

Striving for Consensus: Clinical Investigators Review the Current and Future Role of Oral SERDs in the Care of Patients with 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) among patients with previously treated ESR1-mutated hormone receptor (HR)-positive, HER2-negative 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 in 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 outcomes best describes progression-free survival results from the Phase III EMBER-3 trial comparing imlunestrant and abemaciclib to imlunestrant monotherapy?
 - Significant improvement with imlunestrant and abemaciclib among patients with ESR1 mutations
 - Significant improvement with imlunestrant and abemaciclib among all patients, regardless of ESR1-mutation status
 - Improvement with imlunestrant monotherapy across all patient subgroups
- The Phase III EMBER-4 trial is investigating imlunestrant for patients with ER-positive, HER2-negative breast cancer in which of the following settings?
 - As adjuvant therapy for patients who have received no prior systemic therapy
 - As adjuvant therapy for patients who have previously received 2 to 5 years of adjuvant endocrine therapy
 - As first-line therapy for patients with metastatic disease who have not received an adjuvant CDK4/6 inhibitor
- What was the approximate reduction in the risk of disease progression or death for patients with HR-positive, HER2-negative advanced breast cancer with an emergent ESR1 mutation who were switched from an aromatase inhibitor to camizestrant while continuing a CDK4/6 inhibitor during first-line therapy in the Phase III SERENA-6 trial?
 - 15%
 - 35%
 - Greater than 50%