Question # 1:
Why is BRCA mutation testing an essential part of risk-stratifying individuals with a family history of breast cancer, as well as those with documented breast cancer?

Question # 2:
What kind of counseling, referral, and diagnostic testing infrastructure—including genetic counselors—have you established to optimize selection of individuals who are appropriate, NCCN guideline-consistent candidates for BRCA testing?

Question # 3:
Which specialists—primary care, OB-GYN, medical oncologists, breast cancer surgeons, geneticists—should be recommending or ordering BRCA-1 and BRCA-2 mutation tests?

Question # 4:
What are the precise NCCN criteria and recommendations for who should undergo BRCA-1 and BRCA-2 mutation testing?

Question # 5:
When you receive BRCA test results, what exactly do they tell you, and how do they guide clinical decision-making—i.e. surgery, treatment, chemoprevention, and/or surveillance—for the comprehensive breast cancer team?
Question # 6:
How would a negative BRCA report influence your clinical decision-making? Is it just as informative and useful as a positive report? What about an indeterminate test result?

Question # 7:
Do you find that BRCA mutation testing is underused, overused, or appropriately used? On what do you base your assessment? Where do we need to expand BRCA testing?

Question # 8:
In addition to the prognostic and surgical implications associated with BRCA mutations, what are the predictive implications for selecting chemotherapy in these patients?

Question # 9:
What are the key take-home points about the foundational role of BRCA testing in patients at risk for, or with documented breast cancer?

Question # 10:
Who needs BRCA testing? Who should initiate the test? What are the ASCO and NCCN guidelines for BRCA testing? How does your approach change based on BRCA results?

Question # 11:
Why are the results of BRCA mutation testing important to you, as a breast cancer specialist, when formulating a management plan for patients at risk for, or with confirmed BRCA-positive breast cancer? Why are they important to the patients and family members?

Question # 12:
What kind of specific information comes back to you after a patient has genetic testing for BRCA mutations?

Question # 13:
How will the ruling by the Supreme Court permitting multiple vendors to provide BRCA testing alter the landscape for genetic testing in the setting of breast cancer?

Question # 14:
BRCA positivity in the setting of triple-negative breast cancer poses unique therapeutic challenges in a high-risk population. Can you summarize where we currently stand with TNBC, including the role of eribulin?

Question # 15:
What is the relationship between TNBC and BRCA mutation positivity? What might the treatment implications be of knowing that the two co-exist?

Question # 16:
How do you counsel a patient with a positive BRCA test?

Kathy D. Miller, MD
Ballve Lantero Scholar in Oncology
Co-Director, Simon Cancer Center
Breast Cancer Program
Associate Professor
Department of Medicine
Indiana University School of Medicine
Indianapolis, Indiana

Question # 17:
Why is BRCA testing integral for optimizing care of women at risk for breast cancer and what have your studies demonstrated about the importance of, yet underuse, of BRCA mutation testing?

Question # 18:
Which individuals, with or without breast cancer, should be considered for BRCA-1 and BRCA-2 mutation testing?

Question # 19:
What is the appropriate sequence and setting for BRCA mutation testing, and how should the geneticist (genetics counselor) and oncologist collaborate to provide the best information for the patient?

Question # 20:
How does knowing the results of BRCA mutation tests affect your guidance and systemic treatment program for patients with breast cancer?

Question # 21:
Given the clinical and prognostic value of BRCA mutation testing, why and in what situations is this genetic test most likely to be underused?

Question # 22:
How do you help mitigate the anxiety that may be associated with BRCA mutation testing? How do you talk with patients to lower barriers for testing?

Hope Rugo, MD
Professor of Medicine
Director, Breast Oncology and Clinical Trials Education
UCSF Helen Diller Family Comprehensive Cancer Center
San Francisco, California

Question # 23:
Why is BRCA-1 and BRCA-2 mutational testing an indispensable, core diagnostic strategy for woman at risk for, or with documented breast cancer? Take us
through the rationale for employing these tests, why the information is important, and what we should do with it in specific patient subgroups?

**Question # 24:** How might knowing the BRCA mutation status of a patient with breast cancer affect treatment decisions?

**Question # 25:** In which subgroup of breast cancer patients or at-risk patients do you feel that BRCA mutation testing is most underused?

**Question # 26:** How does a collaborative approach with genetic counselors help optimize the clinical usefulness and decision-making for BRCA mutation testing?

**Question # 27:** What is the importance of BRCA mutational testing to identify patients who have familial breast cancer? And how do these tests help optimize management of the at-risk population?

**Question # 28:** Who should receive BRCA mutational testing and in what setting should such testing be done? What do the current guidelines recommend?

**Question # 29:** Take us through the clinical decision and management tree for a patient who has tested positive for the BRCA-1 and/or BRCA-2 mutation. How does it impact breast cancer care, specifically?

**Question # 30:** What are the clinical implications of having a BRCA-1 versus a BRCA-2 mutation? Or both? How would management or surveillance be affected by the presence of these diagnostic risk markers?

**Question # 31:** Can you summarize the specifics of the NCCN and ASCO guidelines and recommendations related to screening for BRCA-1 and BRCA-2 mutations? And what is the role of maternal and paternal lineages?

**Question # 32:** Among patients who already have breast cancer, independent of the family history, what is the rationale for conducting BRCA-1 and BRCA-2 mutational testing?

**Question # 33:** What are the treatment implications in a patient with breast cancer who is positive for one or more BRCA mutations? How might management be altered?

**Question # 34:** Are there other agents, such as platinum-based therapies, that may be uniquely advantageous in patients with BRCA mutations?

**Question # 35:** Is BRCA-1 and BRCA-2 mutational testing under-used? From a screening perspective, how can we optimize the appropriate utilization of this test? How good is the test? Should we expand its use? Can it save lives?

**Debu Tripathy, MD**
Professor of Medicine
Priscilla and Art Ulene Chair in Women’s Cancer
Co-Leader, Women’s Cancer Program
University of Southern California
Los Angeles, California

**Question # 36:** What are the implications of the combined, pooled results of the EMBRACE Trial (305 Trial) and the 301 Trial evaluating eribulin for patients with advanced breast cancer?

**Question # 37:** What were the specific survival benefits with eribulin in various subgroup analyses?

**Question # 38:** What do we still need to know about the role of microtubule inhibiting agents such as eribulin and their role in advanced breast cancer?

**Question # 39:** What is the role of BRCA testing in England? Where does this genetic testing fit into practice standards for breast cancer evaluation? How do we ensure that testing is employed in the appropriate patients?

**Question # 40:** What do you do with the information you obtain from a BRCA mutation test, and how does it affect your approach to the patient and family members?

**Question # 41:** How do we ensure that the BRCA mutation test is not under-utilized in patients who are appropriately risk-stratified and eligible for BRCA testing?

**Question # 42:** What are the treatment implications for BRCA positive carriers versus those patients with TNBC? Should we see them as equivalent with respect to treatment strategies?
Question # 43:
What historical, age, and clinical triggers do you employ to identify individuals who are appropriate for BRCA-1 and BRCA-2 testing?

Question # 44:
How can identifying BRCA-1 and BRCA-2 mutation improve patient outcomes and improve survival rates among those carrying the gene mutation?

Question # 45:
Why do you recommend performing BRCA mutation testing within the framework of genetic counseling?

Question # 46:
When do you employ just BRCA-1 and BRCA-2 testing and when do you order extended panels for other mutations or subtypes?

Question # 47:
What are the key take-home points about the foundational role of BRCA testing in patients at risk for, or with documented breast cancer?

Question # 48:
Among patients who you see in your practice who are at risk for, or who have, breast cancer, who do you refer for BRCA-1 and BRCA-2 genetic testing?

Question # 49:
What are the treatment implications of a positive BRCA test?

Question # 50:
How is BRCA diagnostic testing used within the framework of your breast oncology practice? How do you present the need for testing to your patients?

Question # 51:
Which populations have a higher risk of having positive BRCA-1 and BRCA-2 tests, and what are the diagnostic and screening implications for these high risk subgroups?

Question # 52:
Why is BRCA testing important as it relates to screening, prognosis, and management of patients at risk for, or who have confirmed breast cancer?

Question # 53:
What are the clinical implications of having a BRCA-1 versus a BRCA-2 mutation? How would management be affected by the presence of these diagnostic risk markers?

Question # 54:
Who should be ordering screening for BRCA mutations?
Primary care physicians? Breast cancer specialists?
Genetic counselors? Breast cancer surgeons? What is the role of family members?

Question # 55:
What are the implications of having a positive BRCA mutation in an individual who cannot provide a reliable family history of breast cancer? How would such a patient be managed?

Question # 56:
In which patient subsets—patients at risk for and/or with confirmed breast cancer—do you find the BRCA-1 and BRCA-2 mutation test most valuable?

Question # 57:
Can you summarize the specifics of the NCCN and ASCO guidelines and recommendations related to screening for BRCA-1 and BRCA-2 mutations?

Question # 58:
Should we be doing BRCA-1 and BRCA-2 mutational testing in all patients with documented breast cancers? Why or why not?

Question # 59:
Why is BRCA mutational testing underused and how should clinicians overcome the barriers to BRCA testing? How do we avoid under-testing?

Question # 60:
What is the biological role of BRCA genes and why is detection of BRCA-1 and BRCA-2 mutations essential for guiding breast cancer prevention and/or therapy?

Question # 61:
What prognostic and/or predictive information does BRCA testing provide, and how do you counsel your patients who carry these mutations?

Question # 62:
What factors—personal history, family history, and ethnicity—do you take into account when recommending BRCA testing?
Question # 63:
What are the specific methodologies used for BRCA testing and for full gene sequencing? When are these techniques useful?

Question # 64:
What are your treatment, diagnostic, or surveillance options in patients who have BRCA-1 or BRCA-2 mutations?

Question # 65:
With the publicity around BRCA testing, how do you counsel individuals who come to you asking for the test?

Question # 66:
How do we counsel a patient with a negative BRCA test?

Question # 67:
How do we optimize the role, information, and positive impact of genetic counseling as it relates to BRCA mutational testing?

Question # 68:
What is the psychological impact when patients are provided with the results of BRCA-1 and BRCA-2 mutation tests?

Question # 69:
Where does genetic testing fit into your overall approach to patient care? And what is the role of non-cancer specialists with respect BRCA testing?

Denise Yardley, MD
Program Director, Breast Cancer Research
Senior Investigator
Sarah Cannon Research Institute
Nashville, Tennessee

Question # 70:
At your breast cancer center, which patients do you ensure are sent for BRCA-1 and BRCA-2 mutational testing?

Question # 71:
How does a patient’s ethnicity influence your decision to recommend BRCA testing?

Question # 72:
How would the absence or presence of a BRCA-1 or BRCA-2 mutation influence your treatment or surveillance strategy in various subgroups of patients who show the mutation?

Question # 73:
How do you decide between specific mutation testing and more comprehensive testing based on family history and clinical profile?

Question # 74:
What do you see in the way of psychological impact when patients are provided with and explained the results of BRCA-1 and BRCA-2 mutation tests?

Question # 75:
With the media publicity around BRCA testing, how do you counsel individuals who come to you asking for the test, even if they don’t meet NCCN recommendations?

Question # 76:
How do you counsel the patient with a BRCA-1 or BRCA-2 mutation who does not have breast cancer? Which do you bring into your genetic counseling framework?

Question # 77:
What are the key take-home points about the foundational role of BRCA testing in patients at risk for, or with documented breast cancer?

Stefan Gluck, MD
Professor of Medicine
Miller School of Medicine
University of Miami
Clinical Director, Braman Family Breast Cancer Institute
Sylvester Comprehensive Cancer Center
Miami, Florida

Question # 78:
What historical, age, ethnic, and clinical triggers do you employ to identify individuals who are appropriate for BRCA-1 and BRCA-2 testing?

Question # 79:
What prognostic and/or predictive information does BRCA testing provide, and how do you counsel your patients who carry these mutations?

Question # 80:
How would the absence or presence of a BRCA-1 or BRCA-2 mutation influence your treatment, counseling or surveillance strategy in various subgroups of patients who show the mutation?

Question # 81:
How would the absence or presence of a BRCA-1 or BRCA-2 mutation influence your treatment, counseling or surveillance strategy in a patient who already has breast cancer?

Peter Kaufman, MD
Associate Professor of Medicine
Department of Medical Oncology and Hematology
Dartmouth Medical School
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Question # 82:
Can you summarize the results of the most current eribulin trials for advanced breast cancer, especially as it related to triple-negative breast cancer?
Question # 83:
What were the findings of the pooled analysis (301 and 305 studies) for the eribulin trial development program for advanced and metastatic breast that were presented at ASCO 2014?

Question # 84:
Based on the 301 and 305 studies evaluating eribulin in advanced breast cancer, how might our therapeutic approach to patients with triple negative disease be modified?

Question # 85:
Where do we stand as far as optimal management for prolonging survival in breast cancer patients who are triple negative? Should we be using eribulin earlier?

Question # 86:
Why do you feel that BRCA mutational testing is critical for optimizing treatment approaches for women at risk for breast cancer?