POST-TEST

# Addressing Current Knowledge and Practice Gaps in the Community — Optimizing the Use of Oral Selective Estrogen Receptor Degraders for Metastatic Breast Cancer, Part 1

**THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.**

1. **Which of the following adverse events has been more frequently observed with imlunestrant compared to other oral selective estrogen receptor degraders (SERDs), such as elacestrant, giredestrant or camizestrant, in clinical trials?**
   a. Hypertriglyceridemia
   b. Photopsia
   c. Bradycardia
   d. All of the above were frequently observed with imlunestrant
   e. None of the above were frequently observed with imlunestrant

2. **Which of the following factors has been shown to correlate with treatment benefit from a single-agent oral SERD for patients with previously treated HR-positive, HER2-negative, ESR1-mutated metastatic breast cancer?**
   a. Menopausal status at diagnosis
   b. Prior exposure to chemotherapy in the metastatic setting
   c. Prior duration of CDK4/6 inhibition

3. **Which of the following observations best characterizes the change in expression levels of ER, PR and Ki-67 at week 2 of imlunestrant therapy in the EMBER-2 study?**
   a. A clinically meaningful decrease in ER expression only
   b. A clinically meaningful decrease in PR expression only
   c. A clinical meaningful decrease in Ki-67 expression only
   d. All of the above
   e. None of the above

4. **Which therapy yielded the greater reduction in the risk of disease progression or death among the overall population in the Phase III EMBER-3 trial of imlunestrant as monotherapy or combined with abemaciclib versus standard endocrine therapy for patients with ER-positive, HER2-negative advanced breast cancer pretreated with endocrine therapy?**
   a. Standard endocrine therapy
   b. Imlunestrant monotherapy
   c. Imlunestrant with abemaciclib
   d. Imlunestrant monotherapy and imlunestrant with abemaciclib yielded similar benefit

5. **In the Phase III EMBER-3 trial, imlunestrant and abemaciclib significantly improved the rate of progression-free survival (PFS) compared to imlunestrant monotherapy in which of the following populations?**
   a. Only patients with ESR1 mutations
   b. All patients regardless of ESR1 mutation status
   c. PFS rate was highest with imlunestrant monotherapy across all subgroups