

Oncology Today with Dr Neil Love: The Role of Oral Selective Estrogen Receptor Degraders in the Management of ER-Positive Metastatic Breast Cancer

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

- Which of the following factors has been shown to correlate with treatment benefit from a single-agent oral selective estrogen receptor degrader (SERD) for patients with previously treated hormone receptor (HR)-positive, HER2-negative, ESR1-mutated metastatic breast cancer?
  - Menopausal status at diagnosis
  - Prior exposure to chemotherapy in the metastatic setting
  - Prior duration of CDK4/6 inhibition
- Which therapy yielded the greater reduction in the 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 with abemaciclib
  - Imlunestrant monotherapy and imlunestrant with abemaciclib yielded similar benefit
- Which of the following is the best description of the SERENA-6 study for HR-positive, HER2-negative advanced breast cancer?
  - Phase II trial of camizestrant with a CDK4/6 inhibitor after disease progression on CDK4/6 inhibitor therapy
  - Phase II/III trial evaluating camizestrant versus an aromatase inhibitor (AI) with a CDK4/6 inhibitor for treatment-naïve disease
  - 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
- What was the approximate reduction in the risk of disease progression or death for patients with HR-positive, HER2-negative advanced breast cancer who received camizestrant in the SERENA-6 trial?
  - 15%
  - 35%
  - Greater than 50%
- 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 a CDK4/6 inhibitor among patients with advanced breast cancer in the Phase III EMERALD trial?
  - Longer duration of a prior CDK4/6 inhibitor was negatively associated with PFS benefit
  - Longer duration of a prior CDK4/6 inhibitor was positively associated with PFS benefit
  - No association was observed between duration of a prior CDK4/6 inhibitor and PFS benefit