

## 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