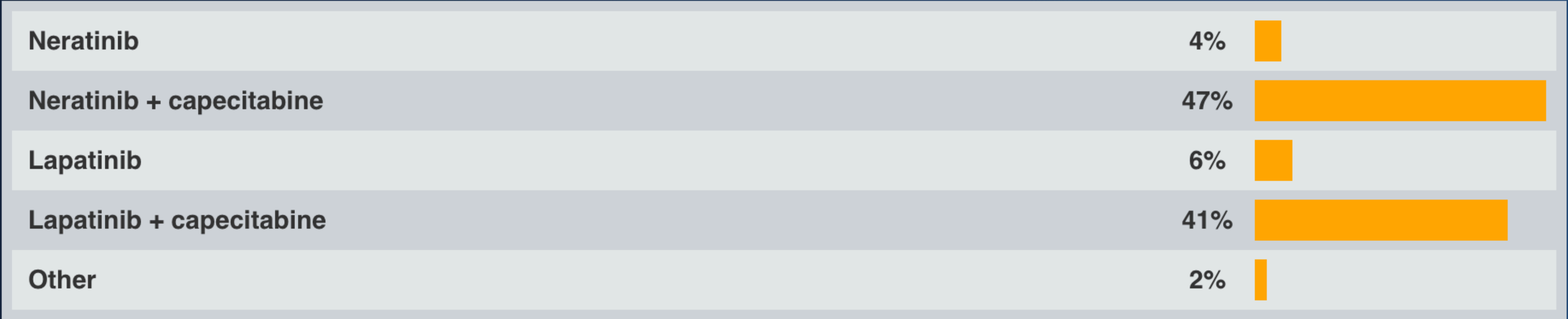
To approximately how many patients with metastatic triple-negative breast cancer have you administered atezolizumab/*nab* paclitaxel?



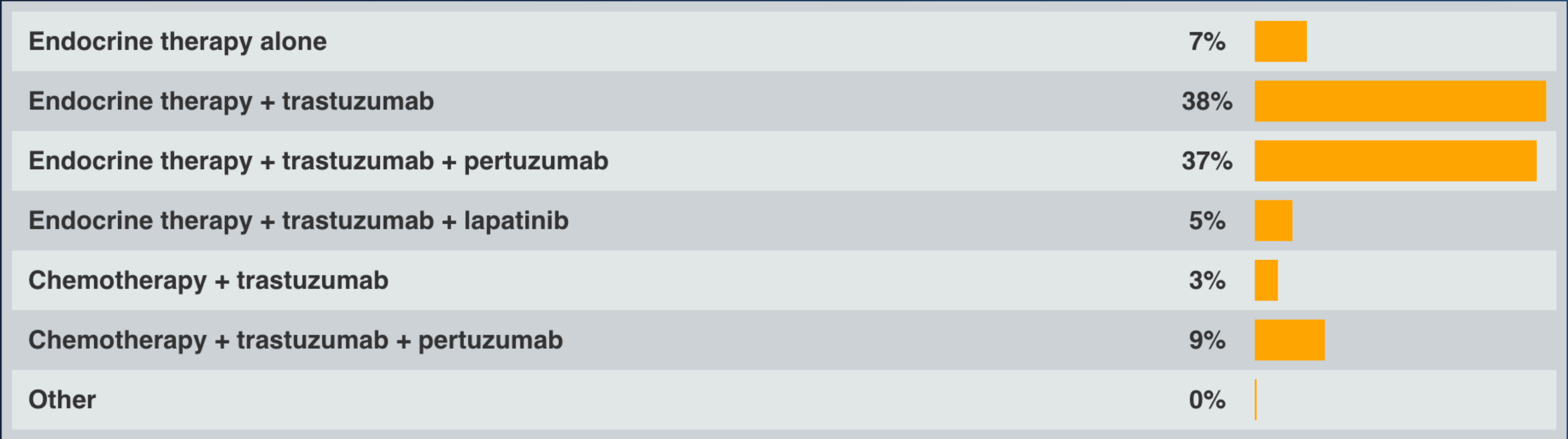
Have you or would you administer anti-PD-1/PD-L1 monotherapy to a patient with microsatellite-stable metastatic triple-negative breast cancer?



A 65-year-old woman with ER-negative, HER2-positive metastatic breast cancer receives THP followed by T-DM1 on progression. She now presents with further disease progression, including new brain metastases. Regulatory and reimbursement issues aside, what systemic treatment would you recommend?



An 80-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?



Reimbursement and regulatory issues aside, what would be your preferred treatment approach for a 60-year-old patient with a BRCA germline mutation and de novo metastatic triple-negative breast cancer that is PD-L1-positive?



Reimbursement and regulatory issues aside, what would be your preferred treatment approach for a 60-year-old patient with a BRCA germline mutation and de novo metastatic triple-negative breast cancer that is PD-L1-negative?



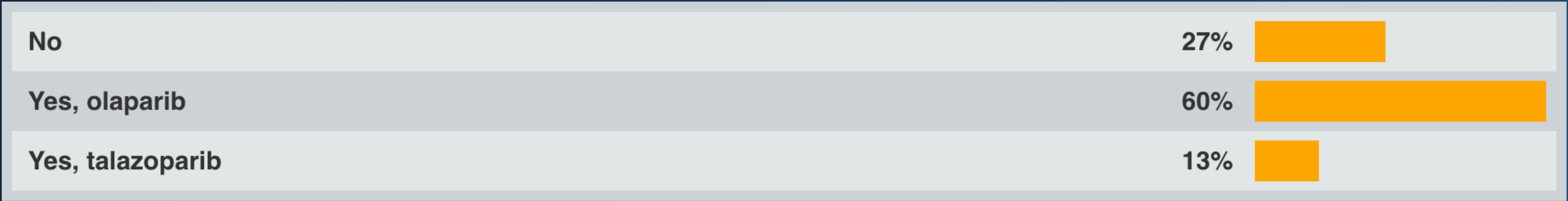
Reimbursement and regulatory issues aside, what would be your preferred treatment approach for a 60-year-old patient with a BRCA germline mutation who receives adjuvant anthracycline/taxane-based chemotherapy but presents 1 year later with metastatic triple-negative breast cancer that is PD-L1-positive?



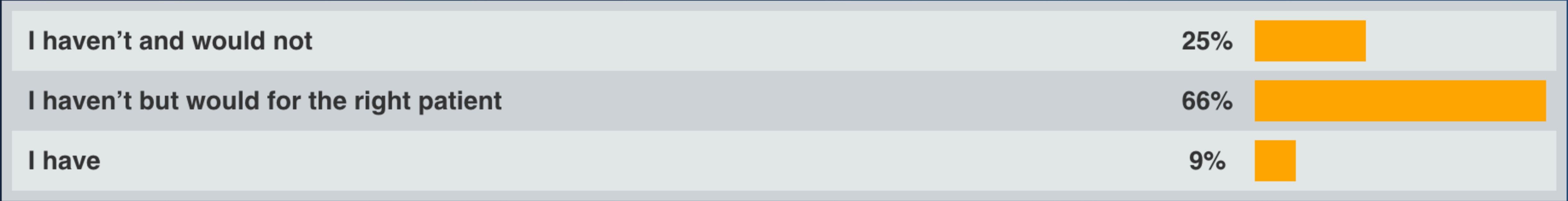
Reimbursement and regulatory issues aside, what would be your preferred treatment approach for a 60-year-old patient with a BRCA germline mutation who receives adjuvant anthracycline/taxane-based chemotherapy but presents 1 year later with metastatic triple-negative breast cancer that is PD-L1-negative?



In a patient with metastatic breast cancer to whom you’ve made the determination to administer a PARP inhibitor, do you have a preference as to which one?



Have you or would you attempt to use an antiandrogen for a patient with metastatic triple-negative breast cancer outside of a trial setting?



A 65-year-old man presents with de novo ER-positive, HER2-negative metastatic breast cancer with asymptomatic bone metastases. In addition to an LHRH agonist, if any, which endocrine-based treatment would you most likely recommend?

