

Beyond the Guidelines: Clinical Investigator Perspectives on the Management of Triple-Negative Breast Cancer

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

- 1. The ongoing Phase III KEYNOTE-522 trial is investigating pembrolizumab in combination with chemotherapy versus chemotherapy alone as neoadjuvant therapy, followed by adjuvant pembrolizumab versus placebo after definitive surgery, for patients with newly diagnosed Stage II or III triple-negative breast cancer (TNBC). Which of the following results was demonstrated at the first interim analysis with respect to pathologic complete response (pCR) in patients who received pembrolizumab and neoadjuvant chemotherapy in comparison to those who received placebo and neoadjuvant chemotherapy?**

 - a. Significantly higher rate of pCR**
 - b. No difference in pCR
 - c. Lower rate of pCR
- 2. Results from the Phase III IMpassion031 trial of atezolizumab in combination with neoadjuvant anthracycline/nab paclitaxel-based chemotherapy compared to chemotherapy alone for patients with early-stage TNBC demonstrated which of the following results?**

 - a. No improvement in pCR with the addition of atezolizumab
 - b. Benefit in pCR with the addition of atezolizumab for patients with PD-L1-positive TNBC but not those with PD-L1-negative disease
 - c. A statistically significant increase in pCR with the addition of atezolizumab, regardless of PD-L1 status**
 - d. A greater benefit in pCR with the addition of atezolizumab in the subgroup of patients with node-negative TNBC
- 3. Which of the following strategies is important to note when managing the immune-related adverse events (irAEs) associated with anti-PD-1/PD-L1 therapies?**

 - a. When steroids are intravenously administered, it is important to taper them over 4 to 6 weeks after the toxicity resolves**
 - b. Steroids can be highly effective in managing irAEs, but they significantly diminish the efficacy of anti-PD-1/PD-L1 therapies
 - c. After the resolution of irAEs, orally or intravenously administered steroids should be immediately discontinued in order to rapidly increase the efficacy of anti-PD-1/PD-L1 therapies
- 4. Which patients with advanced TNBC derived progression-free survival benefit with the addition of pembrolizumab to chemotherapy in the Phase III KEYNOTE-355 trial?**

 - a. All patients with previously untreated disease, regardless of PD-L1 expression
 - b. Patients with previously untreated disease with PD-L1 expression (combined positive score of 10 or higher)**