

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.

1. 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.
  - a. True
  - b. False
2. 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?
  - a. Patients with a RS lower than 11
  - b. Patients with a RS of 11 to 25 who received hormonal therapy
  - c. Patients with a RS of 11 to 25 who received chemotherapy
  - d. Patients with a RS higher than 25
3. 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?
  - a. Patients at clinical high risk but genomic low risk did not significantly benefit from chemotherapy
  - b. Patients at clinical low risk but genomic high risk significantly benefited from chemotherapy
  - c. 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
  - d. All of the above
4. 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.
  - a. True
  - b. False
5. 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 \_\_\_\_\_.
  - a. Did not significantly improve PFS
  - b. Caused few hematologic adverse events, with fewer than 5% of patients developing Grade 3 or 4 neutropenia
  - c. Caused significant diarrhea, with more than 30% of patients developing Grade 2 diarrhea
6. 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?
  - a. The addition of lapatinib to trastuzumab and an aromatase inhibitor significantly improved PFS
  - b. The addition of lapatinib to trastuzumab and an aromatase inhibitor did not increase the incidence of rash, paronychia or diarrhea
  - c. Patients who had received trastuzumab in the metastatic setting were excluded
  - d. 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 47-year-old woman with ER-positive, HER2-negative breast cancer and no family history of cancer
  - A 54-year-old woman with triple-negative breast cancer
  - A 53-year-old woman who develops a second primary ER-positive, HER2-negative breast cancer tumor
  - 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?
- Patients were excluded if they had experienced disease progression on prior platinum-based therapy
  - Olaparib significantly improved PFS in comparison to chemotherapy
  - The response rate with olaparib was more than twice the response rate with chemotherapy
  - 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?
- Based on circulating tumor DNA (ctDNA), buparlisib significantly improved PFS both for patients with wild-type PIK3CA and for those with mutant PIK3CA
  - Based on ctDNA, PFS improvement with buparlisib was greater for patients with mutant PIK3CA than for those with wild-type PIK3CA
  - Both a and b
  - 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?
- Patients with previously treated PD-L1-positive disease had the highest overall response rate
  - Overall response rates were similar across all subgroups, regardless of PD-L1 expression level or line of treatment
  - Antitumor activity may be greater in patients with less heavily pretreated disease
  - Both a and b
  - Both b and c