## POST-TEST

Second Opinion: Investigator Perspectives on Current Cases, Clinical Issues and Ongoing Research in the Management of Breast Cancer

## THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

- A 10-year follow-up analysis of the BCIRG 006 study comparing adjuvant AC → T, AC → TH and TCH for HER2-positive early breast cancer showed \_\_\_\_\_\_.
  - A significant benefit with the addition of trastuzumab to chemotherapy
  - b. No significant difference in overall or disease-free survival between the AC → TH and TCH arms
  - c. Both a and b
- 2. The ongoing APHINITY trial is evaluating the addition of \_\_\_\_\_\_ to chemotherapy/trastuzumab as adjuvant therapy for HER2-positive primary breast cancer.
  - a. Eribulin
  - b. Bevacizumab
  - c. Pertuzumab
- 3. The ongoing Phase III BRAVO trial is investigating therapy with singleagent \_\_\_\_\_\_, a PARP inhibitor, versus physician's choice for patients with previously treated HER2-negative, germline BRCA mutation-positive breast cancer.
  - a. Olaparib
  - b. Veliparib
  - c. Talazoparib
  - d. Cediranib
  - e. Niraparib
- 4. Which of the following statements is true about the results of the Phase II MDV3100-11 trial of enzalutamide for patients with advanced AR-positive triple-negative breast cancer?
  - a. Enzalutamide demonstrated a clinical benefit rate at 16 weeks of 39%
  - b. Enzalutamide did not demonstrate any clinical benefit
  - c. Enzalutamide was associated with seizures

- 5. Results from the prospective, randomized MINDACT trial evaluating the clinical utility of the 70-gene MammaPrint<sup>®</sup> signature combined with common clinicopathological criteria in the selection of patients with early-stage breast cancer for adjuvant chemotherapy indicated a 5-year distant metastasisfree survival rate higher than 94% for patients at high clinical risk and low genomic risk whether randomly assigned to receive adjuvant chemotherapy or no chemotherapy.
  - a. True
    - b. False
- 6. The ongoing randomized, Phase II ATEMPT trial is evaluating the combination of \_\_\_\_\_\_ versus paclitaxel with trastuzumab for patients with Stage I HER2-positive breast cancer.
  - a. Pertuzumab
  - b. T-DM1 (Trastuzumab emtansine)
    - c. Docetaxel
- 7. Which of the following CDK4/6 inhibitors has demonstrated significant response rates as monotherapy for patients with hormone receptor-positive metastatic breast cancer?
  - a. Abemaciclib
  - b. Palbociclib
  - c. Ribociclib
- 8. The most common Grade 3 or 4 adverse event in the PALOMA-3 study evaluating fulvestrant with or without palbociclib for patients with hormone receptor-positive, HER2-negative advanced breast cancer who experienced disease progression on endocrine therapy was \_\_\_\_\_\_ with the addition of palbociclib.
  - a. Neutropenia
    - b. Febrile neutropenia
    - c. Upper respiratory tract infection

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9. Data published by Badwe and colleagues in *The Lancet Oncology* evaluating locoregional treatment versus no treatment of the primary tumor in metastatic breast cancer indicated that patients who underwent surgery fared worse with regard to overall survival than did patients who did not undergo surgery.

a. True b. False 10. Five-year analysis of the Phase II NEOSPHERE trial evaluating neoadjuvant pertuzumab and trastuzumab alone or combination, with or without docetaxel in locally advanced, inflammatory or early HER2-positive breast cancer demonstrated that patients who received pertuzumab/trastuzumab with docetaxel had a significantly improved pathologic complete response rate in comparison to those who received trastuzumab with docetaxel.

a. True b. False