

Consensus or Controversy? Clinical Investigators Provide Perspectives on the Current and Future Clinical Care of Patients with Metastatic Breast Cancer

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

1. What was the approximate reduction in risk of disease progression or death with trastuzumab deruxtecan and pertuzumab compared to paclitaxel/trastuzumab/pertuzumab as first-line therapy for patients with advanced HER2-positive breast cancer in the Phase III DESTINY-Breast09 trial?
 - a. 10%
 - b. 24%
 - c. 44%
 - d. 70%
2. Which of the following statements best describes the association between prior duration of CDK4/6 inhibition and progression-free survival (PFS) with elacestrant alone versus standard endocrine therapy for patients with advanced breast cancer in the Phase III EMERALD trial?
 - a. Longer duration of prior CDK4/6 inhibition was negatively associated with PFS benefit
 - b. Longer duration of prior CDK4/6 inhibition was positively associated with PFS benefit
 - c. No association was observed between duration of prior CDK4/6 inhibition and PFS benefit
3. The Phase III VERITAC-2 trial reported which of the following outcomes for patients receiving vepdegestrant compared to fulvestrant for previously treated ER-positive, HER2-negative advanced breast cancer?
 - a. No significant improvement in PFS
 - b. Significant improvement in PFS for all patients
 - c. Significant improvement in PFS for patients with ESR1 mutations
4. What was the approximate reduction in risk of disease progression or death for patients with ER-positive, HER2-negative advanced breast cancer with an emergent ESR1 mutation who were switched from an aromatase inhibitor to camizestrant while continuing a CDK4/6 inhibitor during first-line therapy in the Phase III SERENA-6 trial?
 - a. 10%
 - b. 27%
 - c. 35%
 - d. Higher than 50%
5. Which of the following descriptions best reflects the median time to first subsequent chemotherapy after treatment with the addition of first-line inavolisib to palbociclib/fulvestrant for patients with PIK3CA-mutated, HR-positive, HER2-negative endocrine-resistant advanced breast cancer in the Phase III INAVO120 trial?
 - a. No difference with the addition of inavolisib
 - b. Delayed by approximately 1 year with the addition of inavolisib
 - c. Delayed by approximately 2 years with the addition of inavolisib