POST-TEST

Inside the Issue: Current and Future Management of ER-Positive Metastatic Breast Cancer After Disease Progression on a CDK4/6 Inhibitor

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

1. **In the Phase III DESTINY-Breast04 study evaluating trastuzumab deruxtecan versus treatment of physician's choice for HER2-low metastatic breast cancer (mBC) treated with 1 to 2 lines of chemotherapy in the metastatic setting, which observation was made among patients with HR-positive disease?**
   a. Overall survival (OS) and progression-free survival (PFS) were not significantly improved on the trastuzumab deruxtecan arm
   b. PFS but not OS was significantly improved on the trastuzumab deruxtecan arm
   c. PFS and OS were significantly improved on the trastuzumab deruxtecan arm

2. **Which of the following drug types best describes camizestrant?**
   a. Oral SERD (selective estrogen receptor degrader)
   b. mTOR inhibitor
   c. Antibody-drug conjugate
   d. AKT inhibitor

3. **The Phase III CAPItello-291 trial evaluating the addition of capivasertib to fulvestrant for patients with recurrent hormone receptor-positive, HER2-negative mBC demonstrated which of the following outcomes?**
   a. Capivasertib and fulvestrant led to a significant improvement in PFS irrespective of the presence of AKT pathway gene alterations
   b. Capivasertib and fulvestrant led to a significant improvement in PFS for only those patients with AKT pathway gene alterations
   c. Capivasertib and fulvestrant did not lead to a significant improvement in PFS

4. **The novel antibody-drug conjugate patritumab deruxtecan is directed against which cellular target?**
   a. TROP2
   b. PIK3CA
   c. HER3
   d. AKT

5. **Which outcome was reported in the Phase III TROPiCS-02 study evaluating sacituzumab govitecan versus treatment of physician's choice for patients with previously treated ER-positive, HER2-negative mBC?**
   a. PFS was not significantly improved with sacituzumab in the overall and HER2-low patient populations
   b. PFS was significantly improved with sacituzumab in the overall patient population but not in the HER2-low patient population
   c. PFS was significantly improved with sacituzumab in the overall and HER2-low patient populations