

## Individualizing the Selection of First-Line Therapy for Patients with Hormone Receptor-Positive Metastatic Breast Cancer

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

- 1. Which of the following statements best describes the observed pathologic complete response rates for patients with HER2-low (1%-9% ER positivity) breast cancer enrolled in the KEYNOTE-756, CheckMate 7FL and neoPACT studies?**
  - a. Response rates were worse when compared to ER-positive (10%+ ER positivity) patient groups
  - b. Response rates were comparable to ER-positive patient groups in these studies
  - c. Response rates were comparable to triple-negative disease in patients enrolled in studies such as KEYNOTE-522**
- 2. Which of the following CDK4/6 inhibitors exhibits the strongest inhibitory activity against cyclin B-CDK1 and cyclin A/E-CDK2 complexes?**
  - a. Palbociclib
  - b. Abemaciclib**
  - c. Ribociclib
  - d. All of the above exhibit comparable binding affinity to these complexes
- 3. Which of the following adverse events is critical to monitor in patients being treated with a CDK4/6 inhibitor?**
  - a. Diarrhea
  - b. Neutropenia
  - c. ILD/Pneumonitis
  - d. All of the above are critical adverse events to monitor**
- 4. What was the approximate reduction in risk of progression for patients with HR-positive/HER2-negative breast cancer treated with first-line abemaciclib in combination with an aromatase inhibitor as part of the Phase III MONARCH 3 trial?**
  - a. Less than 5%
  - b. 15%
  - c. 30%
  - d. 45%**
  - e. Greater than 60%
- 5. Which of the following best describes the relationship between recurrence scores and endocrine therapy (ET) sensitivity in breast cancer?**
  - a. Lower recurrence scores are correlated with reduced sensitivity to ET
  - b. Higher recurrence scores are correlated with greater sensitivity to ET
  - c. High recurrence scores are associated with ET resistance**
  - d. There is no relationship between recurrence score and ET resistance