POST-TEST

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

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

1. **The Phase II SWOG-S1416 trial is investigating cisplatin with or without veliparib for patients with metastatic triple-negative breast cancer (TNBC) and/or BRCA mutation-associated BC with or without brain metastases. Which of the following results was demonstrated in this study?**
   a. The addition of veliparib to cisplatin showed no significant improvement in progression-free survival (PFS) in BRCA-like advanced TNBC
   b. The addition of veliparib to cisplatin significantly improved PFS in BRCA-like advanced TNBC
   c. The addition of veliparib to cisplatin significantly improved overall survival (OS) in BRCA-like advanced TNBC
   d. The addition of veliparib to cisplatin showed no significant improvement in PFS or OS in BRCA-like advanced TNBC

2. **Which of the following Grade 3 or higher adverse events is commonly observed in patients with HER2-negative BC harboring BRCA1/2 mutations who are receiving single-agent therapy with either of the FDA-approved PARP inhibitors olaparib or talazoparib?**
   a. Alopecia
   b. Diarrhea
   c. Headache
   d. Myelosuppression

3. **The Phase III ASCENT trial demonstrated a statistically significant improvement in PFS and OS in favor of the antibody-drug conjugate sacituzumab govitecan over treatment of physician's choice for patients with metastatic TNBC in which line of treatment?**
   a. First-line setting
   b. Second-line setting
   c. After 2 or more prior lines of chemotherapy
   d. First- or later-line setting

4. **Which of the following results was demonstrated in the Phase Ib/II trial of the combination of the antibody-drug conjugate ladiratuzumab vedotin with pembrolizumab as first-line therapy for patients with advanced TNBC?**
   a. Promising activity with over 90% of patients achieving tumor reduction regardless of PD-L1 expression level
   b. Promising activity only in patients with tumors expressing high levels of PD-L1
   c. The combination was highly toxic and elicited significantly low levels of activity with less than 5% of patients achieving tumor reduction

5. **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 TNBC. Which of the following results was demonstrated with respect to pathologic complete response (pCR) at the first interim analysis in patients who received pembrolizumab and neoadjuvant chemotherapy versus those who received placebo and neoadjuvant chemotherapy?**
   a. Significantly higher rate of pCR compared to those who received neoadjuvant chemotherapy alone
   b. No difference in pCR compared to those who received neoadjuvant chemotherapy alone
   c. Lower rate of pCR compared to those who received neoadjuvant chemotherapy alone

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6. 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 observed only in patients with PD-L1-postive TNBC and not in 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 analysis of patients with node-negative TNBC

7. Which of the following statements best describes the timing of the onset of toxicities commonly associated with the use of immune checkpoint inhibitors (ICIs) for patients with TNBC?

a. In most patients, rash occurs after the patient has been on an ICI for at least 6 months and never before
b. The timing of the onset of toxicities such as rash, diarrhea, endocrinopathies or pneumonitis can be highly variable
c. Immune-related adverse events associated with ICIs never occur after treatment with the ICI has been discontinued

8. Which of the following is an important strategy to note when managing the immune-related adverse events (irAEs) associated with the use of anti-PD-1/PD-L1 therapies?

a. When steroids are intravenously administered, it is important to taper steroids over 4 to 6 weeks after toxicity resolves
b. While steroids can be highly effective in managing irAEs, 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 to rapidly increase the efficacy of anti-PD-1/PD-L1 therapies

9. The primary results from the Phase III IMpassion131 trial of paclitaxel with or without atezolizumab as first-line therapy for patients with locally advanced or metastatic TNBC were presented at the 2020 ESMO virtual meeting by Miles and colleagues. Which of the following results was reported in patients with PD-L1-positive disease?

a. The addition of atezolizumab to paclitaxel significantly improved PFS only
b. The addition of atezolizumab to paclitaxel significantly improved OS only
c. The addition of atezolizumab to paclitaxel significantly improved both PFS and OS
d. No significant improvement was demonstrated in PFS or OS with the addition of atezolizumab to paclitaxel

10. Which of the following AKT inhibitors has shown promising activity and is currently being investigated in a Phase III trial for patients with TNBC?

a. Trilaciclib
b. Veliparib
c. Capivasertib
d. Selumetinib
e. Ceralasertib