

Metastatic Breast Cancer: Enhancing Treatment Tolerability, Adherence, and Patient-Centered Care

Activity Assessment

Name: _____

Profession: _____

Instructions: To help us gauge the educational effectiveness of today's presentation, we kindly ask that you answer the following questions before the activity begins and then again after the activity is completed.

Case 1: Ms. LS is a 58-year-old woman with estrogen receptor (ER)–negative, progesterone receptor (PR)–negative, human epidermal growth factor receptor 2 (HER2)–positive metastatic breast cancer (MBC). Testing is negative for PIK3CA and germline BRCA mutations. Her cancer has progressed following treatment with trastuzumab/pertuzumab/docetaxel.

Which agent would be appropriate in a combination for second-line treatment?

	Pre-Activity Answer	Post-Activity Answer
a. Atezolizumab	<input type="radio"/>	<input type="radio"/>
b. Palbociclib	<input type="radio"/>	<input type="radio"/>
c. Talazoparib	<input type="radio"/>	<input type="radio"/>
d. Tucatinib	<input type="radio"/>	<input type="radio"/>

Case 2: Ms. KR is a 65-year-old woman with PIK3CA-mutated, ER-positive, PR-positive, HER2-negative breast cancer that metastasized while she was receiving treatment with adjuvant letrozole. She is about to start treatment with alpelisib/fulvestrant.

What grade 3/4 adverse event is she most likely to experience while taking this regimen?

	Pre-Activity Answer	Post-Activity Answer
a. Diarrhea	<input type="radio"/>	<input type="radio"/>
b. Hyperglycemia	<input type="radio"/>	<input type="radio"/>
c. Rash	<input type="radio"/>	<input type="radio"/>
d. Stomatitis	<input type="radio"/>	<input type="radio"/>

Case 3: Ms. KW is a 48-year-old woman with newly diagnosed metastatic programmed death ligand 1 (PD-L1)–positive triple-negative breast cancer (TNBC).

Atezolizumab/nab-paclitaxel should prolong her overall survival compared with nab-paclitaxel alone.

	Pre-Activity Answer	Post-Activity Answer
a. True	<input type="radio"/>	<input type="radio"/>
b. False	<input type="radio"/>	<input type="radio"/>

Case 4: Mr. EL is a 57-year-old man with HER2-positive MBC. He is about to start third-line treatment with neratinib/capecitabine.

Which strategy would be most likely to minimize the risk of treatment discontinuation due to diarrhea?

	Pre-Activity Answer	Post-Activity Answer
a. Prophylactic budesonide/loperamide	<input type="radio"/>	<input type="radio"/>
b. Prophylactic colestipol/loperamide	<input type="radio"/>	<input type="radio"/>
c. Prophylactic loperamide	<input type="radio"/>	<input type="radio"/>
d. Dose escalation of the neratinib with loperamide as needed	<input type="radio"/>	<input type="radio"/>

Case 5: Ms. PP is a 75-year-old woman with HER2-positive MBC who is receiving fourth-line treatment with trastuzumab deruxtecan after developing resistance to eribulin/trastuzumab. Shortly after starting treatment with trastuzumab deruxtecan, she develops grade 1 interstitial lung disease (ILD). The treating physician halts the trastuzumab deruxtecan and administers 0.5 mg/kg prednisolone, with the result that the ILD resolves after 3 weeks.

Given that the ILD has resolved, Ms. PP should now resume treatment with trastuzumab deruxtecan with the dose reduced by 1 level.

	Pre-Activity Answer	Post-Activity Answer
a. True	<input type="radio"/>	<input type="radio"/>
b. False	<input type="radio"/>	<input type="radio"/>