POST-TEST

5-Minute Journal Club: Reviewing the Role of Oral SERDs in the Management of ER-Positive Metastatic Breast Cancer — Issue 8

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

1. **Which of the following best describes the study design of the EMBER-4 study evaluating imlunestrant in ER-positive, HER2-negative breast cancer?**
   a. A Phase I study evaluating first-line imlunestrant in combination with a CDK4/6 inhibitor for patients with metastatic disease
   b. A Phase II dose-optimization study evaluating two dose levels of imlunestrant for relapsed/refractory metastatic disease
   c. A Phase III study evaluating extended adjuvant therapy with imlunestrant versus standard endocrine therapy in patients with high risk of recurrence

2. **In which patient population is the Phase III heredERA study evaluating a giredestrant-based regimen?**
   a. Relapsed/refractory HR-positive, HER2-negative advanced breast cancer
   b. Previously untreated HR-positive, HER2-negative advanced breast cancer
   c. Relapsed/refractory HR-positive, HER2-positive (triple-positive) advanced breast cancer
   d. Previously untreated HR-positive, HER2-positive (triple-positive) advanced breast cancer

3. **A real-world study evaluating elacestrant use for HR-positive, HER2-negative advanced breast cancer reported what finding in patients with ESR1 Y537S mutations versus other ESR1 mutations?**
   a. An inferior real-world time to next treatment outcome
   b. No significant difference in real-world time to next treatment
   c. An improved real-world time to next treatment outcome

4. **A real-world study evaluating elacestrant use for HR-positive, HER2-negative advanced breast cancer reported what finding in patients with PI3K/AKT1/PTEN pathway alterations?**
   a. An inferior real-world time to next treatment outcome
   b. No significant difference in real-world time to next treatment
   c. An improved real-world time to next treatment outcome

5. **In the PADA-1 study evaluating patients with HR-positive, HER2-negative advanced breast cancer who received first-line palbociclib in combination with an aromatase inhibitor (AI) and either continued the same regimen or switched to palbociclib in combination with fulvestrant upon detection of an ESR1 mutation, what was the reported efficacy finding?**
   a. Patients who continued palbociclib with an AI did better in progression-free survival (PFS) outcomes
   b. Patients who switched to palbociclib with fulvestrant did better in PFS outcomes
   c. There was no difference in PFS outcomes between the treatment arms