

**BCCA Annual Conference
Controversies in Breast Cancer Care for the Surgeon
November 27, 2004**

Course Test

Do not write your name on your answer sheet. The test is anonymous and the data will only be used to examine the effectiveness of this course as a learning tool. Completion of this test is an essential component of this course. Certificates of attendance will be given when pre and post test answer sheets have been returned. Record your test number for your own records.

Please do not guess. If you do not know the answer, please choose 'U' on the answer sheet for "uncertain". Thank you.

***All answers are to be recorded on the attached answer sheet (choose pre or post test sheet as appropriate).*

1. Which of the following statements are true regarding the value of axillary node dissection (ALND)?

- a) ALND stages the disease to determine prognosis
- b) ALND improves local control
- c) ALND provides information regarding the need for adjuvant therapy
- d) ALND improves survival

- A. a and c
- B. a, b, and c
- C. a, b, c and d
- D. d only
- E. None of the above
- U. Uncertain

2. Which one of the following is not a contraindication to sentinel node biopsy?

- A. Multifocal breast cancer
- B. Prior breast surgery
- C. Palpable lymphadenopathy
- D. Locally advanced breast cancer
- E. Palpable noninvasive cancer
- U. Uncertain

3. True or False. The risk of leaving undetected axillary disease following a negative SLNB is equal to:

(the preoperative metastatic probability rate of the tumour) X (surgeon's false negative rate)

4. Which one of the following is not associated with an increased risk of nodal involvement?
- A. Larger tumour size
 - B. Presence of lymphatic/vascular invasion in the breast
 - C. ER negative status
 - D. Older patient age
 - E. Higher grade tumour
 - U. Uncertain
5. The false negative rate is defined as which one of the following (FN = false negative, FP = false positive, TN = true negative, TP = true positive)?
- A. $\text{FN}/(\text{TP}+\text{FN})$
 - B. FN/TP
 - C. $\text{FN}/\text{FN}+\text{TN}$
 - D. $\text{FN}/\text{FN}+\text{FP}$
 - E. FN/TN
 - U. Uncertain
6. The axillary recurrence rate following standard node dissection and adjuvant therapy is which one of the following?
- A. 1 - 3 percent
 - B. 3 - 5 percent
 - C. 5 - 10 percent
 - D. >10 percent
 - U. Uncertain
7. The "Clinical False Negative Rate" associated with sentinel lymph node biopsy refers to which one of the following?
- A. The number of true positive nodes retrieved divided by the total number false negative plus true positive nodes retrieved
 - B. The percent of patients who have a false negative sentinel node dissection based on clinical factors
 - C. The percent of patients undergoing SLNB who develop an axillary recurrence following a negative sentinel node biopsy
 - D. The percent of patients who develop an axillary recurrence who had a positive sentinel node biopsy
 - E. None of the above
 - U. Uncertain
8. True or False: Most patients who have an axillary recurrence will have operable disease.
9. True or False: Overall survival rates following axillary recurrence are generally less than for patients who have node positive disease at initial presentation.
10. True or False: The average time to axillary recurrence is less than 5 years.
11. True or False: Sentinel node mapping has an equivalent failure rate to axillary node dissection.

12. True or False: Axillary radiation following Level I/II dissection does not reduce the rate of axillary recurrence.
13. Which one of the following is false regarding the diagnosis of breast cancer during pregnancy?
- A. Breast cancer diagnosis is often delayed in pregnant women
 - B. Mammography is contraindicated during pregnancy
 - C. Imaging is less sensitive during pregnancy
 - D. Chemotherapy can be given during pregnancy
 - U. Uncertain
14. Which one of the following is associated with an increased risk of breast cancer?
- A. Duct ectasia
 - B. Fibroadenoma
 - C. Cysts
 - D. Epithelial hyperplasia without atypia
 - E. None of the above
 - U. Uncertain
15. The relative risk of developing breast cancer with atypical hyperplasia is which one of the following?
- A. 2 X
 - B. 5 -10 X
 - C. 20 X
 - U. Uncertain
16. A woman undergoes a stereotactic core biopsy for indeterminate calcifications seen on mammogram. The pathology report states there are calcifications associated with sclerosing adenosis with minor atypia. This should be managed by which one of the following?
- A. Repeat core biopsy
 - B. Excisional biopsy
 - C. Repeat mammogram in 6 months
 - D. None of the above
 - U. Uncertain
17. True or False: Tamoxifen treatment for 5 years has been shown to decrease the incidence of subsequent breast cancer diagnosis in women with atypical hyperplasia.
18. True or False: Breast cancer in the elderly is a less aggressive disease for stage.
19. True or False: If insufficiently treated, elderly women suffer unnecessary morbidity from breast cancer.

20. Which one of the following does not contribute to the development of breast edema following partial mastectomy?
- A. Axillary dissection
 - B. Axillary radiation
 - C. Breast size
 - D. Underwire bras
 - E. Extensive resection
 - U. Uncertain
21. Seroma formation and prolonged excessive drainage of serous fluid occur in what percentage of patients following MRM?
- A. 1
 - B. 5
 - C. 10
 - D. 20
 - U. Uncertain
22. Which one of the following does not increase the risk of flap necrosis in mastectomy patients?
- A. Diabetes
 - B. Obesity
 - C. Previous radiation
 - D. Age
 - U. Uncertain
23. Which of the following are effective methods to reduce the incidence of postoperative lymphedema?
- A. Use of axillary drains
 - B. Arm exercises
 - C. Massage
 - D. None of the above
 - U. Uncertain
24. Which one of the following is false regarding the axillary bands seen in axillary web syndrome?
- A. Histologically they are occluded veins and lymphatics
 - B. They may extend down to the thumb
 - C. They typically resolve spontaneously within 6 months
 - D. They do not occur after sentinel node biopsy
 - U. Uncertain
25. True or False: I would prefer not to do pre and post tests at these courses.