

Cancer Conference Update: A Multimedia Review of Key Breast Cancer Presentations from the 2016 San Antonio Breast Cancer Symposium and the 2017 American Society of Clinical Oncology Annual Meeting

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

1. Primary analysis of the Phase II PERTAIN trial evaluating the addition of pertuzumab to trastuzumab with an aromatase inhibitor (AI) as first-line therapy for patients with ER-positive, HER2-positive locally advanced or metastatic breast cancer (BC) met its primary endpoint by demonstrating a statistically significant improvement in _____ for patients who received pertuzumab/trastuzumab and an AI.

 - a. Median overall survival
 - b. Median progression-free survival (PFS)
 - c. Overall response rate
2. Although the results of the Phase III BELLE-3 study evaluating fulvestrant with or without buparlisib (BKM120) in postmenopausal women with endocrine-resistant ER-positive, HER2-negative advanced BC that progressed on an mTOR inhibitor reported an improvement in PFS with buparlisib in the overall intent-to-treat population, the greatest benefit was reported among patients _____.

 - a. With PIK3CA mutations
 - b. Without PIK3CA mutations
3. Results from the Phase III OlympiAD trial evaluating olaparib monotherapy versus physician's choice of chemotherapy for patients with HER2-negative metastatic BC harboring germline BRCA1/2 mutations demonstrated a statistically significant improvement in _____ with olaparib monotherapy.

 - a. Median PFS
 - b. Median overall survival
 - c. Both a and b
4. Among the results presented by Bear and colleagues evaluating the feasibility of using the 21-gene Recurrence Score® to guide neoadjuvant systemic therapy for patients with hormone receptor (HR)-positive, HER2-negative BC, the highest pathologic complete response (pCR) rates were for patients with a Recurrence Score of _____ who received neoadjuvant chemotherapy.

 - a. 11 to 25
 - b. 26 or higher
 - c. Neither a nor b (pCR rates were equivalent in both groups of patients)
5. Analyses of 3 Phase III trials evaluating duration of adjuvant endocrine therapy for patients with HR-positive early or locally advanced BC _____ demonstrate a statistically significant benefit in disease-free survival with extended adjuvant endocrine therapy.

 - a. Did
 - b. Did not
6. Results from the Phase III MONARCH 2 trial of fulvestrant with or without abemaciclib, a CDK4/6 inhibitor, for women with HR-positive, HER2-negative locally advanced or metastatic BC demonstrated a statistically significant improvement in _____ with the addition of abemaciclib.

 - a. Median PFS
 - b. Objective response rate
 - c. Clinical benefit rate
 - d. Both a and c
 - e. All of the above

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7. In the Phase II neoMONARCH trial, abemaciclib alone or in combination with anastrozole significantly reduced Ki-67 expression in comparison to anastrozole alone after 2 weeks of treatment in patients with HR-positive, HER2-negative BC.
 - a. True
 - b. False

8. The addition of everolimus to fulvestrant for postmenopausal women with HR-positive, HER2-negative metastatic BC resistant to AI therapy on the Phase II PRECOG-0102 trial resulted in _____.
 - a. A statistically significant improvement in PFS
 - b. Increased incidence of Grade 3 or higher adverse events
 - c. Both a and b
 - d. Neither a nor b

9. The ongoing Phase II JPCE study is evaluating abemaciclib in combination with _____ for patients with ER-positive, HER2-negative metastatic BC.
 - a. Avelumab
 - b. Letrozole
 - c. Pembrolizumab
 - d. Tamoxifen

10. Subgroup analysis of the Phase II MONALEESA-2 trial evaluating ribociclib in combination with letrozole for patients with HR-positive, HER2-negative advanced BC demonstrated substantial benefit for which of the following populations?
 - a. Patients with de novo disease
 - b. Patients with recurrent disease
 - c. Both a and b
 - d. Neither a nor b