

Consensus or Controversy? Clinical Investigators Discuss and Debate Current Approaches to First- and Second-Line Therapy for HR-Positive Metastatic Breast Cancer

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

1. Which of the following statements best describes the association between progression-free survival (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?
 - a. Longer duration of prior CDK4/6-inhibitor therapy was negatively associated with PFS benefit
 - b. Longer duration of prior CDK4/6-inhibitor therapy was positively associated with PFS benefit
 - c. No association was observed between duration of prior CDK4/6-inhibitor therapy and PFS benefit

2. Which of the following statements best describes the SERENA-6 study for HR-positive, HER2-negative advanced breast cancer?
 - a. Phase II trial of camizestrant with a CDK4/6 inhibitor after disease progression on CDK4/6-inhibitor therapy
 - b. Phase II/III trial of camizestrant versus an aromatase inhibitor (AI) with a CDK4/6 inhibitor for treatment-naïve disease
 - c. Phase III trial of therapeutic switching from an AI to camizestrant with the same CDK4/6 inhibitor for patients with detectable ESR1 mutations in circulating tumor DNA and no evidence of disease progression

3. The Phase III INAVO120 trial reported which result with the addition of inavolisib to first-line palbociclib/fulvestrant for patients with PIK3CA-mutated, HR-positive, HER2-negative endocrine-resistant advanced breast cancer?
 - a. No improvement in overall survival (OS)
 - b. Numerical trend toward improved OS
 - c. Statistically significant improvement in OS

4. Which of the following outcomes best describes PFS results from the Phase III EMBER-3 trial comparing imlunestrant and abemaciclib to imlunestrant monotherapy?
 - a. Significant improvement with imlunestrant and abemaciclib among patients with ESR1 mutations
 - b. Significant improvement with imlunestrant and abemaciclib among all patients regardless of ESR1 mutation status
 - c. Improvement with imlunestrant monotherapy across all patient subgroups

5. Which of the following any-grade adverse events is most commonly associated with elacestrant?
 - a. Headache
 - b. Peripheral neuropathy
 - c. Visual disturbances
 - d. Nausea