Breast Cancer Screening in Women at Average Risk and High Risk
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Obstet Gynecol 2010;116(6)

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1. As a cause of cancer in women (other than skin cancers), breast cancer ranks:

   A. First
   B. Second
   C. Third
   D. Fourth
   E. Fifth
2. The term “sojourn time” refers to the time between:

A. First malignant change in cell and clinical symptoms
B. Symptoms and treatment
C. Detection and clinical manifestation
D. Being detectable by screening and being detectable clinically
E. Diagnosis and death

3. Based on the findings of the United States Preventive Services Task Force–commissioned models for mammographic screening, the most efficient strategy to increase the number of life years gained is to begin screening at age:

A. 35
B. 40
C. 45
D. 50
E. 55

4. Based on the findings of the United States Preventive Services Task Force–commissioned models for mammographic screening, the most efficient strategy to decrease breast cancer-related mortality is to begin screening at age:

A. 35
B. 40
C. 45
D. 50
E. 55

5. The factor most associated with a reduced sensitivity for mammography is:

A. Estrogen usage
B. Parity
C. Breast density
D. Breast size
E. Age over 60 years
6. Biopsies prompted by mammographic findings are more likely to be negative in younger women because of:

A. A lower false positive rate  
B. An increased density of breast tissue  
C. A lower rate of biopsy  
D. A lower prevalence of disease  
E. A generally larger breast size

7. When magnetic resonance imaging (MRI) is used as an adjunct to mammography in high-risk women, the effect on callbacks (compared to mammography alone) is:

A. A fourfold reduction  
B. A twofold reduction  
C. No net change  
D. A twofold increase  
E. A fourfold increase

8. When evaluating the utility of the clinical breast examination, the factor that is most associated with improving the sensitivity of the examination is:

A. Use of tactile-enhancing agents  
B. Time spent  
C. Use of a spiral search pattern  
D. The temperature of the examination room  
E. The use of the examiner’s dominant hand

9. Studies suggest that for low-risk women, breast self-examination results in an:

A. Increase in cancers detected  
B. Increase in disease-free years  
C. Decrease in patient anxiety  
D. Increase in biopsies  
E. Decrease in mammograms performed
10. Risk reduction using tamoxifen or raloxifene therapy is recommended for all high-risk women except for women who are at high risk based on:

A. BRCA status
B. Lifetime risk based on family history
C. 5-year risk based on modified Gail model calculations
D. Prior biopsy results
E. History of radiation exposure

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