

PMRT – QUESTIONS

Clinical Case Conference
UCSD Radiation Oncology
SA-CME

1. The British Columbia PMRT trial randomized premenopausal women s/p mastectomy and axillary lymph node dissection to chemotherapy plus or minus PMRT, which included chest wall, supraclavicular and bilateral internal mammary nodal treatment. What was the magnitude of the increase in overall survival for PMRT patients at 20 years follow up?
 - A) 5%
 - B) 10%
 - C) 15%
 - D) 20%
 - E) 25%
2. Which of the following was not a risk factor that qualified women for inclusion in the Danish 82b/c trials examining post-mastectomy radiation therapy?
 - A) Her2/Neu positivity
 - B) One or more positive axillary lymph nodes
 - C) Tumors > 5 cm
 - D) Skin invasion
3. What factor was associated with increased locoregional failure in the MGH/MDACC/Yale retrospective study of treating T3 patients with mastectomy plus chemotherapy alone?
 - A) Her2/Neu positivity
 - B) Multifocal disease
 - C) Lymphovascular Invasion
 - D) Age > 65
 - E) All of the above
4. The Korean Supraclavicular study was a retrospective trial that identified lymphovascular invasion, extracapsular extension, 2-3 involved lymph nodes, involved level II/II axilla, and $\geq 20\%$ dissected lymph nodes with disease as risk factors for supraclavicular recurrence. What was the rate of supraclavicular recurrence free survival with 0 or 1 risk factors?
 - A) 97%
 - B) 93%
 - C) 90%
 - D) 86%
5. A 55-year-old woman undergoes mastectomy and axillary lymph node dissection. Pathology reveals a 1.7cm tumor, ER/PR+, Her2 (-), grade 2, no LVI, negative margins, and 3/18 lymph nodes with disease. When counseling her on treating internal mammary nodes, which of the following is not true?
 - A) She is less likely to have a recurrence if IMN's are treated
 - B) She is more likely to live longer if IMN's are treated
 - C) She is less likely to develop distant metastases if IMN's are treated
 - D) She is less likely to die from breast cancer if IMN's are treated