

## Expert Second Opinion: Investigators Provide Perspectives on the Management of HER2-Positive Gynecologic Cancers

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

- 1. For endometrial cancer (EC), HER2 positivity by immunohistochemistry (IHC) requires strong, complete or basolateral/lateral membrane staining in what proportion of cells?**
  - a. Higher than 10%
  - b. Higher than 30%**
  - c. 50% or higher
- 2. Which of the following factors is associated with an increased risk of febrile neutropenia in patients receiving trastuzumab deruxtecan (T-DXd)?**
  - a. Age >65 years
  - b. Poor renal and/or liver function
  - c. Cardiovascular disease
  - d. Poor nutritional status
  - e. All of the above**
- 3. The ongoing Phase III DESTINY-Ovarian01 trial is evaluating T-DXd in combination with bevacizumab for patients with HER2-expressing advanced ovarian cancer in which of the following settings?**
  - a. As first-line maintenance therapy**
  - b. As second-line treatment for platinum-sensitive disease
  - c. As second-line treatment for platinum-resistant disease
- 4. Which of the following descriptions best characterizes the study design of the DESTINY-Endometrial01 trial?**
  - a. A Phase II dose-optimization study evaluating 2 dose levels of T-DXd for previously treated HER2-positive EC
  - b. A Phase III study evaluating T-DXd versus lenvatinib with pembrolizumab for previously treated HER2-positive EC
  - c. A Phase III study evaluating T-DXd with either rilvegostomig or pembrolizumab versus pembrolizumab with chemotherapy as first-line treatment of HER2-positive mismatch repair-proficient EC**
- 5. What was the approximate objective response rate with T-DXd for patients with HER2 IHC 3+ advanced EC in the Phase II DESTINY-PanTumor02 study?**
  - a. 15%
  - b. 33%
  - c. 50%
  - d. 85%**