No.	Questionnaire:	Total Votes	Survey Results (Number of Votes, %)				
			A	B	C	D	E
1	**Which method do you recommend for marking lymph nodes (LNs)?**	33	13	17	1	2	-
	A. Radiopaque markers **B. I-125 radioactive seeds** C. I do not recommend LN marking D. Abstain	100%	39.39%	**51.52%**	3.03%	6.06%	-
	Consensus reached						
2	**The optimal margin for a patient with triple-negative breast cancer after neoadjuvant systemic therapy with a partial clinical response in breast-conserving surgery is the absence of ink on invasive tumor?**	29	27	2	-	-	-
	A. Yes B. No C. Abstain	100%	**93.10%**	6.90%	-	-	-
	Consensus reached						
3	Is intraoperative histological examination of surgical margins necessary during breast-conserving surgery?	34	17	14	3	-	-
	A. Yes B. No C. Abstain	100%	**50.00%**	41.18%	8.82%	-	-
	Consensus reached						
4	**Is intraoperative histological examination of sentinel lymph nodes (LNs) necessary during breast-conserving surgery in primary cN0 patients?**	30	16	14	-	-	-
	A. Yes B. No C. Abstain	100%	**53.33%**	46.67%	-	-	-
	Consensus reached						
5	**How many margins of the breast sector should be marked during breast-conserving surgery?**	34	1	5	24	1	3
	A. Two margins B. All six margins (anterior, posterior, superior, inferior, lateral, medial) with one color **C. Multicolor marking of all six resection margins is necessary** D. Margin marking is not required E. Abstain	100%	2.94%	14.71%	**70.59%**	2.94%	8.82%
	Consensus reached						
6	**Would you recommend regional lymphatic area irradiation for a patient with cytologically confirmed axillary LN involvement (N1) who achieved (yp)N0 status after neoadjuvant systemic therapy and underwent breast-conserving surgery?**	31	14	16	1	-	-
	A. Yes **B. No** C. Abstain	100%	45.16%	**51.61%**	3.23%	-	-
	Consensus reached						

No.	Questionnaire:	Total Votes	Survey Results (Number of Votes, %)				
			A	B	C	D	E
7	**A patient with cT2N1M0 left breast cancer (core biopsy: IDC-NOS / IBT-NST, G3 (3+3+2), ER 100% (5+3=8), PR 0, HER2 0, Ki-67 45%). Recommended staging:**	32	26	4	2	-	-
	A. Chest X-ray/CT, abdominal/pelvic US/CT, bone scan B. Whole-body PET-CT C. Abstain	100%	**81.25%**	12.50%	6.25%	-	-
	Consensus reached						
8	**A 47-year-old patient with cT1N0M0 right breast cancer (core biopsy: IDC-NOS / IBT-NST, G2 (3+2+2), ER 100% (5+3=8), PR 50% (4+2=6), HER2 0, Ki-67 35%). Breast-conserving surgery with SLNB. Postoperative pathology: metastases in 2 of 4 SLNs. Is axillary lymph node dissection recommended?**	33	12	21	-	-	-
	A. Yes **B. No** C. Abstain	100%	36.36%	**63.64%**	-	-	-
	Consensus reached						
9	**A 45-year-old premenopausal patient with pT1N2M0 left breast cancer. Postoperative pathology: IDC-NOS / IBT-NST, G2 (3+2+1), ER 100% (5+3=8), PR 50% (4+2=6), HER2 1+, Ki-67 10%, macrometastases in 4 axillary LNs without extranodal extension. Recommended adjuvant systemic therapy:**	29	26	3	-	-	-
	A. Adjuvant chemotherapy followed by adjuvant ET (ET) B. Adjuvant ET only, CT not recommended C. Abstain	100%	**89.66%**	10.34%	-	-	-
	Consensus reached						
10	A 56-year-old patient with cT2N1M0 left breast cancer. Initial radical mastectomy. Postoperative pathology: IDC-NOS / IBT-NST, G1 (2+1+1), pT2N2, ER 100% (5+3=8), PR 100% (5+3=8), HER2 1+, Ki-67 8%, no BRCA1 mutation. Planned: adjuvant CT, RT, and AI. Which CT regimen do you recommend?	30	13	10	2	5	-
	A. DC B. AC-paclitaxel C. ddAC-paclitaxel D. Abstain	100%	43.33%	33.33%	6.67%	16.67%	-
	No consensus						
11	**A 45-year-old premenopausal patient with pT1N2M0 left breast cancer. Postoperative pathology: IDC-NOS / IBT-NST, G2 (3+2+1), ER 100% (5+3=8), PR 50% (4+2=6), HER2 1+, Ki-67 10%, macrometastases in 4 axillary LNs without extranodal extension. Recommended adjuvant CT regimen:**	30	11	16	3	-	-
	A. Six cycles docetaxel + cyclophosphamide **B. Four cycles AC/EC q3w followed by taxanes** C. Abstain	100%	36.67%	**53.33%**	10.00%	-	-
	Consensus reached						
12	A 45-year-old premenopausal patient with pT1N2M0 left breast cancer. Postoperative pathology: IDC-NOS / IBT-NST, G2 (3+2+1), ER 100% (5+3=8), PR 50% (4+2=6), HER2 0, Ki-67 10%, macrometastases in 4 axillary LNs without extranodal extension. Adjuvant chemotherapy AC×4→P×12 was given. Recommended adjuvant ET:	31	14	15	2	-	-
	A. AI with ovarian suppression B. AI with ovarian suppression and CDK4/6 inhibitors C. Abstain	100%	45.16%	48.39%	6.45%	-	-
	No consensus						

No.	Questionnaire:	Total Votes	Survey Results (Number of Votes, %)				
			A	B	C	D	E
13	**A 59-year-old patient with cT2N0M0 left breast cancer. Underwent mastectomy with SLNB. Postoperative pathology: IDC-NOS / IBT-NST, G2 (3+2+2), pT2N0, ER 100% (5+3=8), PR 100% (5+3=8), HER2 1+, Ki-67 35%. Would you recommend extending adjuvant ET beyond 5 years?**	32	17	14	1	-	-
	A. Yes B. No C. Abstain	100%	**53.13%**	43.75%	3.12%	-	-
	Consensus reached						
14	**A 32-year-old patient with cT2N1M0 right breast cancer. Underwent breast-conserving surgery. Postoperative pathology: IDC-NOS / IBT-NST, G3 (3+2+3), pT2N2, ER 100% (5+3=8), PR 5% (2+1=3), HER2 1+, Ki-67 70%, macrometastases in 4 axillary LNs without extranodal extension. Received adjuvant RT, CT, and started ET with ovarian suppression. Would you add CDK4/6 inhibitors to adjuvant ET?**	33	23	7	3	-	-
	A. Yes B. No C. Abstain	100%	**69.70%**	21.21%	9.09%	-	-
	Consensus reached						
15	A 67-year-old patient with cT2N3M0 left breast cancer (core biopsy: IDC-NOS / IBT-NST, G2 (3+2+1), ER 100% (5+3=8), PR 0%, HER2 1+, Ki-67 20%). After neoadjuvant AC×4→P×12, underwent radical mastectomy. Postoperative pathology: incomplete response – IDC-NOS / IBT-NST, G2 (3+2+1), ypT1cN2a, ER 100% (5+3=8), PR 0%, HER2 1+, Ki-67 20%, metastases in 5/12 LNs without extranodal extension. Planned adjuvant RT. Recommended ET option:	32	10	12	9	1	-
	A. AI B. AI + CDK4/6 inhibitor for up to 2 years C. AI + CDK4/6 inhibitor for up to 3 years D. Abstain	100%	31.25%	37.50%	28.13%	3.12%	-
	No consensus						
16	A 55-year-old patient with cT2N0M0 left breast cancer (core biopsy: IDC-NOS / IBT-NST, G2 (3+2+2), ER100% (5+3=8), PR100% (5+3=8), HER2 1+, Ki67 30%). Received «test» preoperative ET with tamoxifen, followed by breast-conserving surgery with SLNB converting to axillary dissection. Postoperative pathology: pT2N1a, metastases in 2/8 LNs, unchanged receptor status, Ki-67 30%. Planned adjuvant RT. Which systemic adjuvant therapy do you recommend?	32	6	9	11	4	2
	A. DC B. AC-T C. AI D. AI + CDK4/6 inhibitor E. Abstain	100%	18.75%	28.13%	34.37%	12.50%	6.25%
	No consensus						
17	A 68-year-old patient with cT1N0M0 (pT1N1(sn)M0) luminal breast cancer. Status post mastectomy with SLNB. Histology: invasive ductal carcinoma, 1.8×1.5×1.4 cm, G2, 1/3 LNs positive, no lymphovascular or perineural invasion, margins clear. Planned long-term ET. What RT strategy do you recommend?	32	5	13	10	4	-
	A. RT to chest wall soft tissues B. RT to chest wall soft tissues and lymphatic areas C. No postoperative RT indicated D. Abstain	100%	15.63%	40.62%	31.25%	12.50%	-
	No consensus						

No.	Questionnaire:	Total Votes	Survey Results (Number of Votes, %)				
			A	B	C	D	E
18	**A 45-year-old patient with cT3N1M0 luminal breast cancer. Status post NAC, radical mastectomy with implant reconstruction. Pathology: invasive ductal carcinoma, 3.0×3.0×2.5 cm, G2, metastases in 2/11 LNs. Indicated postoperative RT to reconstructed breast and regional nodes:**	30	7	15	8	-	-
	A. Standard fractionation (2 Gy × 25 fx) **B. Moderate hypofractionation (2.67 Gy × 15 fx)** C. Abstain	100%	23.33%	**50.00%**	26.67%	-	-
	Consensus reached						
19	A 40-year-old patient with cT3N1M0 left breast cancer (core biopsy: IDC-NOS / IBT-NST, G3 (3+3+3), ER100% (5+3=8), PR0, HER2 0, Ki67 60%). Received NAC ddAC×4 with primary G-CSF prophylaxis → P×12. Incomplete pCR: residual tumor G2 (3+3+1), ypT1b(m)N1M0 (ER0, PR0, HER2 0, Ki-67 35%), RCB III. No BRCA mutation. What is the optimal adjuvant systemic therapy?	33	15	6	7	5	-
	A. Capecitabine followed by adjuvant ET + ovarian suppression B. Adjuvant ET + ovarian suppression + CDK4/6 inhibitors C. Adjuvant ET + ovarian suppression D. Abstain	100%	45.46%	18.18%	21.21%	15.15%	-
	No consensus						
20	**A 35-year-old patient with cT1cN0M0 right breast cancer (core biopsy: IDC-NOS / IBT-NST, G3 (3+3+3), ER0, PR0, HER2 3+, Ki-67 70%, tumor size 15 mm). First-line recommendation:**	33	12	21	-	-	-
	A. NAC with anti-HER2 blockade **B. Surgery** C. Abstain	100%	36.36%	**63.64%**	-	-	-
	Consensus reached						
21	**A 28-year-old patient with cT1N0M0 left breast cancer (core biopsy: IDC-NOS / IBT-NST, G3 (3+3+3), ER100% (5+3=8), PR100% (5+3=8), HER2 3+, Ki-67 30%). Surgery revealed macrometastases in 3 axillary LNs. Recommended adjuvant systemic therapy regimen:**	32	11	20	1	-	-
	A. Docetaxel + carboplatin + trastuzumab **B. Docetaxel + carboplatin + trastuzumab + pertuzumab** C. Abstain	100%	34.37%	**62.50%**	3.13%	-	-
	Consensus reached						
22	**A 38-year-old patient with cT2N1M0 right breast cancer (core biopsy: IDC-NOS / IBT-NST, G3 (3+3+3), ER0, PR0, HER2 3+, Ki-67 70%). US: upper-outer quadrant mass 22 mm, right axillary solitary LN 16 mm with loss of cortico-medullary differentiation. Fine-needle aspiration biopsy (FNAB) revealed tumor cells. Do you recommend marking the breast lesion and LN before NAC?**	31	25	2	4	-	-
	A. Yes B. No C. Abstain	100%	**80.65%**	6.45%	12.90%	-	-
	Consensus reached						

No.	Questionnaire:	Total Votes	Survey Results (Number of Votes, %)				
			A	B	C	D	E
23	**A 51-year-old patient with cT2N0M0 left breast cancer (core biopsy: IDC-NOS / IBT-NST, G3 (3+3+3), ER 20% (3+2=5), PR 5% (2+2=4), HER2 3+, Ki-67 60%). No BRCA1/2 mutation. Received NAC TCHP×6. Partial response (US: from 25×16 mm to 5×4 mm; mammography: from 23×11 mm to 6×6 mm). Planned breast-conserving surgery with SLNB. Would you recommend resection within the new tumor boundaries?**	32	18	12	2	-	-
	A. Yes B. No C. Abstain	100%	**56.25%**	37.50%	6.25%	-	-
	Consensus reached						
24	**A patient with cT2N1M0 right breast cancer (core biopsy: IDC-NOS / IBT-NST, G2 (3+2+2), ER100% (5+3=8), PR100% (5+3=8), HER2 3+, Ki-67 50%). Received NAC TCH+P, followed by surgery. Postoperative pathology: ypT1aN0 (residual tumor ≤3 mm), RCB-I, G2 (3+2+1), ER100% (5+3=8), PR100% (5+3=8), HER2 3+, Ki67 50%. Recommended adjuvant therapy regimen:**	33	19	10	4	-	-
	A. ET + trastuzumab B. T-DM1 + ET C. Abstain	100%	**57.58%**	30.30%	12.12%	-	-
	Consensus reached						
25	**A 39-year-old patient with cT2N2M0 left breast cancer (core biopsy: IDC-NOS / IBT-NST, G2 (3+2+2), ER100% (5+3=8), PR100% (5+3=8), HER2 3+, Ki-67 50%). After NAC TCHP×6, breast-conserving surgery with ALND. Postoperative pathology: complete response – ypT0N0, RCB 0. Planned adjuvant trastuzumab x1 year + RT. Which ET do you recommend?**	31	3	9	16	3	-
	A. Tamoxifen B. Tamoxifen + ovarian suppression **C. AI + ovarian suppression** D. Abstain	100%	9.68%	29.03%	**51.61%**	9.68%	-
	Consensus reached						
26	**A 45-year-old patient with cT1N0M0 right breast cancer (core biopsy: IDC-NOS / IBT-NST, G3 (3+3+3), ER0, PR0, HER2 3+, Ki-67 50%), no family history. Is BRCA1/2 germline mutation testing recommended?**	32	24	6	2	-	-
	A. Yes B. No C. Abstain	100%	**75.00%**	18.75%	6.25%	-	-
	Consensus reached						
27	**A patient with cT1N0M0 left breast cancer (core biopsy: IDC-NOS / IBT-NST, G3 (3+3+2), ER0, PR0, HER2 0, Ki-67 45%). Recommended staging:**	33	28	4	1	-	-
	A. Chest X-ray/CT, abdominal/pelvic US/CT, bone scintigraphy B. Whole-body PET-CT C. Abstain	100%	**84.85%**	12.12%	3.03%	-	-
	Consensus reached						
28	**A 45-year-old patient with cT1cN0M0 right breast cancer (core biopsy: IDC-NOS / IBT-NST, G3 (3+3+3), ER0, PR0, HER2 0, Ki-67 80%, tumor size 15 mm). First-line recommendation:**	29	12	15	2	-	-
	A. NAC **B. Surgery** C. Abstain	100%	41.38%	**51.72%**	6.90%	-	-
	Consensus reached						

No.	Questionnaire:	Total Votes	Survey Results (Number of Votes, %)				
			A	B	C	D	E
29	A 61-year-old patient with cT2N0M0 left breast cancer (core biopsy: IDC-NOS / IBT-NST, G3 (3+3+3), ER 8% (2+2=4), PR0, HER2 1+, Ki-67 80%). After NAC AC×4→TCarb×12, mastectomy with SLNB. Postoperative pathology: complete response – ypT0N0, RCBpCR. Further management?	32	5	10	14	3	-
	A. Tamoxifen B. AI C. Observation D. Abstain	100%	15.63%	31.25%	43.75%	9.37%	-
	No consensus						
30	**A 41-year-old patient with cT1cN0M0 (pT2N1) left breast cancer (core biopsy: IDC-NOS / IBT-NST, G3 (3+3+3), ER0, PR0, HER2 0, Ki-67 80%). No BRCA1 mutation. After breast-conserving surgery with SLNB, planned adjuvant RT + CT. Would you recommend platinum-based adjuvant CT?**	31	10	16	5	-	-
	A. Yes **B. No** C. Abstain	100%	32.26%	**51.61%**	16.13%	-	-
	Consensus reached						
31	**Do you consider it necessary to recommend pembrolizumab in NAC with the TCb/AC/pembrolizumab regimen for patients with triple-negative breast cancer T2-4 N0-2 M0?**	33	20	6	7	-	-
	A. Yes B. No C. Abstain	100%	**60.61%**	18.18%	21.21%	-	-
	Consensus reached						
32	**A 40-year-old patient with cT2N0M0 left breast cancer (core biopsy: IDC-NOS / IBT-NST, G3 (3+3+3), ER0, PR0, HER2 0, Ki-67 90%). No BRCA1 mutation. Received NAC TCb/AC/pembrolizumab, well tolerated. Postoperative pathology: complete response – ypT0N0, RCBpCR. Recommended adjuvant therapy option:**	33	10	18	5	-	-
	A. Continue pembrolizumab **B. No adjuvant pembrolizumab** C. Abstain	100%	30.30%	**54.55%**	15.15%	-	-
	Consensus reached						
33	A 35-year-old patient with cT2N0M0 left breast cancer (core biopsy: IDC-NOS / IBT-NST, G3 (3+3+3), ER0, PR0, HER2 0, Ki67 90%) received NAC TCb/AC/pembrolizumab, well tolerated. Postoperative pathology showed residual tumor in the breast: IDC-NOS / IBT-NST, ypT1bN0 (residual <1 cm), G3 (3+3+3), ER0, PR0, HER2 0, Ki-67 80%, RCB-I. Recommended adjuvant therapy option:	34	5	9	12	8	-
	A. Continue pembrolizumab B. Continue pembrolizumab and add capecitabine C. Capecitabine only D. Abstain	100%	14.71%	26.47%	35.29%	23.53%	-
	No consensus						

No.	Questionnaire:	Total Votes	Survey Results (Number of Votes, %)				
			A	B	C	D	E
34	**A 28-year-old patient with cT2N0M0 right breast cancer (core biopsy: IDC-NOS / IBT-NST, G3 (3+3+3), ER0, PR0, HER2 0, Ki-67 80%). Blood PCR negative for BRCA1/2 pathogenic mutations. Is mandatory NGS blood testing to exclude pathogenic mutations recommended?**	33	33	-	-	-	-
	A. Yes B. No C. Abstain	100%	**100.00%**	-	-	-	-
	Consensus reached						
35	A 48-year-old patient with BRCA1-associated invasive ductal carcinoma of the left breast cT2N2M0 (core biopsy: IDC-NOS / IBT-NST, G3 (3+3+3), ER0, PR0, HER2 0, Ki67 80%). Received NAC AC×4 → TCarb×12. Then mastectomy with ALND. Postoperative pathology: residual IDC-NOS / IBT-NST, G3 (3+3+3), ER0, PR0, HER2 0, Ki-67 60%, ypT1N1 (residual tumor 12 mm, metastases in 2/10 LNs), RCB-III. Preferred adjuvant therapy for residual TNBC in BRCA mutation carriers?	34	14	16	4	-	-
	A. PARP inhibitors only B. Capecitabine followed by PARP inhibitors C. Abstain	100%	41.18%	47.06%	11.76%	-	-
	No consensus						
36	A 40-year-old patient with cT1N0M0 (multicentric) right breast cancer, (core biopsy: IDC-NOS / IBT-NST, G3 (3+3+3), ER0, PR0, HER2 3+, Ki67 80%). NGS revealed a BRCA1 VUS. Planned subcutaneous mastectomy with immediate reconstruction. Would you recommend risk-reducing contralateral mastectomy?	33	16	15	2	-	-
	A. Yes B. No C. Abstain	100%	48.48%	45.46%	6.06%	-	-
	No consensus						
37	**Is adjuvant olaparib justified in high-risk TNBC patients with PALB2 mutation and residual disease?**	30	18	6	6	-	-
	A. Yes B. No C. Abstain	100%	**60.00%**	20.00%	20.00%	-	-
	Consensus reached						
38	**A patient one year after completing comprehensive treatment for early ER+/HER2- breast cancer complains of memory loss, reduced information processing speed and psychomotor reactions, emotional lability (normal brain MRI, neurology exam). Are the following recommended: psychiatric consultation to rule out anxiety-depressive disorder, lifestyle modification (adequate physical activity), and cognitive-behavioral therapy?**	33	27	2	4	-	-
	A. Yes B. No C. Abstain	100%	**81.82%**	6.06%	12.12%	-	-
	Consensus reached						

No.	Questionnaire:	Total Votes	Survey Results (Number of Votes, %)				
			A	B	C	D	E
39	**In elderly patients (≥75 years) with ER+/HER2- breast cancer and visceral metastases, without geriatric syndromes or clinically significant comorbidities, should first-line therapy consider CDK4/6 inhibitors + ET?**	34	27	3	4	-	-
	A. Yes B. No C. Abstain	100%	**79.41%**	8.82%	11.77%	-	-
	Consensus reached						
40	**Should patients with ER+/HER2- metastatic breast cancer have tumor testing for PIK3CA/AKT/PTEN alterations?**	34	31	0	3	-	-
	A. Yes B. No C. Abstain	100%	**91.18%**	0	8.82%	-	-
	Consensus reached						
41	**A 40-year-old patient with cT2N1M0 right breast cancer. Core biopsy of primary tumor: IDC-NOS / IBT-NST, G2 (3+2+1), ER100% (5+3=8), PR100% (5+3=8), HER2 1+, Ki-67 25%. After comprehensive treatment, she received adjuvant AI with ovarian suppression. She developed liver/bone metastases at 15 months of adjuvant ET. PIK3CA mutation detected. Would you consider the use of the PIK3CA inhibitor inavolisib + palbociclib + fulvestrant?**	34	26	3	5	-	-
	A. Yes B. No C. Abstain	100%	**76.47%**	8.82%	14.71%	-	-
	Consensus reached						
42	A 46-year-old patient with cT2N1M1 left breast cancer with bone metastases. Core biopsy of primary: IDC-NOS / IBT-NST, G2 (3+2+1), ER100% (5+3=8), PR100% (5+3=8), HER2 1+, Ki-67 25%. First-line therapy: anastrozole + CDK4/6 inhibitor + ovarian suppression + BMAs. After 2.5 years, new bone/lung metastases without visceral crisis. Lung biopsy: metastatic breast carcinoma, ER100% (5+3=8), PR100% (5+3=8), HER2 1+, Ki-67 25%. No BRCA, PIK3CA/AKT/PTEN alterations. ECOG 1. Further treatment strategy?	33	14	11	8	-	-
	A. Fulvestrant or exemestane + everolimus B. Fulvestrant + switch CDK4/6 inhibitor C. Abstain	100%	42.42%	33.33%	24.25%	-	-
	No consensus						
43	**A 60-year-old patient with cT2N1M1 right breast cancer with bone metastases. Core biopsy of primary: IDC-NOS / IBT-NST, G2 (3+2+1), ER100% (5+3=8), PR100% (5+3=8), HER2 0, Ki-67 25%. On first-line CDK4/6 inhibitor + AI + bone-modifying agents, progressed in the lungs without visceral crisis. AKT mutation detected. Recommended second-line regimen:**	33	4	21	8	-	-
	A. Alpelisib + fulvestrant **B. Capivasertib + fulvestrant** C. Abstain	100%	12.12%	**63.64%**	24.24%	-	-
	Consensus reached						

No.	Questionnaire:	Total Votes	Survey Results (Number of Votes, %)				
			A	B	C	D	E
44	Optimal approach for secondary bone marrow involvement in ER+/HER2- metastatic breast cancer?	32	14	12	6	-	-
	A. Chemotherapy (paclitaxel/capecitabine with possible dose reduction) B. CDK4/6 + ET C. Abstain	100%	43.75%	37.50%	18.75%	-	-
	No consensus						
45	When is contrast-enhanced brain MRI recommended for patients with HER2+ metastatic breast cancer?	34	13	15	5	1	-
	A. Only with clinical suspicion of brain involvement B. At start of new line of treatment C. At each follow-up D. Abstain	100%	38.23%	44.12%	14.71%	2.94%	-
	No consensus						
46	**A 55-year-old patient with cT2N2M0 left breast cancer. Core biopsy of primary: IDC-NOS / IBT-NST, G3 (3+3+3), ER0, PR0, HER2 3+, Ki-67 80%. After comprehensive treatment (NAC 6×TCHP, surgery, adjuvant trastuzumab emtansine), liver metastases at 5 years. Core biopsy of liver lesion: metastatic breast carcinoma, ER0, PR0, HER2 0, Ki-67 80%. Recommended treatment as TNBC; anti-HER2 therapy not indicated.**	31	20	9	2	-	-
	A. Yes B. No C. Abstain	100%	**64.52%**	29.03%	6.45%	-	-
	Consensus reached						
47	**A 60-year-old patient with cT2N1M1 right breast cancer with lung metastases. Core biopsy of primary: IDC-NOS / IBT-NST, G3 (3+3+3), ER0, PR0, HER2 3+, Ki-67 80%. Received docetaxel + trastuzumab + pertuzumab followed by maintenance trastuzumab + pertuzumab. Progressed at 15 months with new lung metastases. Biopsy of new lung lesions showed change in subtype: metastatic breast carcinoma, ER0, PR0, HER2 0, Ki-67 60%.**	34	17	15	2	-	-
	A. Further treatment as for TNBC B. Anti-HER2 therapy + CT C. Abstain	100%	**50.00%**	44.12%	5.88%	-	-
	Consensus reached						
48	**For patients with brain/leptomeningeal mets from ER-/HER2+ metastatic breast cancer progressing on anti-HER2 therapy with dual blockade, T-DXd is most appropriate.**	28	24	1	3	-	-
	A. Yes B. No C. Abstain	100%	**85.72%**	3.57%	10.71%	-	-
	Consensus reached						

No.	Questionnaire:	Total Votes	Survey Results (Number of Votes, %)				
			A	B	C	D	E
49	**A 42-year-old patient, ECOG 1, with cT2N1M1 left breast cancer (2 bone lesions). Core biopsy of primary: IDC-NOS / IBT-NST, G3 (3+3+3), ER0, PR0, HER2 3+, Ki-67 80%. First-line: 6 cycles docetaxel + trastuzumab + pertuzumab. Partial regression. Maintenance: trastuzumab + pertuzumab + BMAs. On follow-up: sclerotic bone lesions, LN resolution, partial regression of primary. Patient asks about surgery. Would you recommend breast/regional LN surgery with stable bone mets on anti-HER2 therapy >6 months?**	34	24	8	2	-	-
	A. Yes B. No C. Abstain	100%	**70.59%**	23.53%	5.88%	-	-
	Consensus reached						
50	A 52-year-old patient, ECOG 1, with cT2N2M1 bone/liver mets left breast cancer. Core biopsy of primary: IDC-NOS / IBT-NST, G2 (3+2+2), ER100% (5+3=8), PR100% (5+3=8), HER2 3+, Ki-67 40%. First-line: 6×DHP + bisphosphonates. Partial regression. Continued trastuzumab + pertuzumab + anastrozole (1.5 years). Progression: two new liver metastases. Core biopsy of new liver lesions: metastatic breast carcinoma, G2 (3+2+1), ER100% (5+3=8), PR100% (5+3=8), HER2 1+, Ki-67 45%. Further treatment strategy?	32	4	10	3	9	6
	A. Continue trastuzumab + pertuzumab + anastrozole and add a CDK4/6 inhibitor (palbociclib) B. Continue trastuzumab + pertuzumab + anastrozole and SBRT to the two new liver lesions (oligoprogression) C. Trastuzumab + AI + CDK4/6 inhibitor D. Other E. Abstain	100%	12.50%	31.25%	9.37%	28.13%	18.75%
	No consensus						
51	**When is contrast-enhanced brain MRI recommended for patients with TN metastatic breast cancer?**	34	17	14	1	2	-
	A. Only with clinical suspicion of brain involvement B. At start of new line of treatment C. At each follow-up D. Abstain	100%	**50.00%**	41.18%	2.94%	5.88%	-
	Consensus reached						
52	**A 35-year-old patient with cT2N1M1 liver mets breast cancer. Core biopsy of primary: IDC-NOS / IBT-NST, G2 (3+2+2), ER100% (5+3=8), PR100% (5+3=8), HER2 0, Ki-67 45%. Four months of AI + ovarian suppression + CDK4/6 inhibitor. Progression with new liver metastases. Biopsy of new liver lesions showed change in subtype: metastatic breast carcinoma, G3 (3+3+3), ER0, PR0, HER2 0, Ki-67 50%. Further strategy?**	33	11	19	3	-	-
	A. Stop ET, treat as TNBC **B. Treat as TNBC + continue ovarian suppression** C. Abstain	100%	33.33%	**57.58%**	9.09%	-	-
	Consensus reached						
53	**A 50-year-old patient with cT2N1M1 lung/mediastinal LN mets TNBC. Core biopsy of primary: IDC-NOS / IBT-NST, G3 (3+3+3), ER0, PR0, HER2 0, Ki-67 80%. Blood NGS negative for germline BRCA1/2/ PALB2. Is tumor testing for somatic BRCA1/2 mutations recommended for PARP inhibitor consideration?**	34	17	12	5	-	-
	A. Yes B. No C. Abstain	100%	**50.00%**	35.29%	14.71%	-	-
	Consensus reached						

No.	Questionnaire:	Total Votes	Survey Results (Number of Votes, %)				
			A	B	C	D	E
54	**In metastatic TNBC patients with exhausted treatment options, multigene panel testing is not recommended due to low clinical utility.**	34	18	10	6	-	-
	A. Yes B. No C. Abstain	100%	**52.94%**	29.41%	17.65%	-	-
	Consensus reached						
55	**Special types of breast cancer with favorable prognosis include: mucinous, tubular, invasive cribriform, invasive papillary carcinoma, oncocytic carcinoma, medullary, apocrine, adenosquamous carcinoma, and salivary gland-type tumors.**	32	25	4	3	-	-
	A. Yes B. No C. Abstain	100%	**78.13%**	12.50%	9.37%	-	-
	Consensus reached						
56	**Special types of breast cancer with unfavorable prognosis include: pleomorphic lobular carcinoma, inflammatory carcinoma, micropapillary carcinoma, metaplastic carcinoma, neuroendocrine carcinoma.**	31	23	6	2	-	-
	A. Yes B. No C. Abstain	100%	**74.19%**	19.36%	6.45%	-	-
	Consensus reached						
57	**At initial presentation, any physician should inform young patients about potential fertility loss after treatment.**	33	30	2	1	-	-
	A. Yes B. No C. Abstain	100%	**90.91%**	6.06%	3.03%	-	-
	Consensus reached						
58	**Is controlled ovarian stimulation possible in diagnosed luminal breast cancer?**	31	19	5	7	-	-
	A. Yes B. No C. Abstain	100%	**61.29%**	16.13%	22.58%	-	-
	Consensus reached						
59	**At any stage of pregnancy, surgical treatment is indicated for operable breast cancer.**	34	20	11	3	-	-
	A. Yes B. No C. Abstain	100%	**58.82%**	32.36%	8.82%	-	-
	Consensus reached						
60	**Starting in the second trimester, chemotherapy is possible for pregnant patients with breast cancer.**	34	33	0	1	-	-
	A. Yes B. No C. Abstain	100%	**97.06%**	0	2.94%	-	-
	Consensus reached						