

EVALUATION FORM
Grand Rounds in Oncology:
How the Experts Treat Cancer: Module 3–Breast Cancer
Release Date: November 30, 2010

The City of Hope respects and appreciates your opinions. To assist us in evaluating the effectiveness of this activity and to make recommendations for future educational offerings, please take a few minutes to complete this evaluation form. *You must complete this evaluation form and the posttest to receive a CME credit certificate.*

Please answer the following questions by circling the appropriate rating:

5 = Outstanding 4 = Good 3 = Satisfactory 2 = Fair 1 = Poor

Extent to Which Program Activities Met the Identified Objectives

Upon successful completion of this educational activity, participants should be better able to:

- Discuss diagnostic, surgical and medical aspects of breast cancer management in pregnancy 5 4 3 2 1
- Assess risks and benefits of adjuvant therapy in the elderly early stage breast cancer patient 5 4 3 2 1
- Define personalized therapy for breast cancer 5 4 3 2 1

Overall Effectiveness of the Activity

- Was timely and will influence how I practice 5 4 3 2 1
- Will assist me in improving patient care 5 4 3 2 1
- Fulfilled my educational needs 5 4 3 2 1
- Avoided commercial bias or influence 5 4 3 2 1

Impact of the Activity

The information presented:

(check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Reinforced my current practice/treatment habits | <input type="checkbox"/> Will improve my practice/patient outcomes |
| <input type="checkbox"/> Provided new ideas or information I expect to use | <input type="checkbox"/> Enhanced my current knowledge base |

Will the information presented cause you to make any changes in your practice?

- Yes No

If yes, please describe any change(s) you plan to make in your practice as a result of this activity:

How committed are you to making these changes?

(Very committed) 5 4 3 2 1 (Not at all committed)

Future Activities

Do you feel future activities on this subject matter are necessary and/or important to your practice?

- Yes No

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Please list any other topics that would be of interest to you for future educational activities:

Follow-up

As part of our ongoing continuous quality improvement effort, we conduct post-activity follow-up surveys to assess the impact of our educational interventions on professional practice. Please indicate your willingness to participate in such a survey:

- Yes, I would be interested in participating in a follow-up survey
- No, I'm not interested in participating in a follow-up survey

Additional comments about this activity:

Request for Credit

If you wish to receive acknowledgement of participation for this activity, please complete the posttest by selecting the best answer to each question. Complete this evaluation verification of participation and submit by email to **CME@coh.org** by clicking on the link below the posttest; or mail to **City of Hope Office of Continuing Medical Education, 1500 East Duarte Road, Duarte, CA 91010**; or fax to **626-301-8939**.

Name _____ Degree _____

Organization _____

Address _____

City, State, Zip _____

Telephone _____ Fax _____ E-Mail _____

I certify my actual time spent to complete this educational activity to be:

I participated in the activity *How the Experts Treat Cancer: Module 3–Breast Cancers* and claim 1.5 AMA PRA Category 1 Credits™.

Signature _____ Date _____

Post-test Answer Form

1	2	3	4	5	6	7

CME POSTTEST

Grand Rounds in Oncology: How the Experts Treat Cancer Module 3–Breast Cancer

1. A patient has a core needle biopsy performed for a suspicious finding on mammogram (BI-RADS 4). The pathology reveals atypical ductal hyperplasia. What should be done next?
 - A. Follow-up mammogram in 6 months
 - B. An MRI
 - C. An excisional biopsy
 - D. A lumpectomy and sentinel node biopsy
2. A patient has a screening mammogram that is read as BI-RADS 0. What should be done next?
 - A. Additional views (magnification, compression)
 - B. Biopsy
 - C. MRI
 - D. Follow-up mammogram in 6 months
3. Which of the following is NOT characteristic of a “classic” fibroadenoma?
 - A. Circumscribed
 - B. Wider than tall
 - C. Homogeneous
 - D. Irregularly shaped
4. In 55 year-old female with metastatic to bone only with minimal pain, ER/PR positive, and HER2 negative breast cancer, which of the following treatment will be most appropriate?
 - A. Aromatase inhibitor
 - B. Taxane + bevacizumab chemotherapy
 - C. Oral chemotherapy with capecitabine
 - D. Observation
5. HER 2-target therapy with the combination of chemotherapy and trastuzumab showed an improvement in overall survival of 6 months in the HER2 positive metastatic breast cancer
 - A. True
 - B. False
6. In ovarian cancer propagation, new possible targets are: A 70 year old woman with a recent diagnosis of a node positive triple negative (ER, PR and Her2neu negative) invasive breast cancer is status post a modified radical mastectomy. She presents for an initial oncology consultation to discuss adjuvant chemotherapy. Which of the following statements is true?
 - A. Adjuvant chemotherapy does not improve relapse free or overall survival in older adults
 - B. Single agent treatment with capecitabine is equivalent to poly-chemotherapy with AC (doxorubicin and cyclophosphamide) or CMF (cyclophosphamide, methotrexate, and 5-fluorouracil) in improving relapse free and overall survival
 - C. Single agent treatment with capecitabine is superior to poly-chemotherapy with AC or CMF in improving relapse free and overall survival
 - D. Poly-chemotherapy with AC or CMF is superior to single agent capecitabine in improving relapse free and overall survival
7. The domains of a geriatric assessment include:
 - A. Functional status
 - B. Comorbidity
 - C. Cognition
 - D. Psychological state and social support
 - E. Nutritional status
 - F. All of the above