

5-Minute Journal Club: Reviewing the Role of Oral SERDs in the Management of ER-Positive Metastatic Breast Cancer — Issue 6

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

1. The Phase III EMBER-3 study evaluated which experimental treatment for patients with HR-positive, HER2-negative advanced breast cancer after disease progression on prior endocrine therapy?
 - a. Elacestrant monotherapy
 - b. Elacestrant with abemaciclib
 - c. Imlunestrant monotherapy
 - d. Imlunestrant with abemaciclib
 - e. Both a and b
 - f. Both c and d
2. What was the median progression-free survival (PFS) for patients who had previously received CDK4/6 inhibitor treatment and who received the combination regimen in the EMBER-3 study?
 - a. 2.1 months
 - b. 3.7 months
 - c. 6.0 months
 - d. 9.1 months
3. In a post hoc exploratory analysis of imlunestrant monotherapy versus standard endocrine therapy in the EMBER-3 study, what was observed regarding the cumulative incidence rates of disease progression in the central nervous system (CNS)?
 - a. No meaningful clinical activity of imlunestrant in the CNS
 - b. A trend toward lower rates of CNS progression with imlunestrant
 - c. A statistically significant reduction in the rate of CNS progression with imlunestrant
4. Which of the following statements best characterizes the real-world efficacy of elacestrant in adult patients with ER-positive, HER2-negative advanced breast cancer as reflected in a retrospective analysis using insurance claims in the United States?
 - a. Elacestrant prolonged PFS among patients who had not previously received fulvestrant
 - b. Elacestrant prolonged PFS among all patients
 - c. Both a and b
 - d. Neither a nor b
5. Which of the following descriptions best represents the design of the ELCIN trial?
 - a. Phase I study of elacestrant for patients with ER-positive, HER2-positive advanced breast cancer
 - b. Phase II study of elacestrant for patients with CDK4/6 inhibitor-naïve ER-positive, HER2-negative advanced breast cancer
 - c. Phase III study evaluating elacestrant with a CDK4/6 inhibitor versus standard endocrine therapy with a CDK4/6 inhibitor for previously untreated ER-positive, HER2-negative advanced breast cancer