

Oncology Today with Dr Neil Love: Understanding the Risk of Recurrence and Related Management for Patients with Localized HER2-Positive Breast Cancer

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

- 1. Neratinib inhibits all except which of the following proteins?**
  - a. HER1 (EGFR)
  - b. HER2
  - c. HER3**
  - d. HER4
- 2. Which of the following outcomes best describes the efficacy findings of the Phase III ExteNET study evaluating neratinib for patients with HER2-positive breast cancer?**
  - a. Significant improvement in invasive disease-free survival (iDFS) in the intent-to-treat population
  - b. Significant improvement in iDFS for patients with HR-negative cancer
  - c. Significant improvement in iDFS for patients with HR-positive cancer
  - d. All of the above
  - e. Both a and c**
- 3. When not using a dose-escalation strategy, which patients should receive anti-diarrheal medication when starting treatment with neratinib for HER2-positive breast cancer?**
  - a. None; anti-diarrheal medication should not be prescribed for patients receiving neratinib
  - b. Patients with a history of chronic gastrointestinal complications
  - c. Patients receiving neratinib for more than 60 days
  - d. All patients should receive anti-diarrheal medication with neratinib**
- 4. The Phase III HER2CLIMB-02 study evaluated T-DM1 with tucatinib for patients with HER2-positive breast cancer, including those with metastases in which of the following organs?**
  - a. Lung
  - b. Liver
  - c. Brain**
  - d. All of the above
- 5. What was the approximate reduction in the risk of death or recurrence in an 8.4-year follow-up of patients with HER2-positive breast cancer treated with T-DM1 in comparison to trastuzumab in the Phase III KATHERINE study?**
  - a. Less than 6%
  - b. 26%
  - c. 46%**
  - d. 66%
  - e. More than 86%