POST-TEST

Meet The Professor: Optimizing the Management of HER2-Positive Breast Cancer — Part 1 of a 3-Part Series

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

- 1. Which of the following outcomes best characterizes the results observed with neratinib compared to placebo in the protocol-defined final overall survival (OS) analysis of the Phase III ExteNET study?
 - a. Significant improvement in OS in the ITT population
 - b. No significant improvement in OS in the ITT population
 - c. No significant improvement in OS in the ITT population but potential trend for OS improvement for patients with hormone receptorpositive disease
- 2. In the final analysis of the CONTROL trial evaluating strategies to reduce diarrhea in patients receiving neratinib, which intervention was most effective in allowing patients to stay on treatment longer?
 - a. Loperamide
 - b. Neratinib dose escalation + loperamide as needed
 - c. Budesonide + loperamide
 - d. Colestipol + loperamide as needed
 - e. All were equally effective
- 3. What was observed in the DESTINY-Breast03 study comparing trastuzumab deruxtecan to T-DM1 for patients with unresectable or metastatic HER2-positive breast cancer who had received a prior anti-HER2-based regimen in the metastatic or neoadjuvant setting?
 - a. The agents were equally effective in reducing the risk of disease recurrence
 - b. T-DM1 more effectively reduced the risk of disease recurrence
 - c. Trastuzumab deruxtecan more effectively reduced the risk of disease recurrence

- 4. What was the first treatment to receive FDA approval for HER2-low metastatic breast cancer?
 - a. T-DM1
 - b. Pertuzumab
 - c. Tucatinib
 - d. Trastuzumab deruxtecan
- 5. How did the confirmed intracranial objective response rate compare between tucatinib/trastuzumab/capecitabine and trastuzumab/capecitabine among patients with active brain metastases in the HER2CLIMB study?
 - a. It was more than doubled with tucatinib/trastuzumab/capecitabine (47% versus 20%)
 - b. It was only marginally better with the addition of tucatinib
 - c. It was basically equivalent for both arms