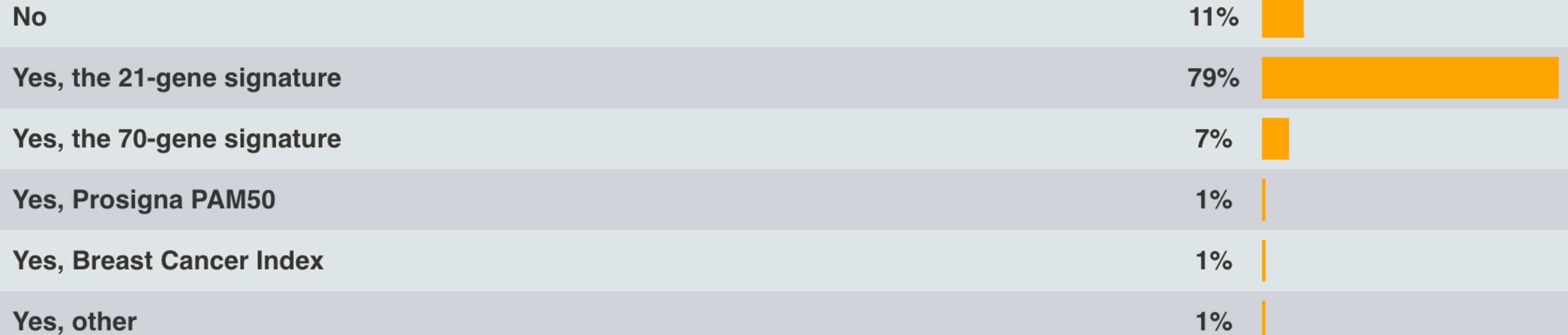


What treatment would you recommend for a 41-year-old premenopausal woman with a 1.4-cm, ER-positive, HER2-negative, node-negative IDC and a 21-gene Recurrence Score of 9?



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 38-year-old premenopausal 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 65-year-old postmenopausal woman with a 1.8-cm, ER-positive, HER2-negative, node-negative IDC and a 21-gene Recurrence Score of 21?

Yes

3%



No

81%

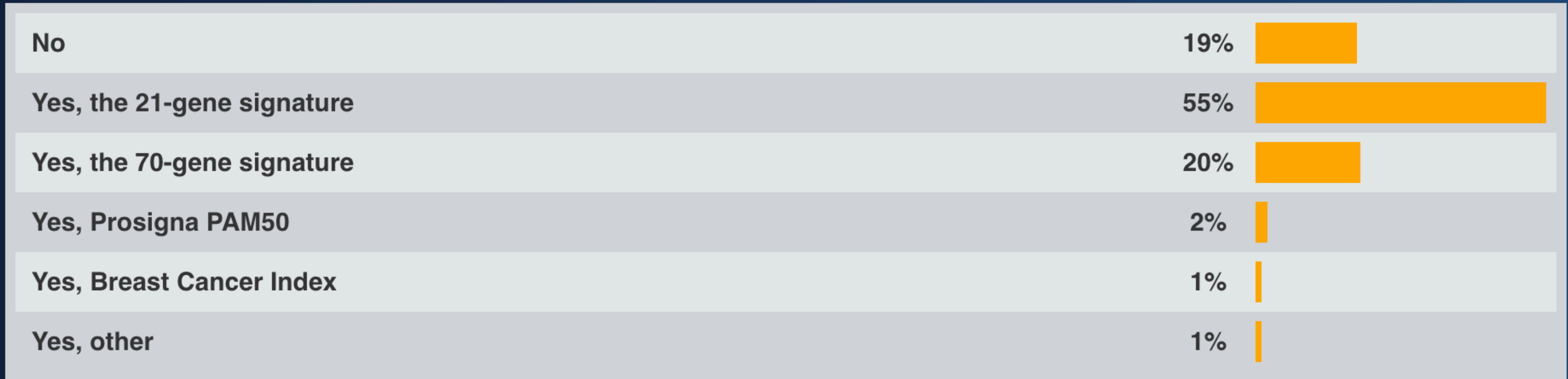


I would discuss it as an option and say there may or may not be benefit

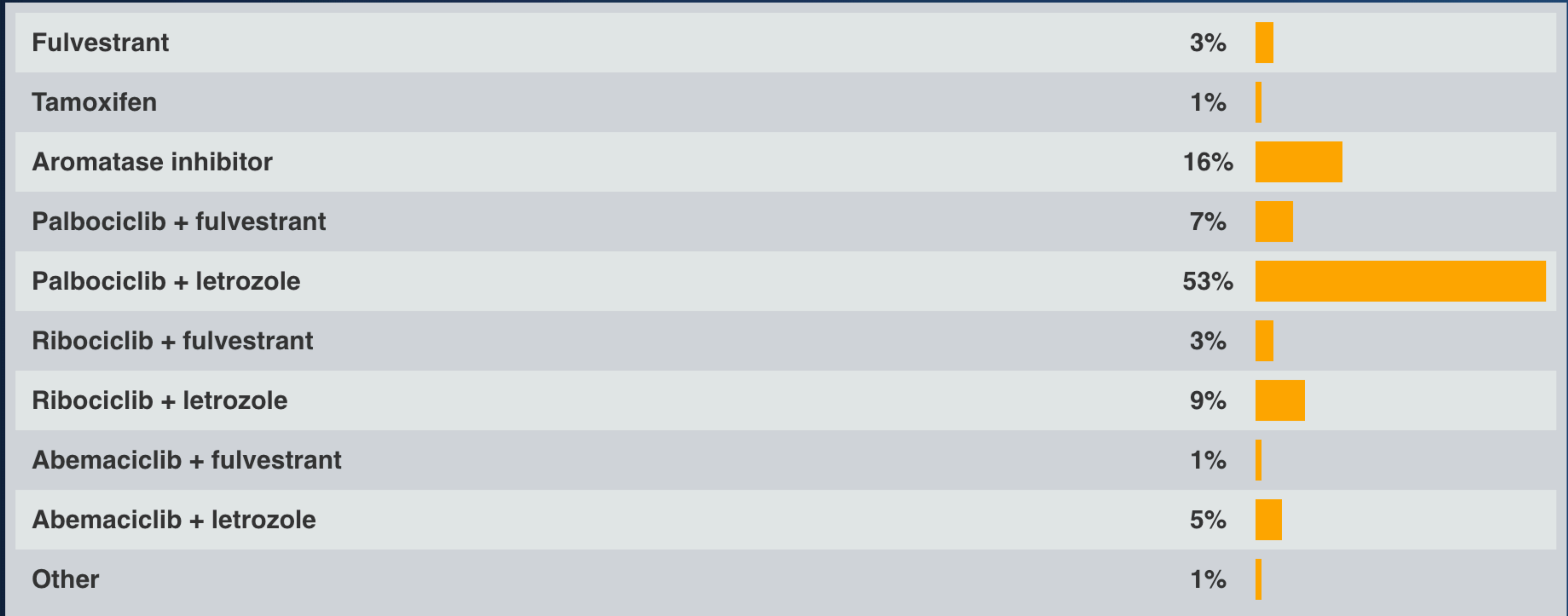
15%



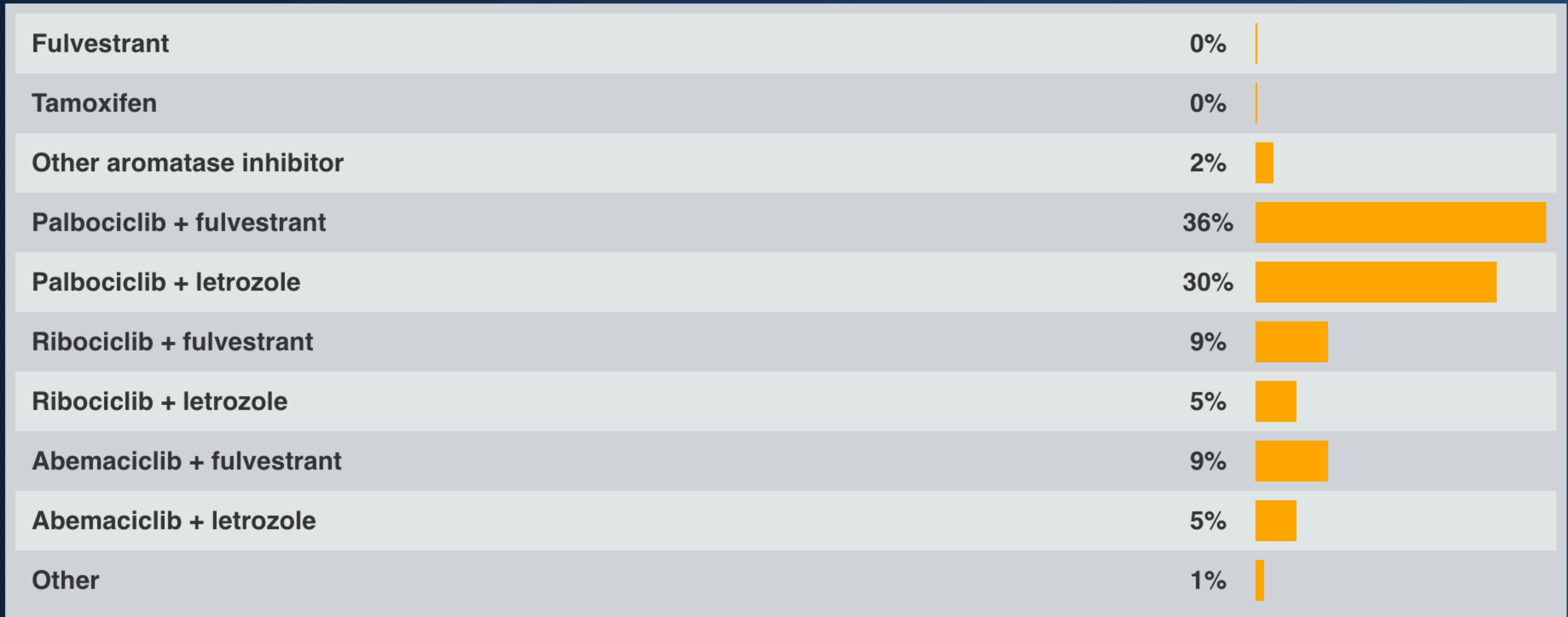
A 57-year-old postmenopausal woman is diagnosed with a 1.3-cm, ER/PR-positive, HER2-negative IDC. She has 1 positive sentinel lymph node. Would you order a genomic assay for this patient?



A 65-year-old woman presents with de novo ER-positive, HER2-negative 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%

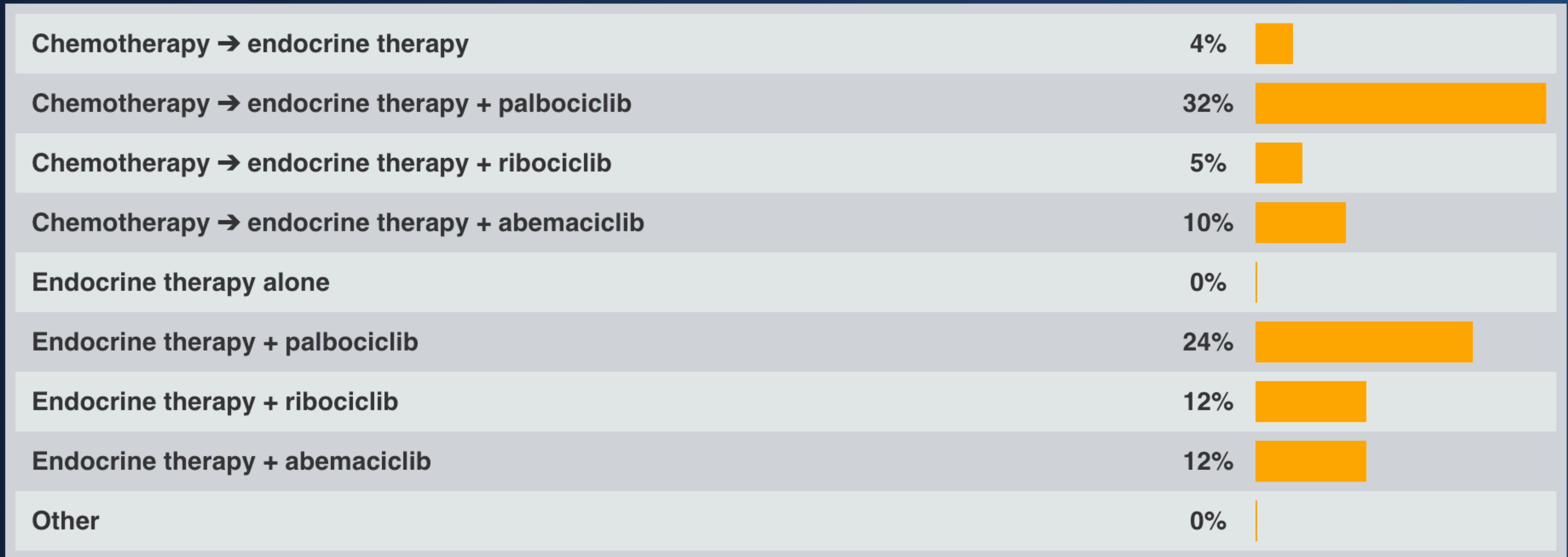


I have not and would not

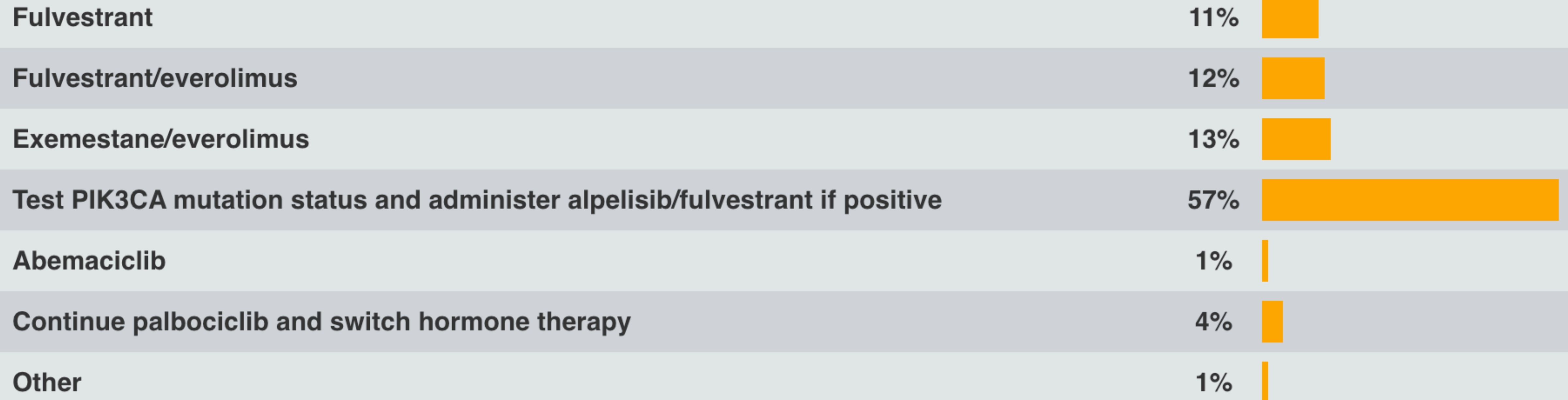
27%



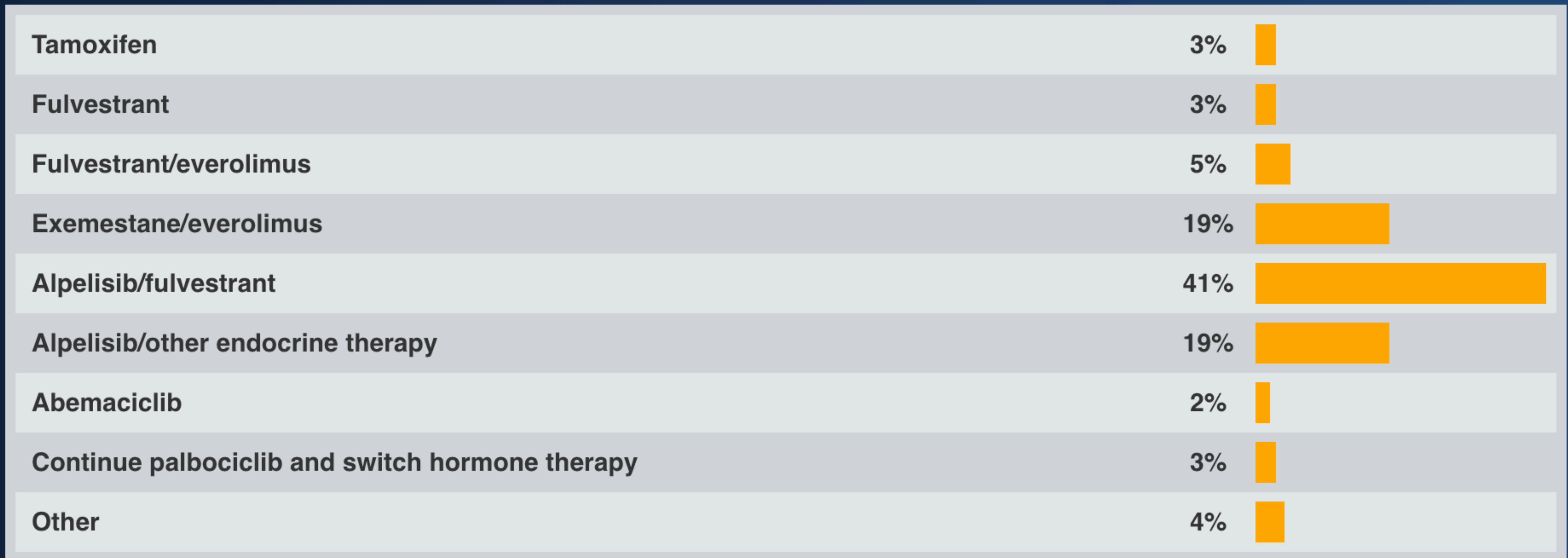
A 46-year-old woman with ER-positive, HER2-negative, node-negative breast cancer has developed bone metastases and moderately symptomatic liver metastases near the completion of 5 years of letrozole following oophorectomy. Which treatment would you most likely recommend?



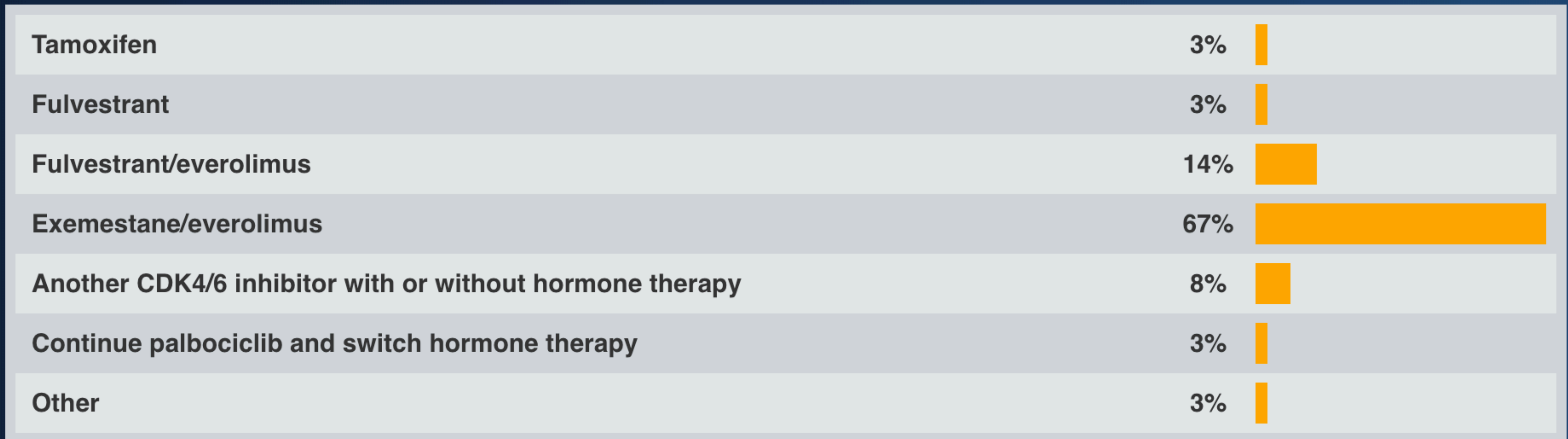
A patient who is receiving palbociclib/letrozole for ER-positive, HER2-negative metastatic breast cancer experiences disease progression. Which endocrine-based treatment would you most likely recommend next?



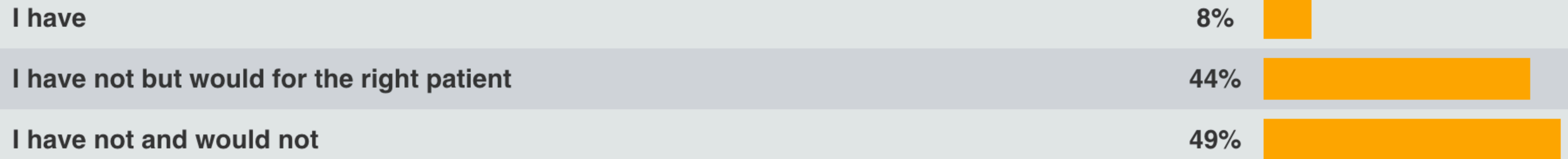
A patient who developed metastatic disease after adjuvant anastrozole for ER-positive, HER2-negative breast cancer is receiving palbociclib/fulvestrant and experiences disease progression. Genomic testing is positive for a PIK3CA mutation. The patient has Type II diabetes requiring insulin. Which endocrine-based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



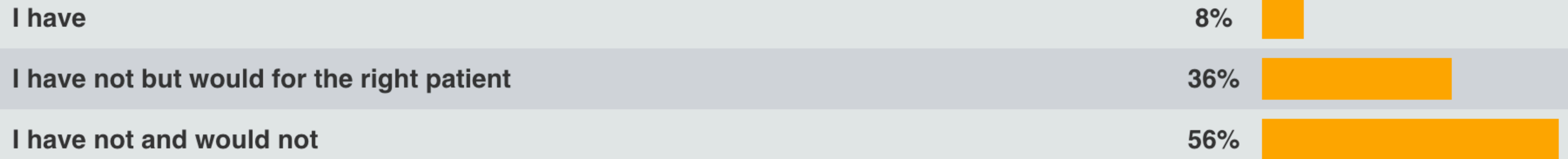
A patient who developed metastatic disease after adjuvant letrozole for ER-positive, HER2-negative breast cancer is receiving abemaciclib/fulvestrant and experiences disease progression. Genomic testing is negative for a PIK3CA mutation. Which endocrine-based treatment would you most likely recommend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



Have you or would you administer a CDK4/6 inhibitor for a patient with ER-positive breast cancer in the neoadjuvant setting off protocol?



Have you or would you administer a CDK4/6 inhibitor for a patient with ER-positive breast cancer in the adjuvant setting off protocol?



Have you or would you administer a CDK4/6 inhibitor for a patient with Stage IV ER-positive breast cancer with no evidence of disease 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 ER-positive, HER2-positive metastatic breast cancer off protocol?

