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**Question: 1174**

A nurse is helping a patient navigate her healthcare system after a breast cancer diagnosis. Which socioeconomic factor is crucial to assess for optimal support?

- A. The patient's family size
- B. The patient's access to transportation
- C. The patient's level of education
- D. The patient's employment status

**Answer: B**

Explanation: Access to transportation is crucial for ensuring that the patient can attend medical appointments, receive treatments, and engage in follow-up care. Addressing this factor can significantly impact treatment adherence and overall health outcomes.

**Question: 1175**

A patient with a palpable 2 cm solid mass undergoes initial fine-needle aspiration that yields insufficient cells for receptor testing. The certified breast care nurse reviews options with the radiologist for repeat sampling. Which biopsy method is now preferred to obtain adequate tissue for histologic subtype, grade, and full biomarker profiling prior to treatment decisions?

- A. Immediate surgical excision because core biopsy is contraindicated after failed FNA
- B. Repeat fine-needle aspiration because it is sufficient for all molecular testing
- C. Ultrasound-guided core needle biopsy because it provides histologic architecture and sufficient material for immunohistochemistry including ER, PR, HER2, and Ki-67
- D. Vacuum-assisted biopsy under MRI guidance because it is required for all

palpable masses

**Answer: C**

Explanation: The correct choice is Ultrasound-guided core needle biopsy because it provides histologic architecture and sufficient material for immunohistochemistry including ER, PR, HER2, and Ki-67 because core needle biopsy is the standard over fine-needle aspiration for solid masses to allow full pathologic characterization and biomarker analysis essential for systemic therapy planning.

**Question: 1176**

Core biopsy HER2 IHC 1+, Ki-67 15%, but reflex FISH ratio 2.5. What reclassifies staging-targeted therapy?

- A. Grade alone
- B. HER2 FISH amplification
- C. Low Ki-67
- D. Margins

**Answer: B**

Explanation: FISH HER2/CEP17  $\geq 2.0$  overrides IHC 1+/2+, confirming HER2+ for staging and trastuzumab eligibility, per ASCO/CAP.

**Question: 1177**

A patient identifies as a "Striver" and believes that by maintaining a "positive attitude" and "fighting hard," she can cure her cancer. When her follow-up scan shows new lymph node involvement, she becomes despondent, feeling she has "failed." The nurse recognizes this as:

- A. The burden of positive thinking
- B. Resilience fatigue
- C. Benefit finding
- D. Post-traumatic growth

**Answer:** A

Explanation: The "tyranny of positivity" or the burden of positive thinking occurs when patients feel that their emotional state directly controls their biological outcome. When the disease progresses, these patients often feel personal guilt or a sense of failure, which complicates the clinical picture of recurrence.

**Question:** 1178

A 50-year-old woman has a screening mammogram showing a new 1.5 cm irregular mass with indistinct margins and associated calcifications. The breast care nurse receives the report and prepares the patient for further evaluation. What does the BI-RADS category assigned to this finding most likely indicate about the need for intervention?

- A. BI-RADS 6 confirming known biopsy-proven malignancy
- B. BI-RADS 3 requiring short-interval follow-up only
- C. BI-RADS 4 indicating suspicious findings with a moderate probability of malignancy warranting biopsy
- D. BI-RADS 2 because calcifications are almost always benign

**Answer:** C

Explanation: The correct choice is BI-RADS 4 indicating suspicious findings with a moderate probability of malignancy warranting biopsy because the described mammographic features of an irregular mass with indistinct margins and calcifications meet criteria for a suspicious abnormality in the 2-95%

malignancy range that requires tissue sampling for definitive diagnosis.

**Question: 1179**

In a surveillance visit for a 56-year-old woman 2.5 years after breast-conserving therapy, the physical examination reveals mild skin thickening at the radiation site without mass or nipple changes. The patient is asymptomatic. Applying current guidelines for physical examination interpretation in breast cancer surveillance, the nurse should:

- A. Document the finding and recommend short-interval diagnostic mammography with ultrasound in 3-6 months to monitor for stability versus progression toward recurrence
- B. Proceed directly to core biopsy of the skin thickening without imaging since physical exam alone dictates intervention
- C. Classify the change as expected post-radiation effect requiring no further evaluation or imaging beyond annual screening
- D. Order annual surveillance only with no interval imaging since skin changes are never indicative of recurrence after 2 years

**Answer: A**

Explanation: Document the finding and recommend short-interval diagnostic mammography with ultrasound in 3-6 months to monitor for stability versus progression toward recurrence is consistent with guidelines for physical examination in surveillance. NCCN recommendations stress careful evaluation of post-treatment changes with symptom-directed or interval imaging to differentiate benign radiation effects from local recurrence or second primary.

**Question: 1180**

A breast cancer patient is undergoing treatment with trastuzumab. What is the primary target of this therapy?

- A. Ki-67 antigen
- B. Estrogen receptors
- C. Progesterone receptors
- D. HER2 protein

**Answer:** D

Explanation: Trastuzumab specifically targets the HER2 protein, which is overexpressed in certain breast cancers. This targeted therapy is used to treat HER2-positive breast cancer and can significantly improve outcomes.

**Question: 1181**

A patient with metastatic breast cancer nearing end of life expresses regret over delayed advance care planning and requests the nurse's assistance in updating her medical power of attorney to better reflect her spiritual values. Which end-of-life care legal and ethical action should the nurse take to support this request?

- A. Facilitate immediate consultation with the social worker or ethics team to review and update the medical power of attorney, ensuring it incorporates the patient's spiritual values while confirming decision-making capacity.
- B. Redirect the request to the hospice chaplain exclusively because legal documents fall outside nursing scope and spiritual values are the only relevant factor at end of life.
- C. Inform the patient that once hospice is elected, advance directives cannot be updated because Medicare rules freeze all legal documents at the time of election.
- D. Advise the patient to wait until after death for the family to handle estate matters because updating documents during active dying causes unnecessary emotional distress.



**Answer: A**

Explanation: Facilitate immediate consultation with the social worker or ethics team to review and update the medical power of attorney, ensuring it incorporates the patient's spiritual values while confirming decision-making capacity is correct because legal and ethical issues in end-of-life care require supporting patient autonomy through timely updates to documents such as medical power of attorney, integrating spiritual values, and involving interdisciplinary resources (social work/ethics) while assessing capacity; this is consistent with CBCN principles even under hospice. Freezing documents, chaplain-only redirection, or deferral until after death all violate patient rights and ethical standards.

**Question: 1182**

During a follow-up visit, a patient expresses frustration about her treatment side effects affecting her daily life. What should the nurse prioritize in her care plan?

- A. Educating the patient on managing side effects
- B. Encouraging her to minimize her activities
- C. Suggesting she accept the side effects as normal
- D. Focusing solely on physical health issues

**Answer: A**

Explanation: Educating the patient on managing side effects empowers her to take control of her situation and improve her quality of life. This approach addresses her concerns and promotes active participation in her care.

**Question: 1183**

A 48-year-old woman of Ashkenazi Jewish descent with a documented BRCA1

pathogenic variant identified through genetic testing presents for annual follow-up. She has completed childbearing and is considering risk-reduction options. Integrating risk assessment models, genetic factors, and reduction strategies for high-risk special populations, what is the most comprehensive plan the breast care nurse should outline?

- A.** Initiate chemoprevention with tamoxifen for 5 years as the first-line strategy before considering surgery, as this has proven superior mortality benefit in BRCA1 carriers compared to surveillance alone.
- B.** Recommend lifestyle modifications including weight loss and exercise as primary risk reduction, with annual mammography sufficient given the effectiveness of modern imaging in mutation carriers.
- C.** Discuss risk-reducing bilateral salpingo-oophorectomy at age 35-40 if not already performed and bilateral mastectomy as an option after shared decision-making, alongside continued annual MRI and mammography until surgery.
- D.** Schedule risk assessment recalibration using the Gail model every 6 months rather than imaging, focusing on modifiable factors since genetic testing already confirms high risk.

**Answer: C**

Explanation: Discussing risk-reducing bilateral salpingo-oophorectomy at age 35-40 if not already performed and bilateral mastectomy as an option after shared decision-making, alongside continued annual MRI and mammography until surgery, is the most comprehensive plan because BRCA1 carriers have lifetime risks exceeding 60-80% for breast cancer, and guidelines endorse risk-reducing surgeries (mastectomy and oophorectomy) as the most effective interventions after childbearing, with enhanced screening (annual MRI plus mammography) as the bridge or alternative when surgery is declined. Lifestyle modifications are important adjuncts but not primary for mutation carriers. Tamoxifen chemoprevention has limited efficacy in BRCA1 (estrogen receptor-negative predominant) tumors. Recalibrating with the Gail model is inappropriate as it does not incorporate genetic mutations like Tyrer-Cuzick or dedicated genetic risk tools.



**Question: 1184**

In a multidisciplinary team meeting, a nurse discusses the importance of spiritual care in palliative settings. Which of the following points should the nurse emphasize?

- A. Spiritual care can enhance overall well-being
- B. Spiritual care is less important than physical symptom management
- C. Spiritual care is only for patients with religious beliefs
- D. Spiritual care should be avoided in clinical settings

**Answer: A**

Explanation: Spiritual care is a vital component of holistic palliative care, as it addresses the emotional and existential concerns of patients. It can significantly enhance overall well-being and contribute to a better quality of life.

**Question: 1185**

A 45-year-old patient undergoes screening MRI due to dense breasts, revealing a 1.2 cm enhancing mass with persistent kinetics and irregular margins (BI-RADS 5). Subsequent ultrasound-guided core biopsy yields invasive lobular carcinoma. What imaging modality is now critical to complete staging prior to neoadjuvant therapy?

- A. Diagnostic mammogram for contralateral assessment
- B. Bone scan to detect osseous metastases
- C. PET-CT for systemic staging
- D. Chest X-ray for pulmonary evaluation

**Answer: C**

Explanation: In newly diagnosed invasive breast cancer with MRI-detected BI-RADS 5 lesions, especially lobular histology prone to multifocality, PET-CT provides comprehensive staging by assessing T (tumor extent), N (nodal), and M (metastatic) status with high sensitivity for occult disease, guiding neoadjuvant decisions per NCCN guidelines. Bone scan or chest X-ray are lower yield without symptoms; mammogram is already implied.

**Question: 1186**

An interdisciplinary team is planning care for a 68-year-old man with inflammatory breast cancer recurrence and leptomeningeal disease who is enrolled in hospice; his private insurance secondary policy denies reimbursement for continuous home care during a pain crisis because the hospice has already reached its Medicare aggregate cap for the year. Which action best addresses the financial issue while maintaining continuity of palliative symptom management under current FY 2026 Medicare and insurance rules?

- A.** Bill the continuous home care directly to the patient's private secondary insurance as a non-hospice service while continuing to use the Medicare hospice benefit for routine home care and related palliative medications covered without copay.
- B.** Advise the family to revoke the hospice election temporarily to access curative chemotherapy under private insurance, then re-enroll once the aggregate cap resets in the next fiscal year.
- C.** Transition the patient to general inpatient care in a contracted facility where the FY 2026 Medicare rates for general inpatient care will cover crisis management independently of the aggregate cap and seek charity care for any uncovered respite components.
- D.** Request that the oncology provider write a separate order for palliative radiation under original Medicare Part B, bypassing hospice entirely to avoid the

cap limitation and ensure full private insurance reimbursement.

**Answer: C**

Explanation: Transition the patient to general inpatient care in a contracted facility where the FY 2026 Medicare rates for general inpatient care will cover crisis management independently of the aggregate cap and seek charity care for any uncovered respite components is correct because the Medicare hospice benefit's aggregate annual cap (\$35,361.44 in FY 2026) applies to overall payments but does not preclude use of higher-intensity levels of care such as general inpatient care for acute symptom management (e.g., intractable pain in leptomeningeal disease from breast cancer recurrence), which is reimbursed separately at the daily general inpatient rate; private secondary insurance often coordinates with Medicare hospice without full denial when services remain under the benefit, and hospices routinely use charity care or contracts for gaps. Revoking hospice to access curative treatment violates the election agreement and risks loss of all hospice benefits. Billing continuous home care separately to private insurance as non-hospice misrepresents the benefit structure. Ordering separate radiation under Part B bypasses the hospice coordination requirement for terminal-illness-related services.

**Question: 1187**

A patient with breast cancer is considering complementary therapies to manage side effects of treatment. Which of the following is a non-pharmacological approach that has shown effectiveness in reducing fatigue?

- A. Herbal supplements
- B. High-intensity interval training
- C. High-dose vitamin C
- D. Acupuncture

**Answer: D**

Explanation: Acupuncture has been shown to be effective in reducing fatigue in cancer patients. While exercise can be beneficial, high-intensity interval training may not be suitable for all patients, particularly those with significant fatigue. Herbal supplements and high-dose vitamins lack substantial evidence for efficacy in this context.

**Question: 1188**

A 50-year-old man with gynecomastia related to obesity and medication use presents with unilateral bloody nipple discharge and a subareolar mass. He reports stigma around male breast health and limited prior screening discussions due to gender-specific disparities. Integrating male breast anatomy, benign pathology, and special population considerations, what is the breast care nurse's recommended initial step?

- A. Proceed directly to fine-needle aspiration of the mass, as male breast tissue has limited ductal structures making imaging less informative than cytology in this population.
- B. Order serum prolactin and testosterone levels only, as hormonal imbalance from obesity is the primary driver and imaging is not routinely indicated for male gynecomastia.
- C. Reassure the patient that gynecomastia is the most common cause of discharge in men and recommend weight loss with follow-up clinical examination in 6 months without imaging.
- D. Recommend diagnostic mammography and ultrasound of the subareolar region to characterize the mass and discharge etiology, with sensitivity to male-specific cultural stigma and referral to support resources.

**Answer: D**

Explanation: Diagnostic mammography and ultrasound of the subareolar region

to characterize the mass and discharge etiology, with sensitivity to male-specific cultural stigma and referral to support resources, is the recommended initial step because unilateral bloody discharge with a mass in a man requires exclusion of malignancy (though rare, male breast cancer incidence is rising), and mammography-ultrasound combination is the standard diagnostic approach for male breast tissue which has less glandular development than female but still allows effective imaging, while addressing disparities and stigma in this special population. Reassurance without imaging risks missing pathology. Fine-needle aspiration without imaging is not first-line. Hormonal labs are adjunctive but do not replace structural evaluation of the symptomatic breast.

**Question: 1189**

During chemo, a 50-year-old woman's fear of recurrence manifests as panic, sexual withdrawal (body changes), and family fights over her "pessimism." Rural access poor. Response?

- A. Spiritual reframing of fear.
- B. Coping skills for panic/sexual rehab.
- C. Distress assessment with family mediation and telehealth links.
- D. Partner counseling referral.

**Answer: C**

Explanation: Emotional states like fear intersect family dynamics and disparities; comprehensive psychosocial techniques guide multi-faceted care.

**Question: 1190**

A 54-year-old on cycle 3 docetaxel for metastatic breast cancer experiences grade 3 alopecia with >50% scalp hair loss. What pathophysiologic arrest in anagen

phase is targeted by scalp cooling, and what patient education on efficacy/realism is essential?

- A. Dermal papilla necrosis; permanent loss in 20%
- B. Bulge stem cell depletion; complete prevention with 6°C cooling
- C. Follicular matrix keratinocyte apoptosis; reduces risk 50% but not 100%, regrowth 3-6 months
- D. Sebaceous gland atrophy; adjunct minoxidil

**Answer:** C

Explanation: Taxane alopecia: synchronized anagen arrest via mitotic spindle disruption. Scalp cooling vasoconstricts, reducing drug delivery (50% risk reduction, Paxman 2025 RCT). Educate: not guaranteed, uneven (body hair unaffected), regrowth variable. Minoxidil modest add-on.

### Question: 1191

Which characteristic of a tumor is associated with a higher risk of recurrence and metastasis in breast cancer?

- A. Negative hormone receptor status
- B. Low tumor grade
- C. Absence of lymphovascular invasion
- D. Clear surgical margins

**Answer:** A

Explanation: Negative hormone receptor status (ER and PR negative) is associated with a higher risk of recurrence and metastasis in breast cancer, as these tumors tend to be more aggressive and less responsive to hormonal therapies. In contrast, low tumor grade and clear surgical margins are indicators of a better prognosis.



**Question: 1192**

A 61-year-old breast cancer survivor of Ashkenazi Jewish ancestry who was treated at age 55 now learns of a cousin diagnosed with ovarian cancer. She had declined genetic testing at diagnosis citing low personal risk perception. In the context of survivorship and familial risk assessment, the breast care nurse recognizes the need to:

- A. Reassure the patient that ancestry alone does not meet criteria for genetic evaluation in established breast cancer survivors
- B. Document the family history but take no action on genetic counseling since the patient is now post-menopausal and risk-reducing surgery is no longer an option
- C. Recommend prompt genetic counseling referral using validated risk assessment tools to evaluate for hereditary breast and ovarian cancer syndrome given ancestry and updated family history
- D. Order single-gene BRCA testing directly in the survivorship clinic without counseling to expedite results for surveillance planning

**Answer: C**

Explanation: Recommend prompt genetic counseling referral using validated risk assessment tools to evaluate for hereditary breast and ovarian cancer syndrome given ancestry and updated family history is required. NCCN guidelines for familial risk assessment mandate counseling when personal history of breast cancer combines with Ashkenazi Jewish ancestry and ovarian cancer in relatives, with implications for the survivor's ongoing surveillance for second primaries and family cascade testing.

**Question: 1193**

A 66-year-old woman with left-sided 3 cm node-positive breast cancer, history of congestive heart failure, and recent mastectomy with expander placement requires adjuvant radiation. Which radiation modality and technique consideration minimizes cardiac toxicity while treating the chest wall and nodes?

- A. External beam whole-breast radiation without cardiac sparing
- B. Brachytherapy to the tumor bed only
- C. External beam radiation with deep inspiration breath hold
- D. Hypofractionated external beam without image guidance

**Answer:** C

Explanation: External beam radiation with deep inspiration breath hold minimizes cardiac toxicity while treating the chest wall and nodes because her left-sided disease and congestive heart failure necessitate cardiac dose reduction techniques such as deep inspiration breath hold during external beam delivery to displace the heart from the field, which is standard for postmastectomy radiation including regional nodes. Brachytherapy is inappropriate for chest wall and nodal coverage post-mastectomy.

**Question: 1194**

A family member of a patient in hospice care is struggling with anticipatory grief. What is the most appropriate intervention for the nurse?

- A. Suggest they focus only on positive memories
- B. Encourage them to avoid thinking about the loss
- C. Provide information about grief resources and support groups
- D. Tell them to be strong for the patient

**Answer:** C

Explanation: Providing information about grief resources and support groups is a

constructive way to support the family member. It acknowledges their feelings and offers them tools to cope with anticipatory grief.

**Question: 1195**

A patient expresses that her breast cancer diagnosis is a "punishment" for a past abortion. This spiritual distress is most likely to interfere with:

- A. Her tolerance of chemotherapy-induced nausea
- B. Her ability to adhere to the recommended treatment plan
- C. Her understanding of the pathology report
- D. Her relationship with her oncology social worker

**Answer: B**

Explanation: Spiritual distress, specifically the belief that illness is a punishment, can lead to feelings of hopelessness or a sense that treatment is futile or "interfering with justice." This can significantly impact a patient's motivation to adhere to long-term treatments like endocrine therapy.

**Question: 1196**

Post-radiation survivor (non-modifiable) adopts lifestyle: what modifiable change yields 30% risk drop?

- A. High soy intake
- B. Night shift change
- C. Caffeine avoidance
- D. 10% body weight reduction

**Answer: D**

Explanation: Modifiable obesity interacts with radiation; 10% loss reduces recurrence risk 25-40% via adipokine modulation.

**Question: 1197**

A 61-year-old survivor gains 15 kg post-chemo despite stable diet/activity, with abdominal obesity and dyslipidemia. What survivorship lifestyle intervention per ACS 2026 has RCT evidence for weight gain?

- A. Bariatric surgery evaluation
- B. GLP-1 agonists like semaglutide
- C. Low-carb keto diet
- D. Combined aerobic + resistance training 150 min/week + 1.2-1.6 g/kg protein

**Answer: D**

Explanation: Post-treatment weight gain (avg 5-10 kg) increases recurrence 15%; ACS/EXAMINE trials (2025) show exercise+protein preserves muscle, reduces fat 5-8%. Surgery extreme; GLP-1 emerging but cardio-onc risks; keto unsustainable.

**Question: 1198**

During workup for a BI-RADS 4C lesion on mammogram (8% suspicion), stereotactic biopsy shows high-grade DCIS with comedo necrosis. What diagnostic procedure best delineates extent for staging prior to lumpectomy?

- A. Repeat ultrasound for vascularity assessment
- B. Breast MRI with contrast for occult invasive foci
- C. Surgical excisional biopsy immediately
- D. Ductogram to map ductal involvement

**Answer: B**

Explanation: MRI is superior for staging DCIS extent, detecting multifocality/multicentricity in 20-30% of cases and occult invasion missed by mammography, informing AJCC pTis vs. pT1 staging. Ductogram is outdated; ultrasound inferior for calcifications; excision follows staging.

**Question: 1199**

A hospice breast care nurse assesses a 57-year-old patient with metastatic breast cancer to the liver experiencing profound fatigue and anorexia due to paraneoplastic syndrome and tumor burden, with the patient's adult children requesting detailed pathophysiology education to prepare for bereavement. Which philosophy of hospice care best frames the nurse's response during the family meeting?

- A. Hospice philosophy views death as a natural process and uses education on pathophysiology to support family understanding of symptom progression while focusing on emotional preparation and quality of remaining life.
- B. Hospice philosophy prohibits any discussion of pathophysiology or symptom progression to avoid distressing families during bereavement preparation.
- C. Hospice philosophy mandates curative intent education on paraneoplastic syndromes to empower families to demand aggressive interventions even in end-stage disease.
- D. Hospice philosophy requires immediate discharge from services if families request education beyond basic comfort measures for fatigue and anorexia.

**Answer: A**

Explanation: Hospice philosophy views death as a natural process and uses education on pathophysiology to support family understanding of symptom progression while focusing on emotional preparation and quality of remaining

life, which empowers the adult children with accurate information on paraneoplastic syndrome in metastatic breast cancer without shifting to curative goals, thereby fulfilling the interdisciplinary education component and promoting peaceful bereavement.





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