

Beyond the Guidelines: Investigator Perspectives on Current Clinical Issues and Ongoing Research in the Management of Early and Advanced Breast Cancer

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

- Results from the Phase III APHINITY trial evaluating chemotherapy and trastuzumab with or without pertuzumab for HER2-positive early breast cancer demonstrated significant improvement in invasive disease-free survival with the addition of pertuzumab.
 - True
 - False
- In the study by Bear and colleagues evaluating the 21-gene Recurrence Score® (RS) in the selection of neoadjuvant therapy for patients with HR-positive, HER2-negative invasive breast cancer not suitable for breast-conserving surgery, which was the only group to achieve pathologic complete responses in the breast and nodes?
 - Patients with a RS lower than 11
 - Patients with a RS of 11 to 25 who received hormonal therapy
 - Patients with a RS of 11 to 25 who received chemotherapy
 - Patients with a RS higher than 25
- Results from the MINDACT study comparing clinical risk assessment to genomic risk assessment using the 70-gene signature for patients with 0 to 3 positive nodes best support which conclusion?
 - Patients at clinical high risk but genomic low risk did not significantly benefit from chemotherapy
 - Patients at clinical low risk but genomic high risk significantly benefited from chemotherapy
 - The 70-gene signature is not useful for distinguishing patients with breast cancer who are at significant risk for distant relapse and death from those at low risk
 - All of the above
- The Phase III PALOMA-2 study of letrozole with or without palbociclib as first-line therapy for patients with HR-positive, HER2-negative advanced breast cancer did not demonstrate a significant improvement in progression-free survival (PFS) with palbociclib.
 - True
 - False
- The Phase III MONARCH-2 study of fulvestrant with or without abemaciclib for patients with HR-positive, HER2-negative advanced breast cancer and disease progression on endocrine therapy demonstrated that the addition of abemaciclib _____.
 - Did not significantly improve PFS
 - Caused few hematologic adverse events, with fewer than 5% of patients developing Grade 3 or 4 neutropenia
 - Caused significant diarrhea, with more than 30% of patients developing Grade 2 diarrhea
- Which of the following statements is true concerning the Phase III ALTERNATIVE trial for patients with HR-positive, HER2-positive metastatic breast cancer who had previously received trastuzumab and chemotherapy?
 - The addition of lapatinib to trastuzumab and an aromatase inhibitor significantly improved PFS
 - The addition of lapatinib to trastuzumab and an aromatase inhibitor did not increase the incidence of rash, paronychia or diarrhea
 - Patients who had received trastuzumab in the metastatic setting were excluded
 - All of the above

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7. Based on NCCN guidelines, which of the following patients is eligible for genetic testing for BRCA mutations upon receiving a diagnosis of breast cancer?
- a. A 47-year-old woman with ER-positive, HER2-negative breast cancer and no family history of cancer
 - b. A 54-year-old woman with triple-negative breast cancer**
 - c. A 53-year-old woman who develops a second primary ER-positive, HER2-negative breast cancer tumor
 - d. All of the above
8. Which of the following statements is true concerning the Phase III OlympiAD study comparing olaparib to chemotherapy for patients with HER2-negative metastatic breast cancer with BRCA mutations who had previously received anthracycline and a taxane?
- a. Patients were excluded if they had experienced disease progression on prior platinum-based therapy
 - b. Olaparib significantly improved PFS in comparison to chemotherapy
 - c. The response rate with olaparib was more than twice the response rate with chemotherapy
 - d. All of the above**
9. Which of the following conclusions is supported by results from the Phase III BELLE-3 study evaluating fulvestrant with buparlisib or with placebo in patients with HR-positive, HER2-negative advanced breast cancer who had experienced disease progression on or after an mTOR inhibitor and endocrine therapy?
- a. Based on circulating tumor DNA (ctDNA), buparlisib significantly improved PFS both for patients with wild-type PIK3CA and for those with mutant PIK3CA
 - b. Based on ctDNA, PFS improvement with buparlisib was greater for patients with mutant PIK3CA than for those with wild-type PIK3CA
 - c. Both a and b**
 - d. None of the above
10. Which of the following statements is accurate concerning the overall response rates with pembrolizumab in the Phase II KEYNOTE-086 study for patients with metastatic triple-negative breast cancer?
- a. Patients with previously treated PD-L1-positive disease had the highest overall response rate
 - b. Overall response rates were similar across all subgroups, regardless of PD-L1 expression level or line of treatment
 - c. Antitumor activity may be greater in patients with less heavily pretreated disease
 - d. Both a and b
 - e. Both b and c**