

## 5-Minute Journal Club: Reviewing the Role of Oral SERDs in the Management of ER-Positive Metastatic Breast Cancer — Issue 1

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

- 1. The dose-expansion phase of the EMBER trial evaluated which oral selective estrogen receptor degrader for ER-positive, HER2-positive advanced breast cancer?**
  - a. Elacestrant
  - b. Imlunestrant**
  - c. Camizestrant
- 2. In a real-world analysis, what was the approximate time to discontinuation for patients who received elacestrant?**
  - a. 1.2 months
  - b. 2.9 months
  - c. 5.4 months**
  - d. 10.9 months
- 3. Which of the following statements is a recommendation from the ASCO Guidelines Rapid Recommendations Update on testing for ESR1 mutations?**
  - a. Routine testing is recommended for ESR1 mutations at diagnosis for patients with ER-positive, HER2-negative metastatic breast cancer (mBC)
  - b. Routine testing is recommended for emergence of ESR1 mutations at disease recurrence or progression on endocrine therapy (with or without CDK4/6 inhibition) for patients with ER-positive, HER2-negative mBC**
  - c. The available data is insufficient to recommend routine testing of ESR1 mutations
- 4. In a real-world analysis, what was the approximate time to next treatment for patients who received elacestrant?**
  - a. 1.5 months
  - b. 3.1 months
  - c. 6.2 months**
  - d. 12.6 months
- 5. Which of the following statements is true about circulating tumor DNA (ctDNA) analyses in the Phase I EMBER study?**
  - a. 40% of patients receiving imlunestrant had detectable ctDNA at baseline
  - b. ESR1, PIK3CA and TP53 were the least commonly altered genes
  - c. Progression-free survival was longer for patients who attained a molecular response to imlunestrant than for those who did not**