

Beyond the Guidelines: Clinical Investigator Perspectives on the Management of HER2-Positive Breast Cancer (Faculty Presentations)

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

- In the ExteNET trial of neratinib for patients with HER2-positive breast cancer who completed adjuvant trastuzumab and chemotherapy, the clinical benefit in invasive disease-free survival with neratinib was observed in the overall patient population and in which subgroup?
 - Patients with ER-negative disease
 - Patients with ER-positive disease
- The results of the Phase II HER2CLIMB trial evaluating tucatinib versus placebo in combination with trastuzumab/capecitabine for patients with previously treated HER2-positive breast cancer and brain metastases demonstrated which of the following outcomes?
 - Similar overall survival outcomes on both study arms
 - Improvement in overall survival with tucatinib
- Which of the following conditions was reported as an adverse event of special interest in the Phase II DESTINY-Breast01 trial of trastuzumab deruxtecan for previously treated metastatic HER2-positive breast cancer?
 - New secondary cancer
 - Ocular toxicities
 - Interstitial lung disease
- What did the results from the Phase III KATHERINE study demonstrate regarding invasive disease-free survival with T-DM1 compared to trastuzumab as adjuvant therapy for patients with early-stage HER2-positive breast cancer and residual disease after neoadjuvant chemotherapy/trastuzumab?
 - Improvement with T-DM1
 - Improvement with trastuzumab
 - Similar results on both study arms
- An updated analysis presented at the 2019 San Antonio Breast Cancer Symposium® of the Phase III APHINITY study evaluating chemotherapy with trastuzumab and pertuzumab versus chemotherapy with trastuzumab as adjuvant therapy for patients with operable HER2-positive localized breast cancer at a median follow-up of 74.1 months demonstrated which of the following outcomes?
 - A continued invasive disease-free survival benefit with pertuzumab for patients with node-positive disease
 - Emergence of an invasive disease-free survival benefit with pertuzumab for patients with node-negative disease
 - A statistically significant improvement in overall survival with pertuzumab
- The Phase II TRYPHAENA study evaluating neoadjuvant pertuzumab with trastuzumab and anthracycline-containing versus anthracycline-free chemotherapy for HER2-positive early breast cancer demonstrated which of the following outcomes in terms of pathologic complete response rates for patients receiving an anthracycline-containing regimen?
 - Significantly higher
 - Significantly lower
 - Similar
- The Phase III NALA trial of neratinib with capecitabine versus lapatinib with capecitabine for patients with HER2-positive metastatic breast cancer previously treated with HER2-directed therapy demonstrated which of the following on the neratinib arm?
 - Improvement in progression-free survival
 - Delayed time to intervention for CNS disease
 - Both improvement in PFS and delayed time to intervention for CNS disease

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8. Which of the following statements is *false* regarding results of the 3-year follow-up of the TRAIN-2 study, presented at ASCO 2020, evaluating neoadjuvant chemotherapy with or without anthracyclines in the presence of dual HER2-blockade for patients with HER2-positive breast cancer?
- a. The addition of anthracyclines resulted in a significant improvement in overall survival
 - b. The addition of anthracyclines resulted in an increased risk of febrile neutropenia and cardiac toxicity
 - c. There was no evidence that patients with higher-risk HER2-positive breast cancer require anthracyclines
9. Which of the following side effects has been associated with the recently FDA-approved agent tucatinib?
- a. Diarrhea
 - b. Hepatic toxicity
 - c. Hand-foot syndrome
 - d. All of the above
10. According to the 2018 ASCO Clinical Practice Guideline Update on disease management for advanced HER2-positive breast cancer with brain metastases, what is the recommendation for patients whose systemic disease is not progressive at the time of brain metastasis diagnosis?
- a. Systemic therapy should not be switched
 - b. Systemic therapy should be switched