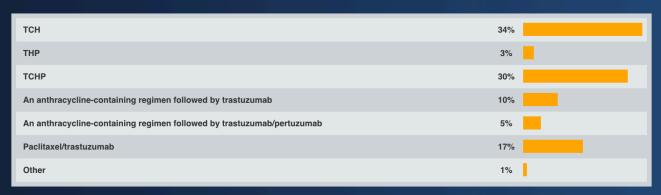
A 65-year-old woman presents with a 3.4-cm, ER-negative, HER2-positive IDC, receives neoadjuvant TCHP and at surgery is found to have a pathologic complete response. What adjuvant anti-HER2 therapy would you recommend?

Trastuzumab	70%
Trastuzumab/pertuzumab	30%
Other	0%

A 65-year-old woman presents with a 3.4-cm, ER-negative, HER2-positive IDC, receives neoadjuvant TCHP and at surgery is found to have <u>significant residual disease</u>. What adjuvant anti-HER2 therapy would you recommend?

Trastuzumab	13%
Trastuzumab/pertuzumab	76%
Other	10%

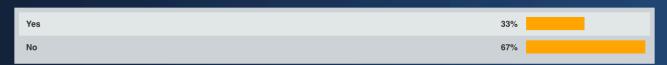
What adjuvant systemic therapy would you generally recommend for a 65-year-old woman who at surgery is found to have a 2.5-cm, <u>ER-negative</u>, HER2-positive, <u>node-negative</u> IDC?



What adjuvant systemic therapy would you generally recommend for a 65-year-old woman who at surgery is found to have a 2.5-cm, <u>ER-negative</u>, HER2-positive IDC with <u>2 of 4 positive sentinel nodes</u>?

тсн	9%
THP	2%
тснр	49%
An anthracycline-containing regimen followed by trastuzumab	11%
An anthracycline-containing regimen followed by trastuzumab/pertuzumab	25%
Paclitaxel/trastuzumab	3%
Other	2%

A 65-year-old woman presents with a 2.5-cm, <u>ER-negative</u>, HER2-positive IDC with <u>2 of 4 positive sentinel nodes</u> and completes your adjuvant therapy of choice. Would you recommend postadjuvant neratinib?



A 65-year-old woman presents with a 2.5-cm, <u>ER-positive</u>, HER2-positive IDC with <u>2 of 4 positive sentinel nodes</u> and completes your adjuvant therapy of choice. Would you recommend postadjuvant neratinib?

Yes	42%
No	58%

Would you recommend adjuvant chemotherapy for a <u>65-year-old</u> <u>postmenopausal woman</u> with a 1.5-cm, ER-positive, HER2-negative, node-negative IDC and a 21-gene <u>Recurrence Score of</u> 24?

Yes	13%
No	65%
Coin flip — discuss with patient	22%

Would you recommend adjuvant chemotherapy for a <u>65-year-old</u> <u>postmenopausal woman</u> with a 1.5-cm, ER-positive, HER2-negative, node-negative IDC and a 21-gene <u>Recurrence Score of</u> 29?

Yes	64%
No	10%
Coin flip — discuss with patient	26%

Would you recommend adjuvant chemotherapy for a <u>40-year-old</u> <u>premenopausal</u> woman with a 1.5-cm, ER-positive, HER2-negative, node-negative IDC and a 21-gene <u>Recurrence Score of</u> 24?

Yes	56%
No	12%
Coin flip — discuss with patient	33%

Would you recommend adjuvant chemotherapy for a <u>40-year-old</u> <u>premenopausal</u> woman with a 1.5-cm, ER-positive, HER2-negative, node-negative IDC and a 21-gene <u>Recurrence Score of</u> 29?

Yes	87%
No	3%
Coin flip — discuss with patient	10%

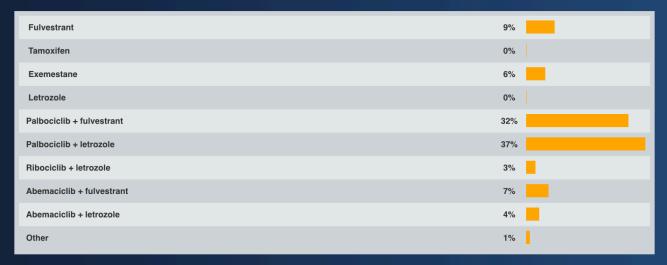
A 66-year-old woman presents with a 4-cm, ER-positive, HER2-negative IDC. The patient wishes to undergo lumpectomy, but the size of her breast precludes that unless the tumor shrinks by at least half. What would you recommend?

Administer neoadjuvant chemotherapy	48%
Administer neoadjuvant endocrine therapy	24%
Order the 21-gene assay and then decide	23%
Order the 70-gene assay and then decide	5%
Order another genomic assay and then decide	1%
Other	0%

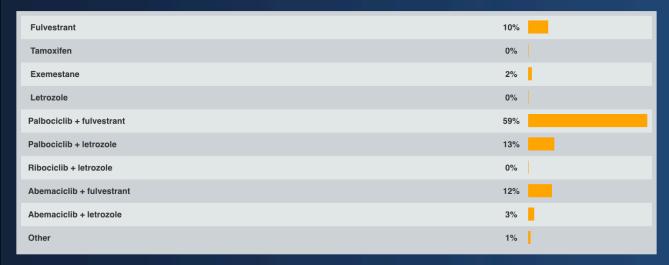
A <u>65-year-old</u> woman presents with a 4.0-cm, ER-positive, HER2-negative breast cancer with biopsy-proven <u>asymptomatic bone</u> <u>metastases</u>. Which endocrine-based treatment would you most likely recommend?

Fulvestrant	5%
Fulvestrant + aromatase inhibitor	7%
Tamoxifen	2%
Nonsteroidal aromatase inhibitor	9%
Palbociclib + fulvestrant	7%
Palbociclib + letrozole	53%
Ribociclib + letrozole	7%
Abemaciclib + fulvestrant	4%
Abemaciclib + letrozole	6%
Other	0%

A 65-year-old woman completes 5 years of adjuvant anastrozole for an ER-positive, HER2-negative IDC but develops asymptomatic biopsy-proven bone metastases 2 years later. Which systemic treatment would you most likely recommend?



A <u>65-year-old</u> woman with ER-positive, HER2-negative, nodenegative breast cancer develops asymptomatic biopsy-proven <u>bone metastases</u> 2 years after starting anastrozole. Which systemic treatment would you most likely recommend?



A <u>65-year-old</u> woman with ER-positive, HER2-negative, nodenegative breast cancer develops <u>moderately symptomatic liver</u> and <u>lung metastases</u> 2 years after starting anastrozole. She receives palbociclib combined with letrozole and responds but 1 year later experiences asymptomatic disease progression. What would be your likely next endocrine-based treatment?

Fulvestrant	17%
Fulvestrant/everolimus	27%
Exemestane/everolimus	30%
Another CDK4/6 inhibitor +/- hormone therapy	7%
Continue palbociclib and switch hormone therapy	19%
Other	0%

A patient with both systemic and CNS metastases is being started on a CDK4/6 inhibitor with endocrine therapy. Would you have any preference as to which agent to use?

No	20%
Yes, palbociclib	12%
Yes, ribociclib	12%
Yes, abemaciclib	56%

A 78-year-old frail but otherwise healthy woman presents with de novo ER/PR-positive, HER2-positive breast cancer and <u>asymptomatic lung metastases</u>. What would be your likely initial systemic therapy?

Endocrine therapy alone	8%
Endocrine therapy + trastuzumab	41%
Endocrine therapy + trastuzumab + pertuzumab	33%
Chemotherapy + trastuzumab	2%
Chemotherapy + trastuzumab + pertuzumab	13%
Other	2%

Have you administered a CDK4/6 inhibitor in combination with anti-HER2 therapy to a patient with HER2-positive metastatic breast cancer off protocol?

Yes	17%
No	83%

A 56-year-old woman with ER-positive, HER2-positive metastatic breast cancer responds to THP \rightarrow HP + letrozole but experiences disease progression in the liver after 18 months. What would you recommend?

T-DM1	55%
T-DM1 + fulvestrant	35%
T-DM1 + other endocrine therapy	7%
Other	2%

The patient in the previous scenario receives T-DM1 alone but after 12 months develops bilateral brain metastases requiring whole brain radiation therapy. Extracranial disease is stable. Regulatory and reimbursement issues aside, what systemic therapy would you recommend?

Continue T-DM1	28%
Continue T-DM1 and add endocrine therapy	16%
Lapatinib/capecitabine	39%
Neratinib/capecitabine	16%
None	1%
Other	0%

In general, for a 65-year-old woman who presents with <u>triple-negative</u> metastatic breast cancer and no relevant family history, at what point, if any, would you order BRCA testing?

Immediately	65%
After first-line treatment	12%
After second-line treatment	1%
After third-line treatment or beyond	7%
I would not order BRCA testing for a patient such as this	15%

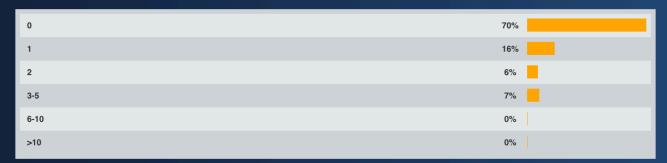
In general, for a 65-year-old woman who presents with <u>ER-positive</u>, <u>HER2-negative</u> metastatic breast cancer and no relevant family history, at what point, if any, would you order BRCA testing?

Immediately	18%
After first-line treatment	9%
After second-line treatment	4%
After third-line treatment or beyond	8%
I would not order BRCA testing for a patient such as this	62%
·	

Reimbursement and regulatory issues aside, what would be your preferred treatment approach for a patient with de novo metastatic triple-negative breast cancer (TNBC) and a BRCA germline mutation?

Nonplatinum chemotherapy	2%
Platinum-containing chemotherapy	45%
Olaparib	14%
Chemotherapy followed by maintenance with olaparib	26%
Chemotherapy combined with olaparib	12%
Other	0%

Approximately how many times, if any, have you administered an anti-PD-1/PD-L1 antibody to a patient with metastatic breast cancer outside of a clinical trial setting?



Do you consider PD-L1 expression or tumor mutational burden when making the decision of whether to administer an anti-PD-1/PD-L1 antibody to a patient with metastatic breast cancer?

No	29%
Yes, PD-L1 expression	20%
Yes, tumor mutational burden	10%
Yes, both	41%

Do you generally order multiplex testing such as next-generation sequencing in your patients with metastatic breast cancer who have exhausted all available treatment options?

Yes	72%
No	28%