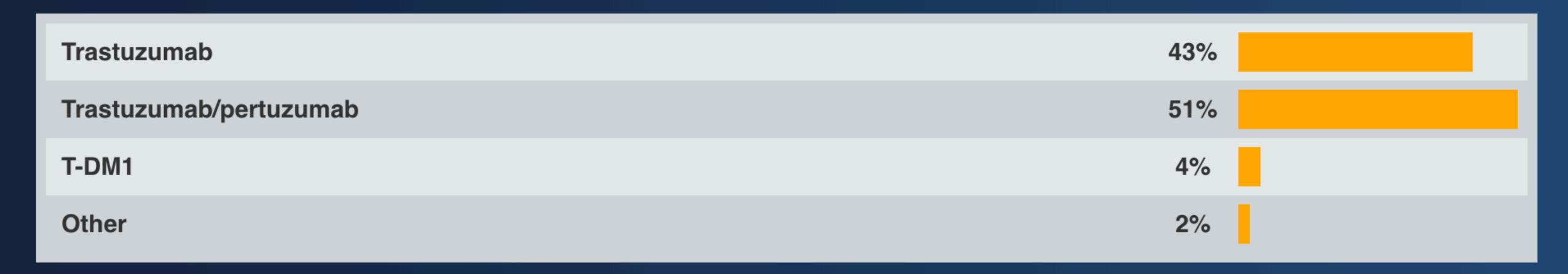
A 65-year-old woman presents with a 3.4-cm, ER-negative, HER2-positive IDC with biopsy-proven axillary nodes, receives neoadjuvant TCHP and at surgery is found to have <u>a pathologic complete response</u>. What adjuvant anti-HER2 therapy would you recommend?



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

Trastuzumab	5%
Trastuzumab/pertuzumab	24%
T-DM1	70%
Other	1%

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

Yes	39%
No	61%

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

Yes	47%
No	53%

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

Yes	8%
No	56%
I would discuss it as an option and say there may or may not be benefit	35%

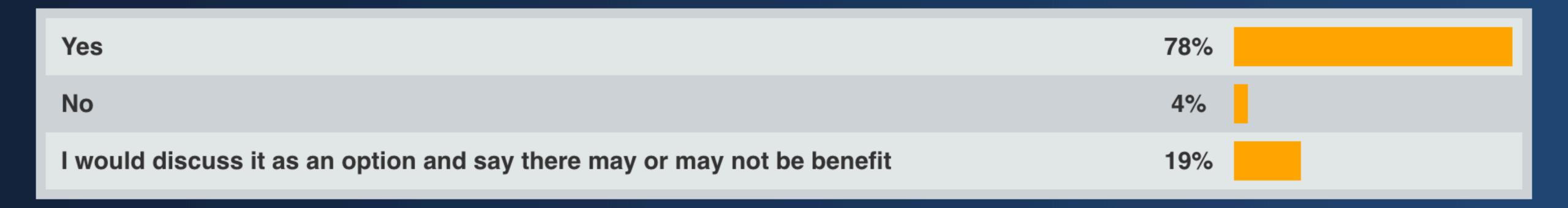
Would you recommend adjuvant chemotherapy for a 65-year-old postmenopausal woman with a <u>3.5-cm</u>, <u>high-grade</u>, ER-positive, HER2-negative, node-negative IDC and a 21-gene Recurrence Score of 24?

Yes	46%
No	21%
I would discuss it as an option and say there may or may not be benefit	33%

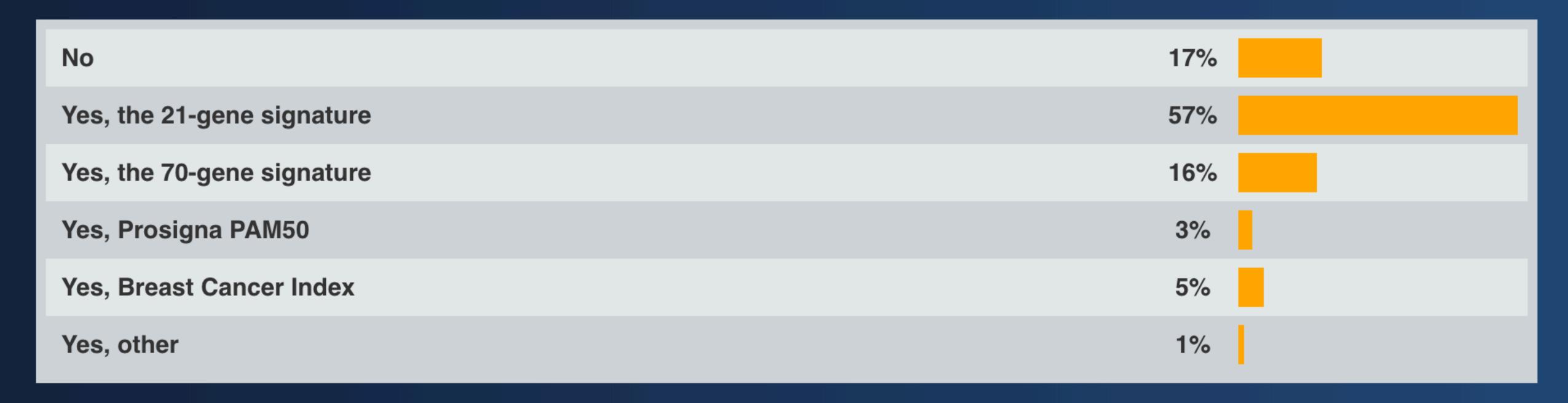
Would you recommend adjuvant chemotherapy for a 40-year-old premenopausal woman with a <u>1.5-cm</u>, <u>low-grade</u>, ER-positive, HER2-negative, node-negative IDC and a 21-gene Recurrence Score of 24?

Yes	40%
No	27%
I would discuss it as an option and say there may or may not be benefit	33%

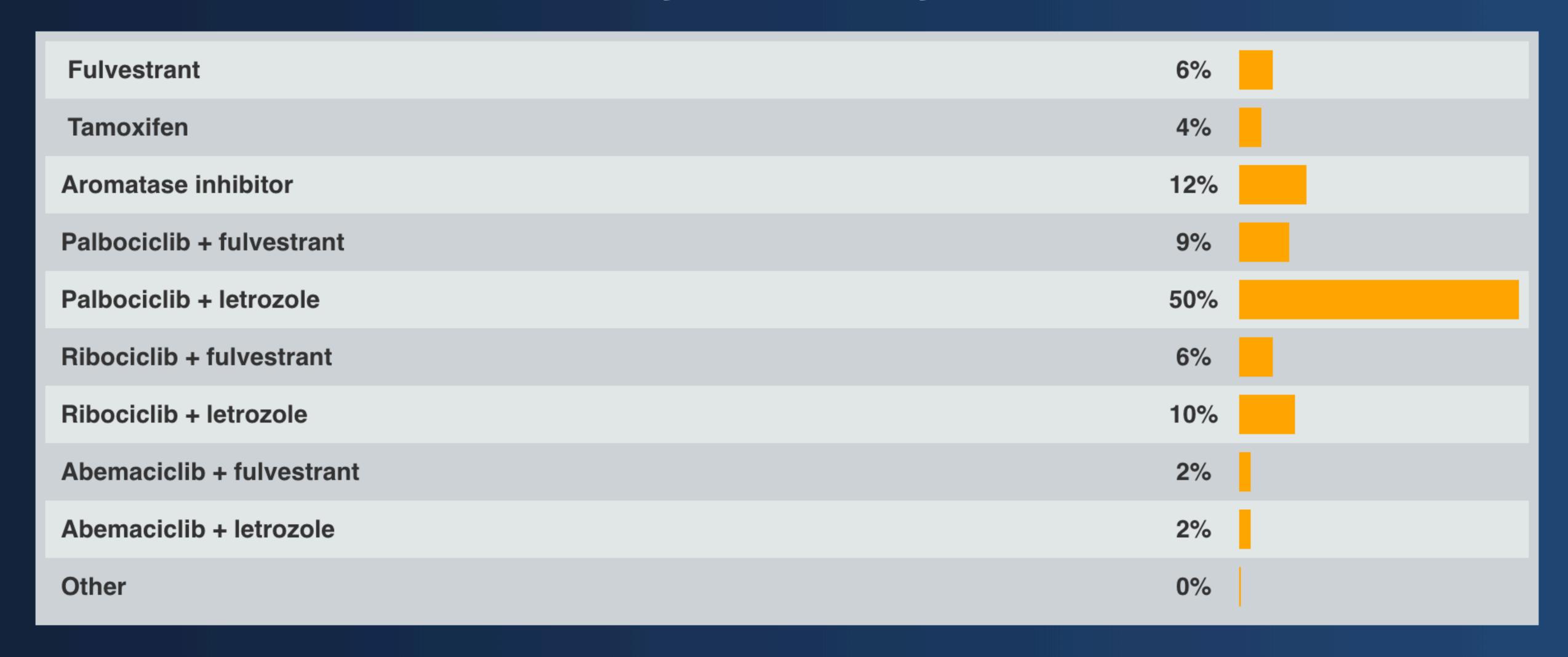
Would you recommend adjuvant chemotherapy for a 40-year-old premenopausal woman with a <u>3.5-cm, high-grade</u>, ER-positive, HER2-negative, node-negative IDC and a 21-gene Recurrence Score of 24?



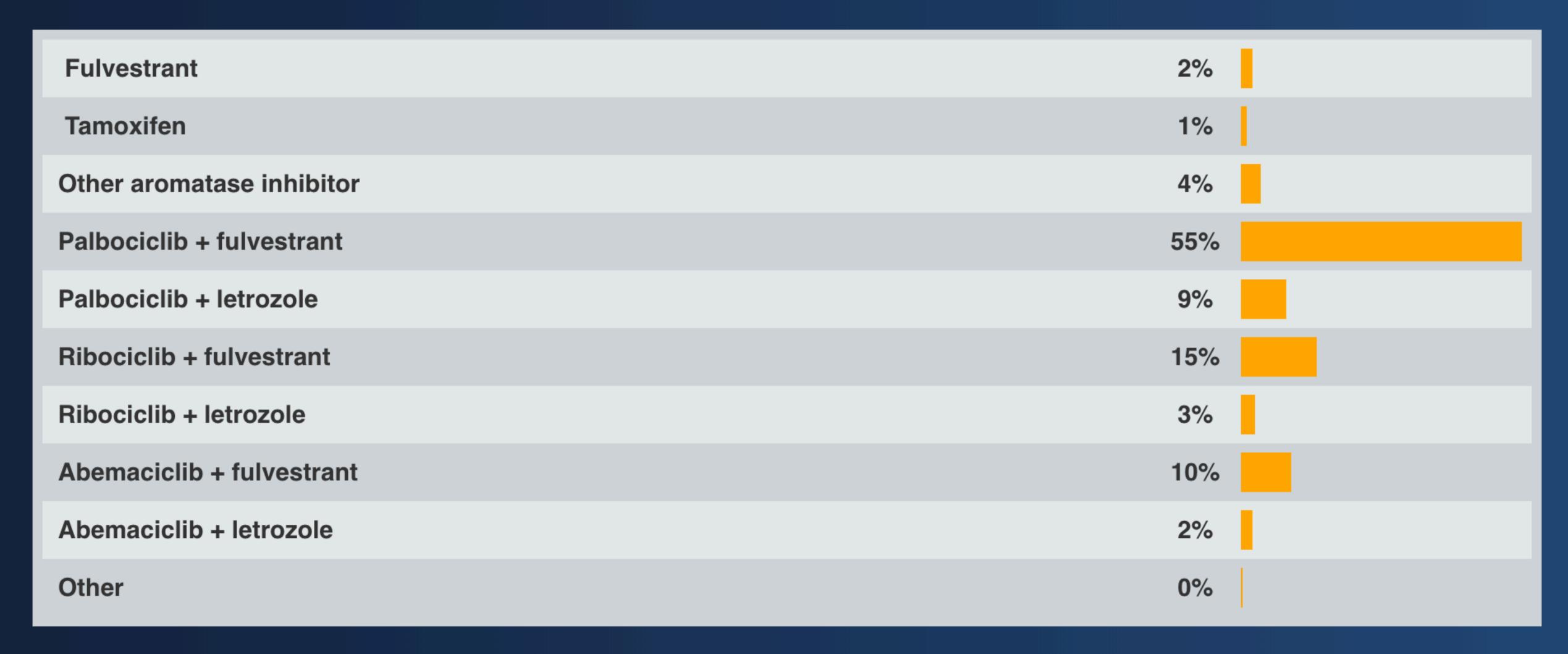
A 65-year-old woman is diagnosed with a 1.5-cm, ER/PR-positive, HER2-negative IDC. She has 1 positive axillary node. Would you order a genomic assay for this patient?



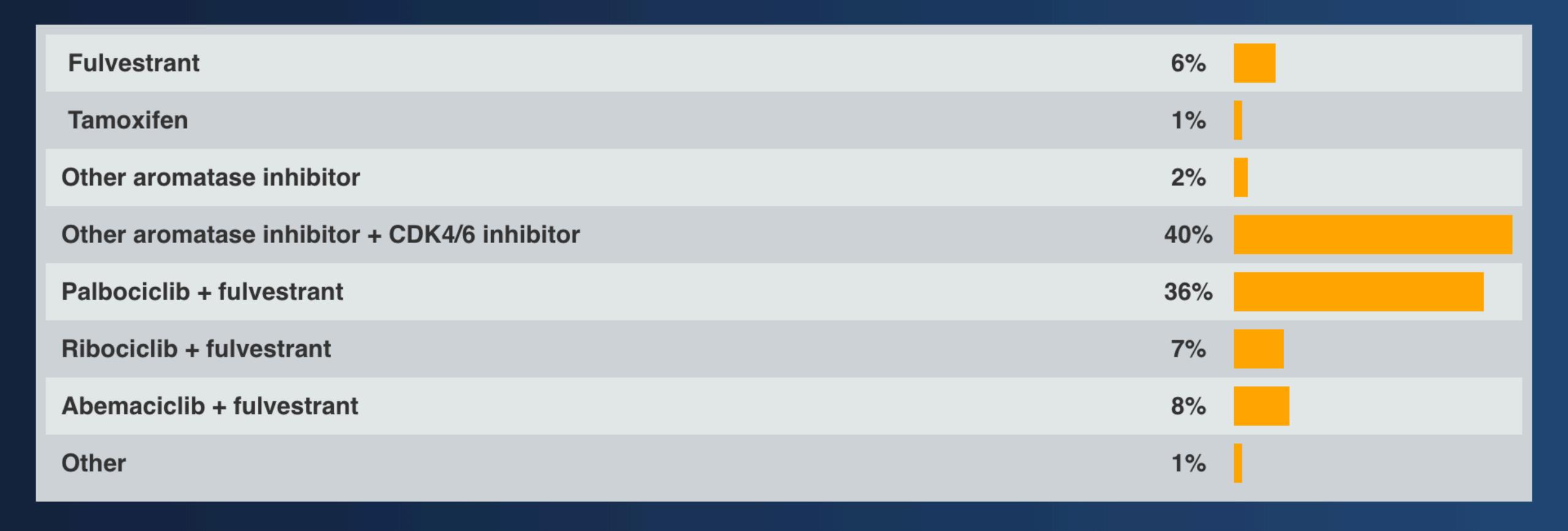
A 65-year-old woman presents with de novo ER-positive, HER2negative metastatic breast cancer with asymptomatic bone metastases. Which endocrine-based treatment would you most likely recommend?



A 65-year-old woman with ER-positive, HER2-negative, node-negative breast cancer has developed multiple minimally symptomatic bone metastases 2 years after starting adjuvant anastrozole. Which endocrine-based treatment would you most likely recommend?



A 65-year-old woman has completed 5 years of adjuvant anastrozole for an ER-positive, HER2-negative IDC but has now developed minimally symptomatic bone metastases 2 years after completing adjuvant hormonal therapy. Which endocrine-based treatment would you most likely recommend?



A 65-year-old woman with ER-positive, HER2-negative, node-negative breast cancer presents with <u>extensive moderately symptomatic hepatic metastases with normal liver function</u> 2 years after starting adjuvant anastrozole. What would be your most likely treatment approach?



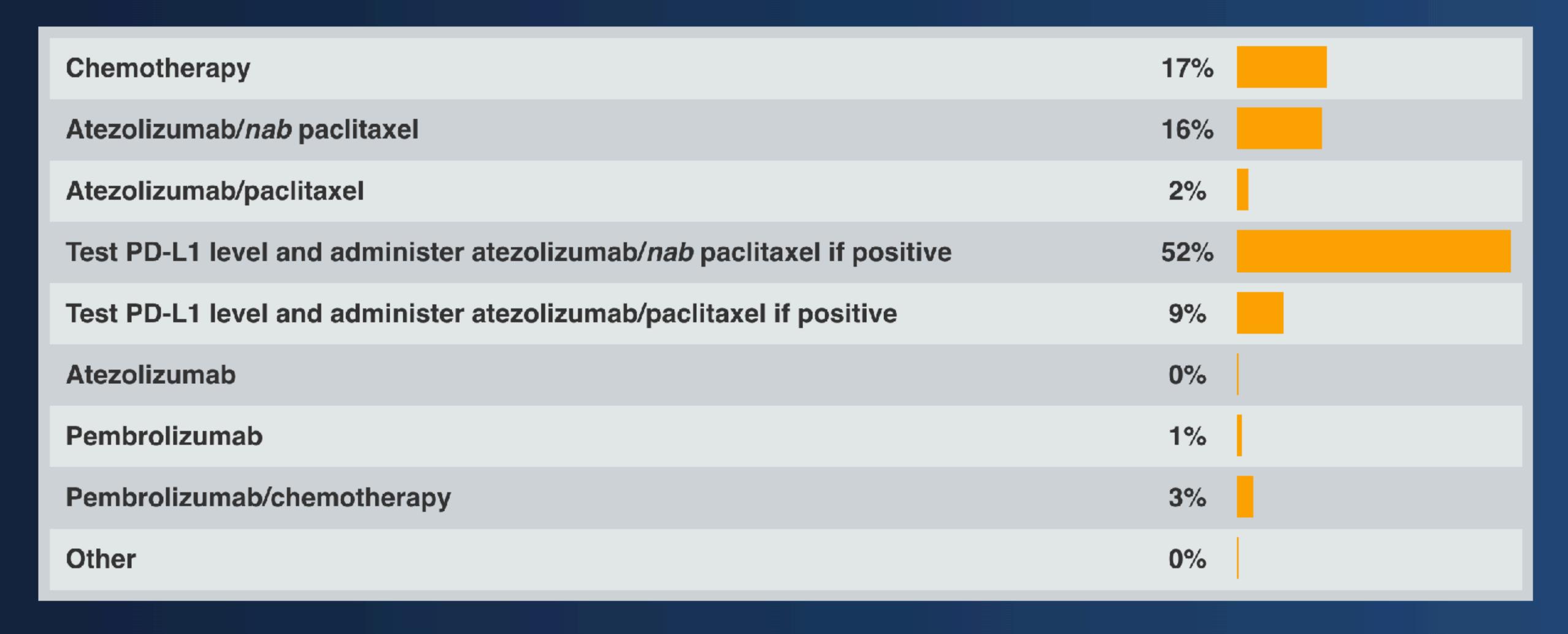
A patient with both systemic and CNS metastases is being started on a CDK4/6 inhibitor with endocrine therapy. Would you have any preference as to which agent to use?

No	21%
Yes, palbociclib	18%
Yes, ribociclib	8%
Yes, abemaciclib	53%

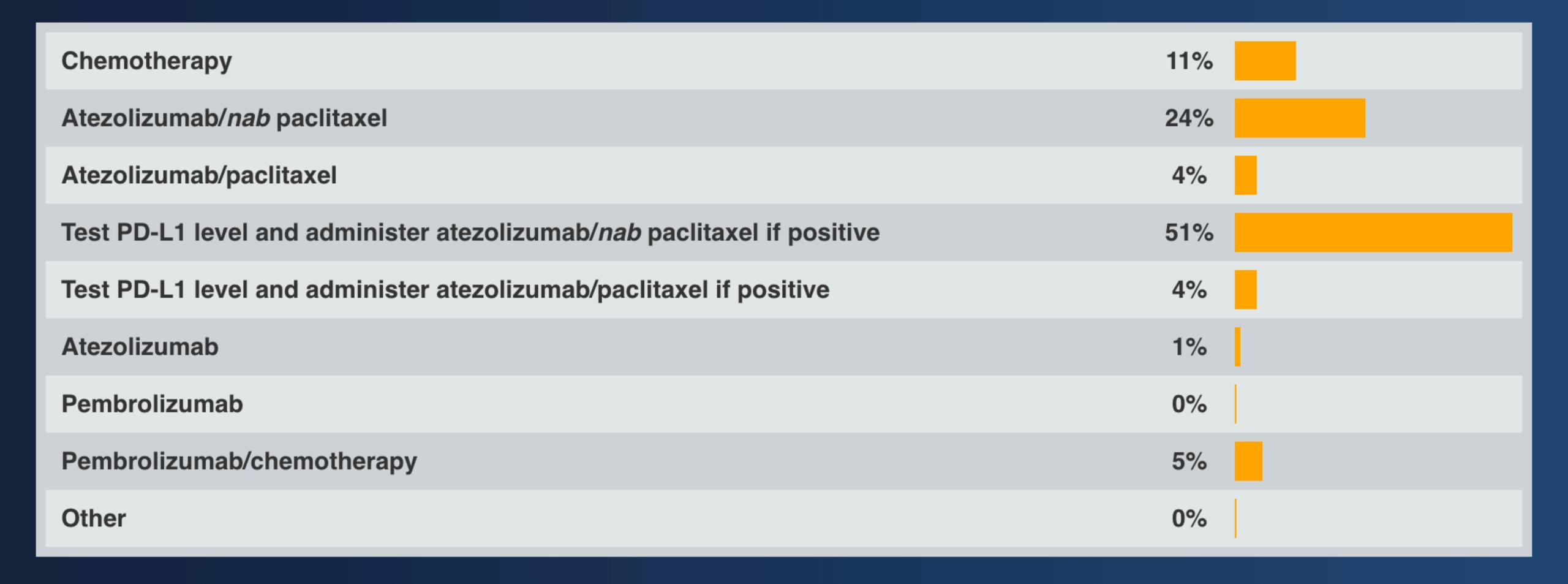
A patient who is receiving palbociclib/letrozole for ER-positive, HER2-negative metastatic breast cancer experiences disease progression. Which endocrine-based treatment would you most likely recommend next?

Fulvestrant	9%
Fulvestrant/everolimus	12%
Exemestane/everolimus	25%
Test PIK3CA mutation status and administer alpelisib/fulvestrant if positive	43%
Another CDK4/6 inhibitor +/- hormone therapy	4%
Continue palbociclib and switch hormone therapy	8%
Other	0%

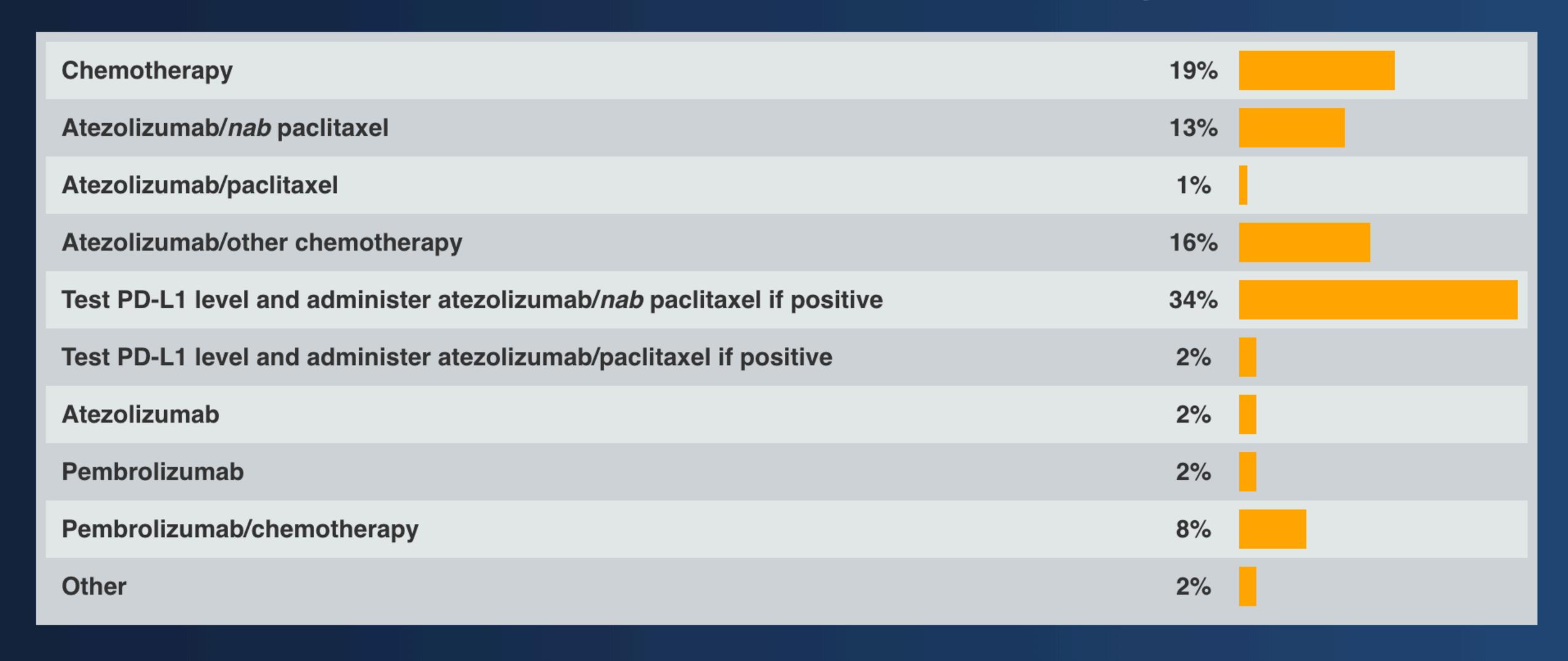
A 60-year-old woman presents with de novo metastatic triple-negative breast cancer (BRCA wild type). Regulatory and reimbursement issues aside, what first-line treatment would you recommend?



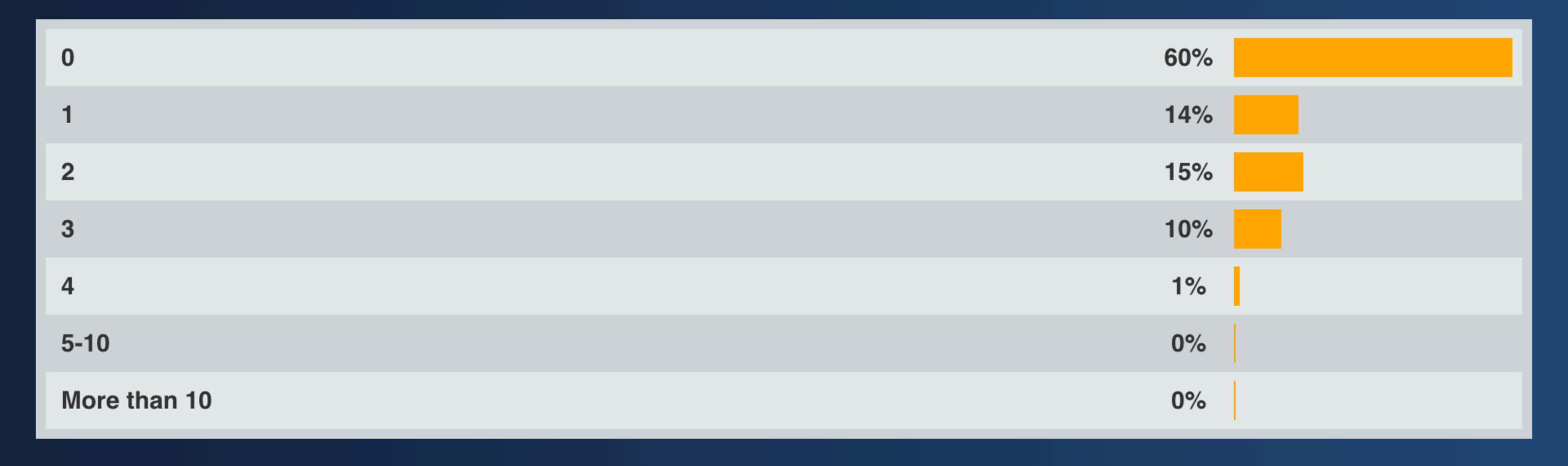
A 60-year-old woman who received an adjuvant anthracycline/taxane regimen presents 1 year later with metastatic triple-negative breast cancer (BRCA wild type). Regulatory and reimbursement issues aside, what first-line treatment would you recommend?



A 60-year-old woman who received an adjuvant anthracycline/taxane regimen presents 1 year later with metastatic triple-negative breast cancer (BRCA wild type). The patient has significant peripheral neuropathy. Regulatory and reimbursement issues aside, what first-line treatment would you recommend?



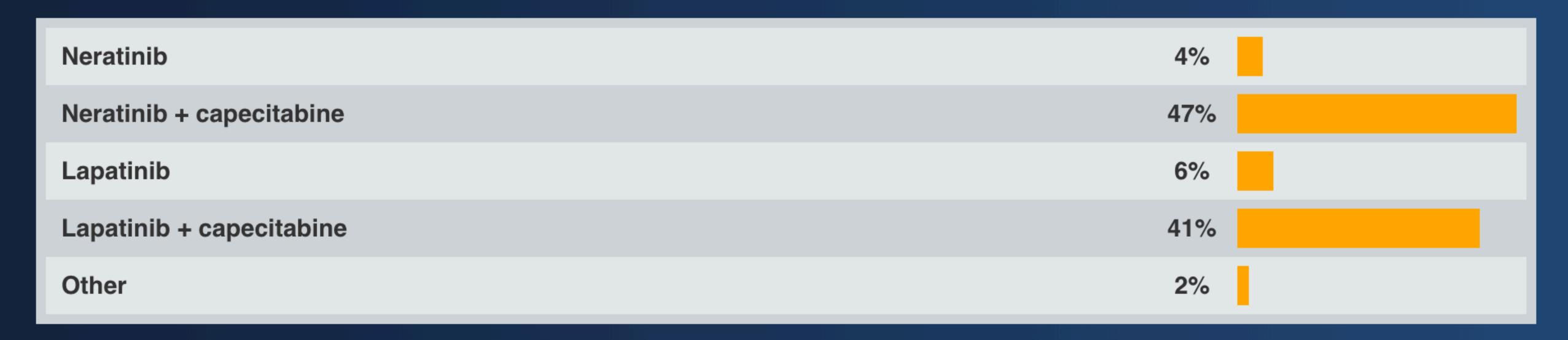
To approximately how many patients with metastatic triple-negative breast cancer have you administered atezolizumab/nab paclitaxel?



Have you or would you administer anti-PD-1/PD-L1 monotherapy to a patient with microsatellite-stable metastatic triple-negative breast cancer?

I have	4%
I have but would no longer do so	4%
I have not but would for the right patient	60%
I have not and would not	31%

A 65-year-old woman with ER-negative, HER2-positive metastatic breast cancer receives THP followed by T-DM1 on progression. She now presents with further disease progression, including new brain metastases. Regulatory and reimbursement issues aside, what systemic treatment would you recommend?



An 80-year-old frail but otherwise healthy woman presents with de novo ER/PR-positive, HER2-positive breast cancer and asymptomatic lung metastases. What would be your likely initial systemic therapy?

Endocrine therapy alone	7%
Endocrine therapy + trastuzumab	38%
Endocrine therapy + trastuzumab + pertuzumab	37%
Endocrine therapy + trastuzumab + lapatinib	5%
Chemotherapy + trastuzumab	3%
Chemotherapy + trastuzumab + pertuzumab	9%
Other	0%

Reimbursement and regulatory issues aside, what would be your preferred treatment approach for a 60-year-old patient with a BRCA germline mutation and de novo metastatic triple-negative breast cancer that is <u>PD-L1-positive</u>?

Nonplatinum chemotherapy	0%
Platinum-containing chemotherapy	8%
PARP inhibitor	18%
Chemotherapy followed by maintenance with a PARP inhibitor	28%
Chemotherapy combined with a PARP inhibitor	6%
Atezolizumab/nab paclitaxel	39%
Other	1%

Reimbursement and regulatory issues aside, what would be your preferred treatment approach for a 60-year-old patient with a BRCA germline mutation and de novo metastatic triple-negative breast cancer that is PD-L1-negative?

Nonplatinum chemotherapy	1%
Platinum-containing chemotherapy	26%
PARP inhibitor	26%
Chemotherapy followed by maintenance with a PARP inhibitor	40%
Chemotherapy combined with a PARP inhibitor	6%
Other	1%

Reimbursement and regulatory issues aside, what would be your preferred treatment approach for a 60-year-old patient with a BRCA germline mutation who receives adjuvant anthracyline/taxane-based chemotherapy but presents 1 year later with metastatic triple-negative breast cancer that is PD-L1-positive?

Nonplatinum chemotherapy	0%
Platinum-containing chemotherapy	5%
PARP inhibitor	22%
Chemotherapy followed by maintenance with a PARP inhibitor	22%
Chemotherapy combined with a PARP inhibitor	10%
Atezolizumab/ <i>nab</i> paclitaxel	41%
Other	1%

Reimbursement and regulatory issues aside, what would be your preferred treatment approach for a 60-year-old patient with a BRCA germline mutation who receives adjuvant anthracyline/taxane-based chemotherapy but presents 1 year later with metastatic triple-negative breast cancer that is <u>PD-L1-negative</u>?

Nonplatinum chemotherapy	1%
Platinum-containing chemotherapy	16%
PARP inhibitor	36%
Chemotherapy followed by maintenance with a PARP inhibitor	36%
Chemotherapy combined with a PARP inhibitor	9%
Other	1%

In a patient with metastatic breast cancer to whom you've made the determination to administer a PARP inhibitor, do you have a preference as to which one?

No	27%
Yes, olaparib	60%
Yes, talazoparib	13%

Have you or would you attempt to use an antiandrogen for a patient with metastatic triple-negative breast cancer outside of a trial setting?

I haven't and would not	25%
I haven't but would for the right patient	66%
I have	9%

A 65-year-old <u>man</u> presents with de novo ER-positive, HER2-negative metastatic breast cancer with asymptomatic bone metastases. In addition to an LHRH agonist, if any, which endocrine-based treatment would you most likely recommend?

