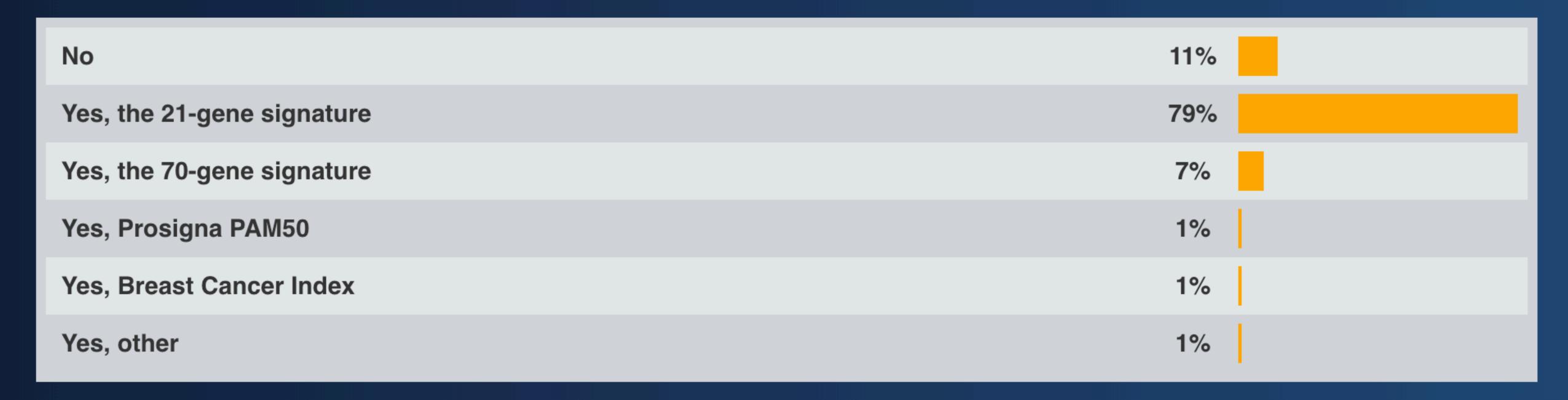
What treatment would you recommend for a 41-year-old premenopausal woman with a 1.4-cm, ER-positive, HER2-negative, node-negative IDC and a 21-gene Recurrence Score of 9?

Tamoxifen	69%
Tamoxifen + ovarian suppression/ablation	17%
Aromatase inhibitor + ovarian suppression/ablation	13%
Chemotherapy + endocrine therapy	0%
Other	1%

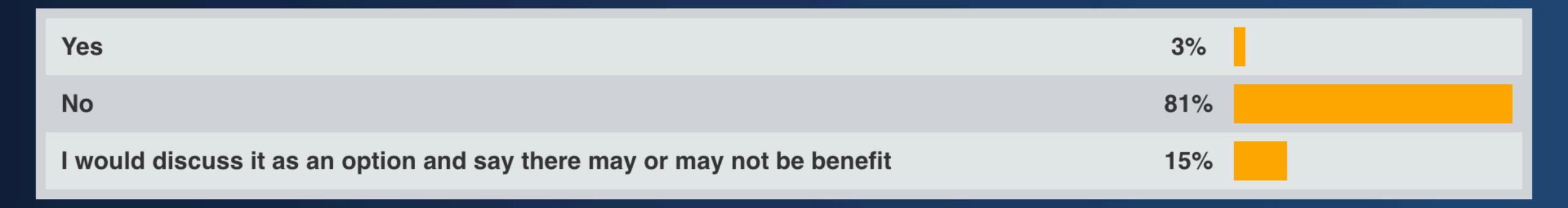
A 38-year-old premenopausal woman is diagnosed with a 3.8-cm, ER/PR-positive, HER2-negative, node-negative IDC. Would you order a genomic assay for this patient?



Would you recommend adjuvant chemotherapy for a <u>38-year-old premenopausal</u> woman with a 1.8-cm, ER-positive, HER2-negative, node-negative IDC and a 21-gene Recurrence Score of 21?

Yes	51%
No	7%
I would discuss it as an option and say there may or may not be benefit	42%

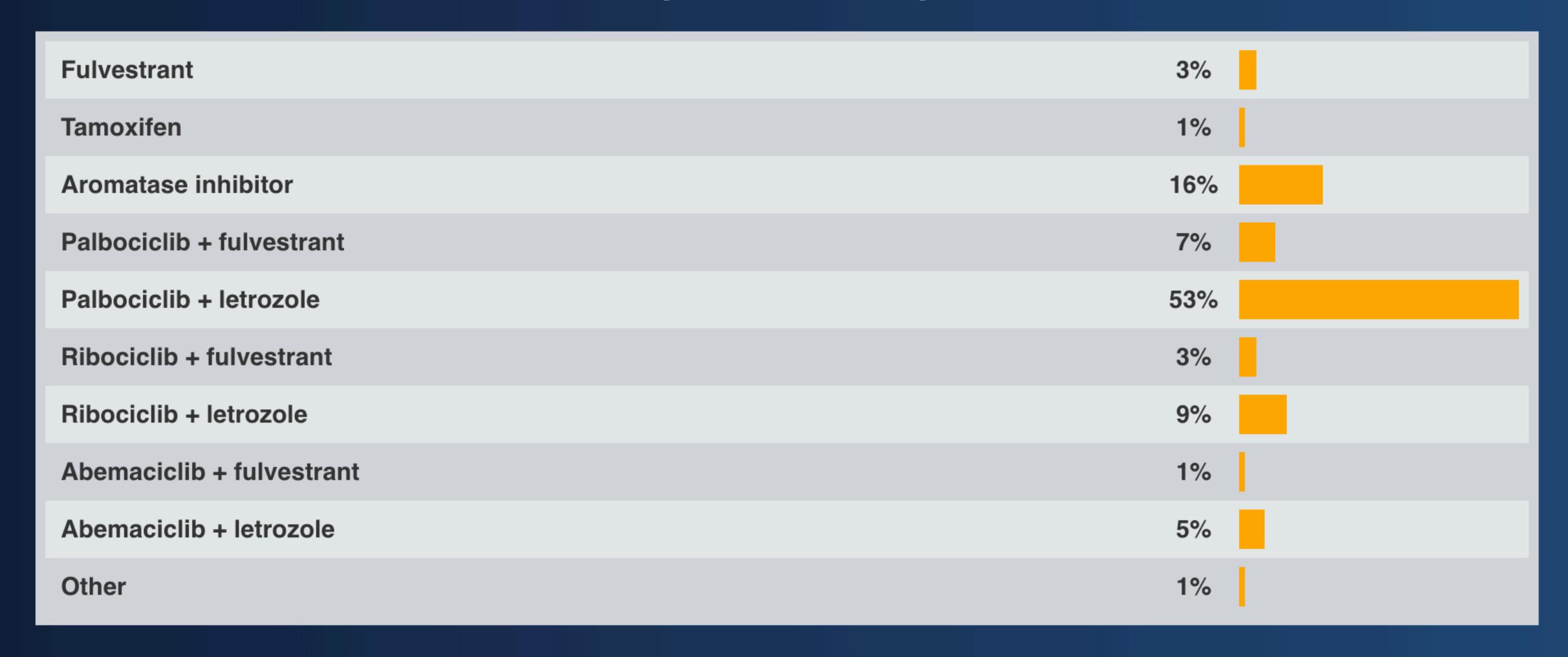
Would you recommend adjuvant chemotherapy for a <u>65-year-old postmenopausal</u> woman with a 1.8-cm, ER-positive, HER2-negative, node-negative IDC and a 21-gene Recurrence Score of 21?



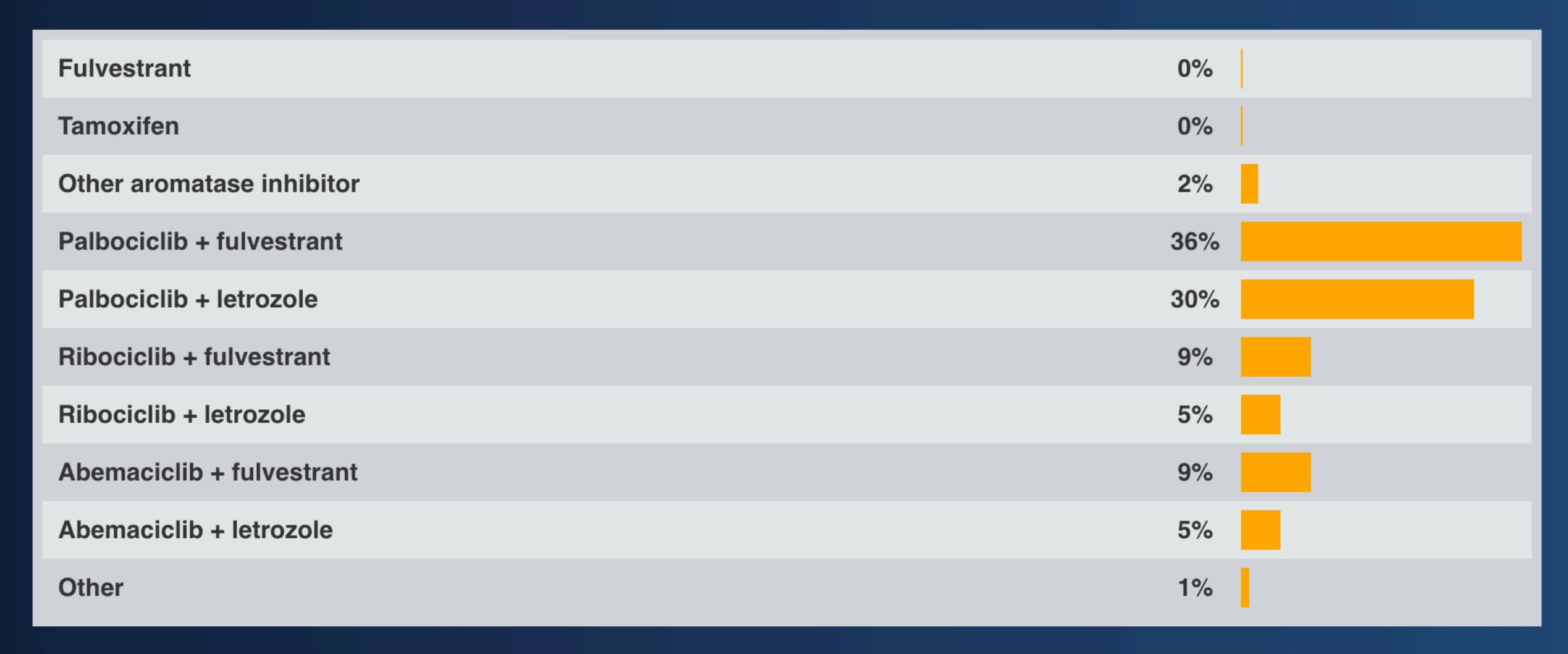
A 57-year-old postmenopausal woman is diagnosed with a 1.3-cm, ER/PR-positive, HER2-negative IDC. She has 1 positive sentinel lymph node. Would you order a genomic assay for this patient?

No	19%
Yes, the 21-gene signature	55%
Yes, the 70-gene signature	20%
Yes, Prosigna PAM50	2%
Yes, Breast Cancer Index	1%
Yes, other	1%

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?



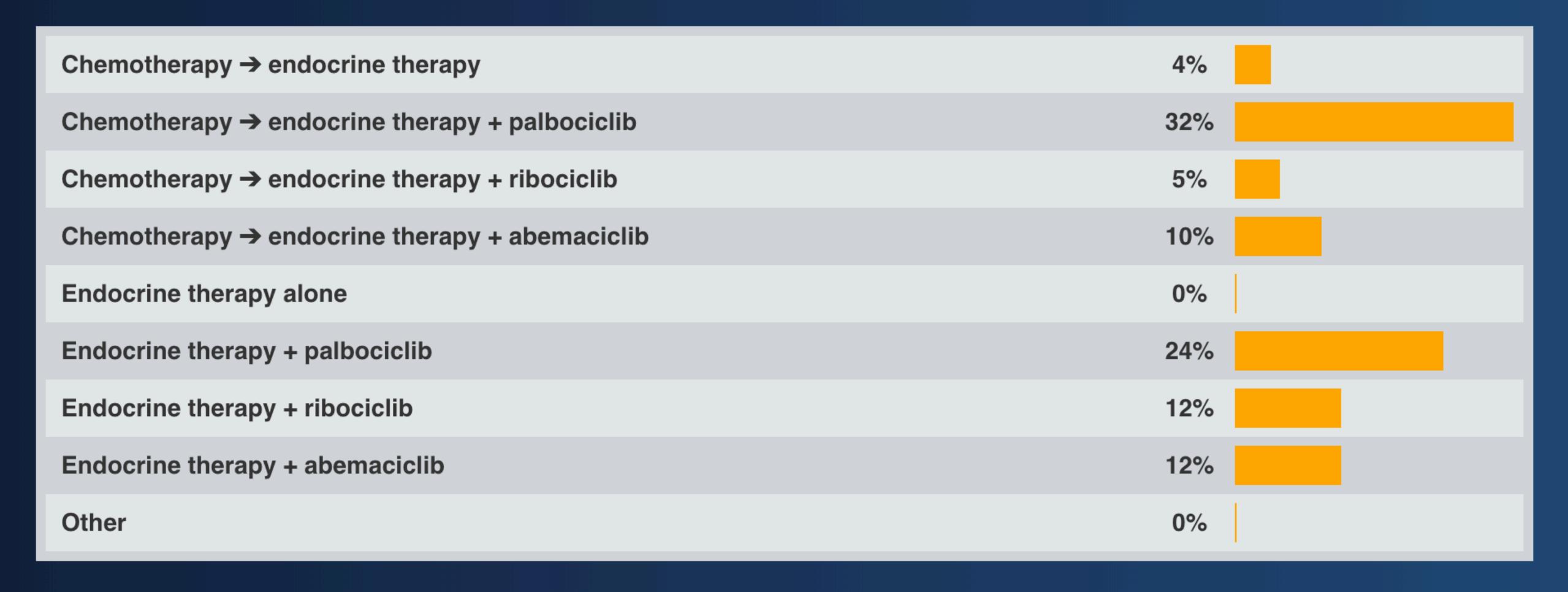
A 65-year-old postmenopausal woman completes 5 years of adjuvant anastrozole for an ER-positive, HER2-negative IDC but develops asymptomatic biopsy-proven bone and liver metastases 2 years later. Which systemic treatment would you most likely recommend?



Have you or would you use abemaciclib monotherapy for a patient with metastatic ER-positive breast cancer?

I have	21%
I have not but would for the right patient	52%
I have not and would not	27%

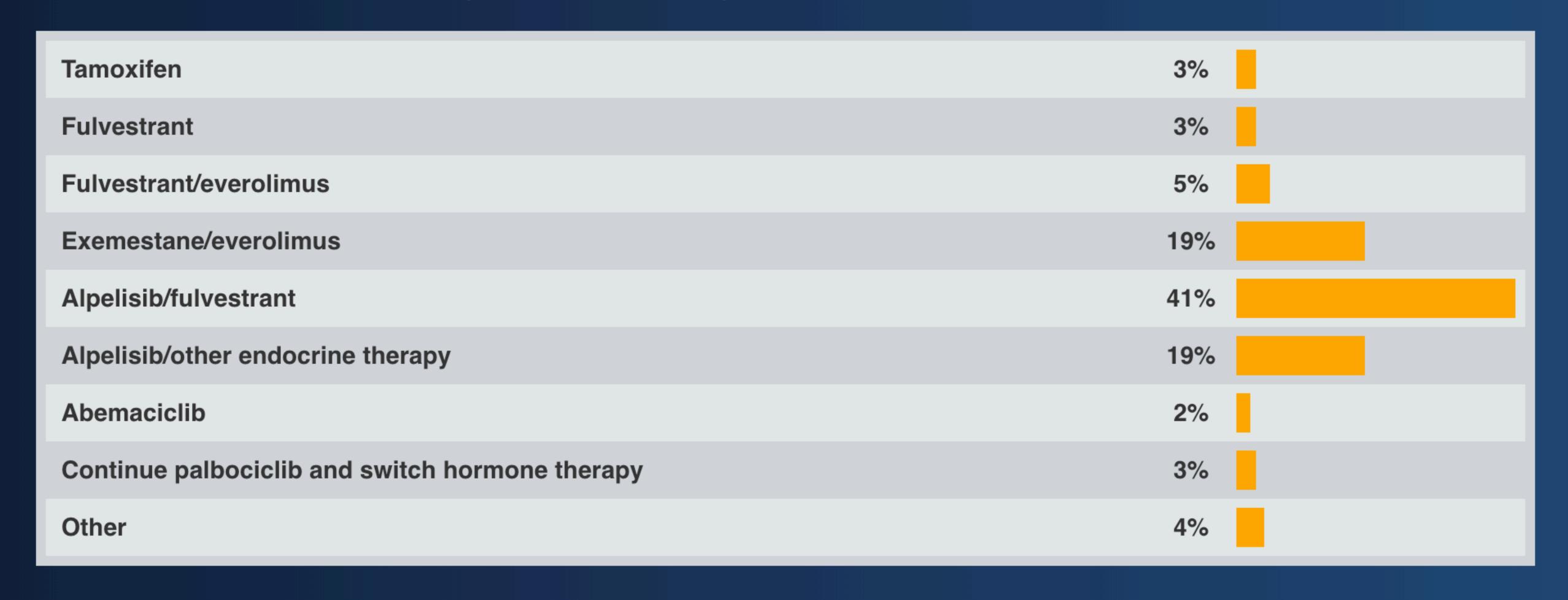
A 46-year-old woman with ER-positive, HER2-negative, node-negative breast cancer has developed bone metastases and moderately symptomatic liver metastases near the completion of 5 years of letrozole following oophorectomy. Which treatment would you most likely recommend?



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	11%
Fulvestrant/everolimus	12%
Exemestane/everolimus	13%
Test PIK3CA mutation status and administer alpelisib/fulvestrant if positive	57%
Abemaciclib	1%
Continue palbociclib and switch hormone therapy	4%
Other	1%

A patient who developed metastatic disease after adjuvant anastrozole for ERpositive, HER2-negative breast cancer is receiving palbociclib/fulvestrant and experiences disease progression. Genomic testing is positive for a PIK3CA mutation. The patient has Type II diabetes requiring insulin. Which endocrine-based treatment would you most likely recommend next?



A patient who developed metastatic disease after adjuvant letrozole for ER-positive, HER2-negative breast cancer is receiving abemaciclib/fulvestrant and experiences disease progression. Genomic testing is negative for a PIK3CA mutation. Which endocrine-based treatment would you most likely recommend next?

Tamoxifen	3%
Fulvestrant	3%
Fulvestrant/everolimus	14%
Exemestane/everolimus	67%
Another CDK4/6 inhibitor with or without hormone therapy	8%
Continue palbociclib and switch hormone therapy	3%
Other	3%

Have you or would you administer a CDK4/6 inhibitor for a patient with ERpositive breast cancer in the <u>neoadjuvant</u> setting off protocol?

I have	8%
I have not but would for the right patient	44%
I have not and would not	49%

Have you or would you administer a CDK4/6 inhibitor for a patient with ERpositive breast cancer in the <u>adjuvant</u> setting off protocol?

I have	8%
I have not but would for the right patient	36%
I have not and would not	56%

Have you or would you administer a CDK4/6 inhibitor for a patient with <u>Stage IV</u> <u>ER-positive breast cancer with no evidence of disease</u> off protocol?

I have	19%
I have not but would for the right patient	45%
I have not and would not	37%

Have you or would you administer a CDK4/6 inhibitor in combination with anti-HER2 therapy for a patient with <u>ER-positive</u>, <u>HER2-positive</u> metastatic breast cancer off protocol?

I have	13%
I have not but would for the right patient	48%
I have not and would not	39%