

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

- 1. Key findings from the Phase III evERA study for patients with ER-positive, HER2-negative metastatic breast cancer (mBC) previously treated with a CDK4/6 inhibitor reported which efficacy outcome in the intent-to-treat population with giredestrant and everolimus compared to standard endocrine therapy and everolimus?**
 - A numerical but not statistically significant improvement in progression-free survival (PFS)
 - A clinically meaningful and statistically significant improvement in PFS**
 - A numerical but not statistically significant decrease in PFS
 - A clinically meaningful and statistically significant decrease in PFS
- 2. Which of the following adverse events of special interest was observed with giredestrant and everolimus in the Phase III evERA study for patients with ER-positive, HER2-negative mBC previously treated with a CDK4/6 inhibitor?**
 - Atrial fibrillation
 - Photopsia
 - Bradycardia**
 - Dyslipidemia
 - Ocular surface events
- 3. The Phase II ELEVATE study demonstrated promising PFS results with elacestrant in combination with which of the following agents among patients with ER-positive, HER2-negative mBC after disease progression on endocrine therapy with or without a CDK4/6 inhibitor?**
 - Abemaciclib
 - Ribociclib
 - Palbociclib
 - Everolimus
 - Both a and d**
 - Both b and d
 - Both c and d
- 4. Which therapy yielded the greater reduction in risk of disease progression or death in the overall population of the Phase III EMBER-3 trial comparing imlunestrant as monotherapy or combined with abemaciclib to standard endocrine therapy for patients with ER-positive, HER2-negative advanced breast cancer pretreated with endocrine therapy?**
 - Standard endocrine therapy
 - Imlunestrant monotherapy
 - Imlunestrant + abemaciclib**
 - Imlunestrant monotherapy and imlunestrant with abemaciclib yielded similar benefit
- 5. Which of the following statements best describes the association between PFS with elacestrant alone versus standard endocrine therapy and prior duration of CDK4/6 inhibitor therapy among patients with advanced breast cancer in the Phase III EMERALD trial?**
 - Longer duration of prior CDK4/6 inhibitor therapy was negatively associated with PFS benefit
 - Longer duration of prior CDK4/6 inhibitor therapy was positively associated with PFS benefit**
 - No association was observed between duration of prior CDK4/6 inhibitor therapy and PFS benefit