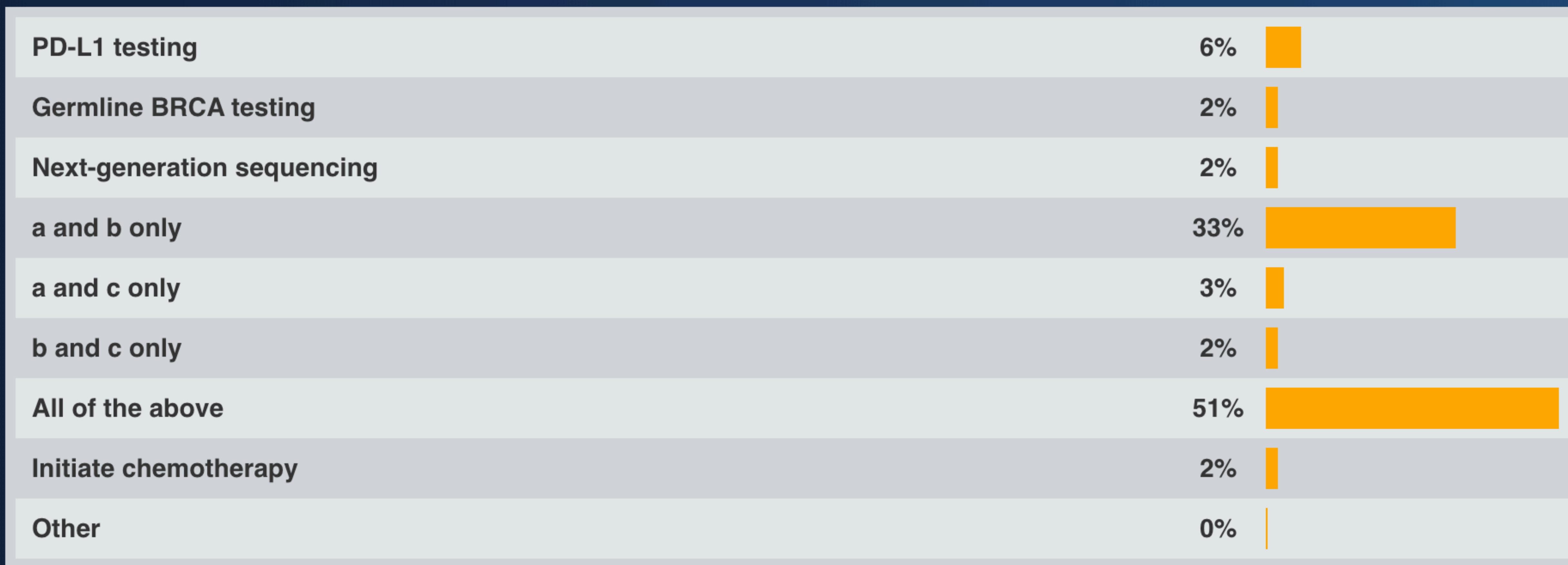


A 40-year-old woman who completed FEC-docetaxel and radiation therapy 3 years ago for localized triple-negative breast cancer now presents with low-volume metastatic disease to the lung and bones. What would you recommend next?



A patient begins atezolizumab/*nab* paclitaxel for metastatic triple-negative breast cancer and on first restaging CT scan, there is evidence of new small-volume lymphadenopathy in her mediastinum. She is faring well clinically. What would you recommend next?

Radiation therapy to the mediastinum

13%



Rebiopsy

13%



Observe and evaluate at next restaging

68%



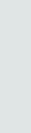
Switch to a different therapy

5%

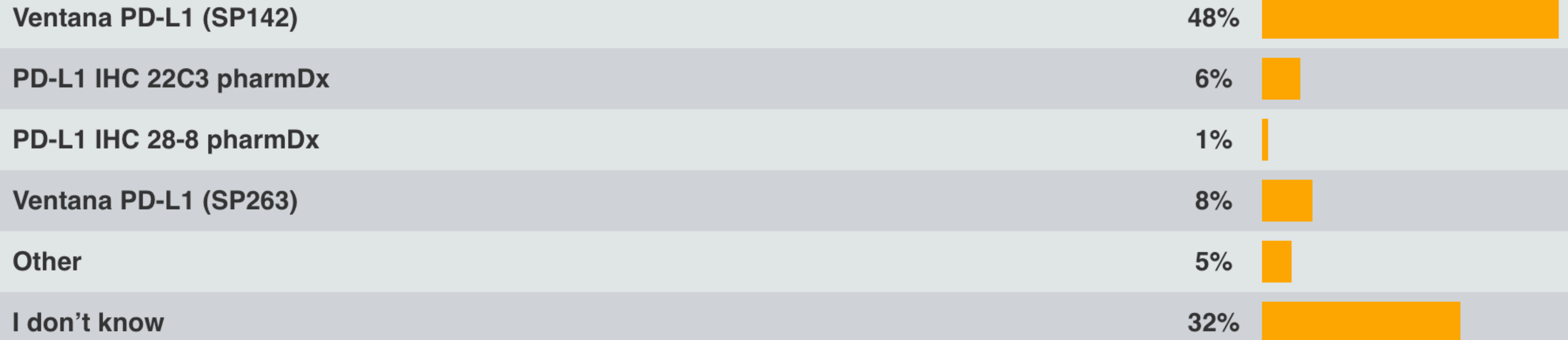


Other

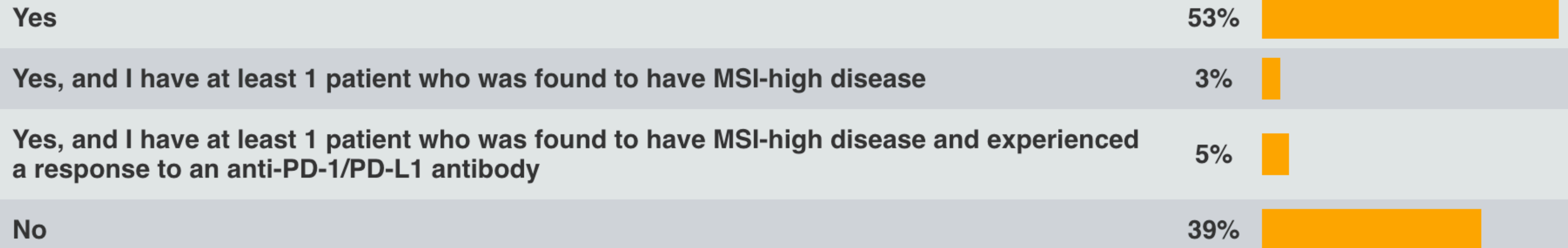
1%



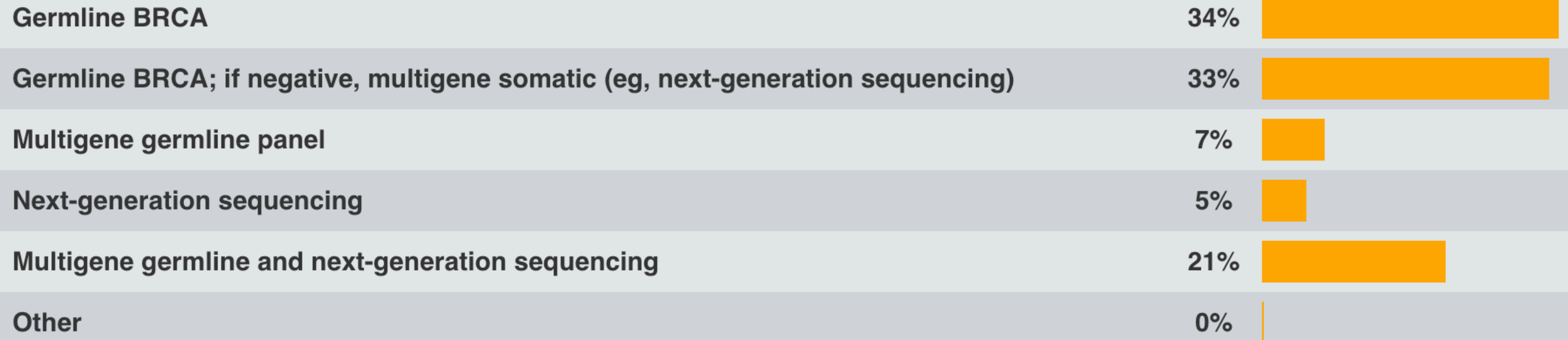
Which assay do you typically use to evaluate PD-L1 status for your patients with metastatic triple-negative breast cancer?



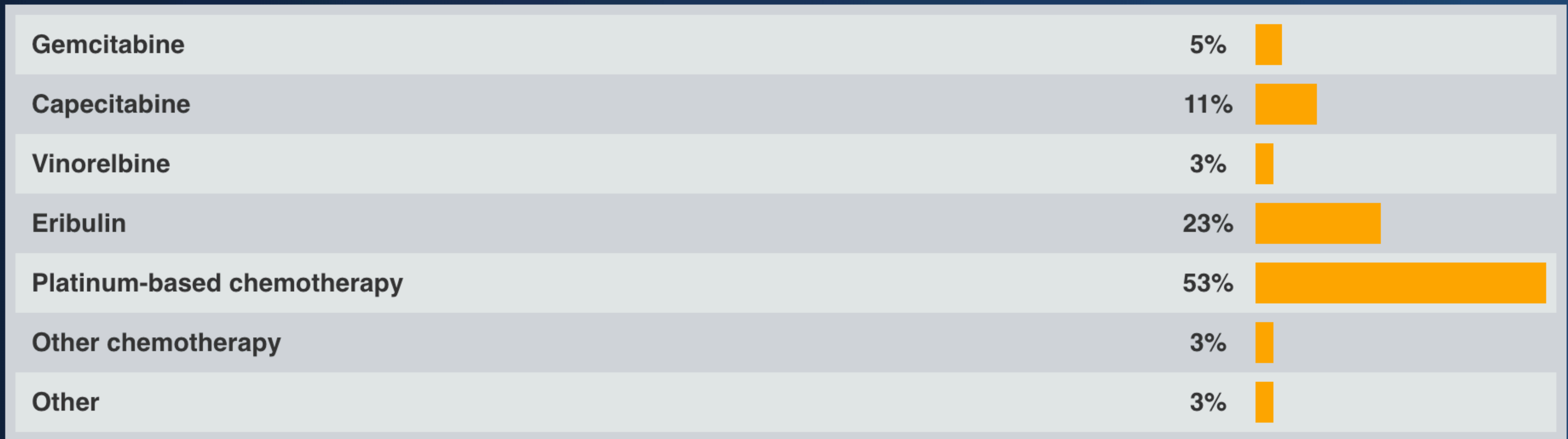
Do you generally test for microsatellite instability (MSI) in your patients with metastatic breast cancer who have exhausted all approved treatment options?



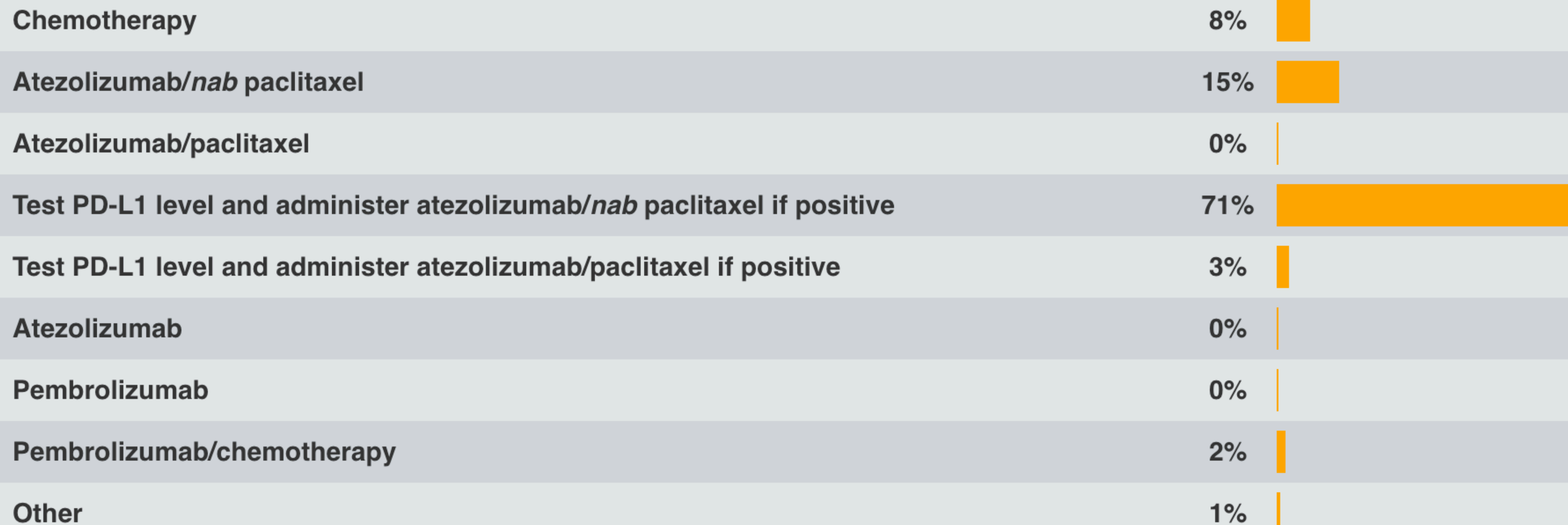
In general, what is the optimal approach to mutation testing for possible use of a PARP inhibitor for a patient with metastatic triple-negative breast cancer?



A 42-year-old woman who is s/p neoadjuvant dose-dense AC-T and adjuvant capecitabine for triple-negative breast cancer later presents with PD-L1-positive, BRCA wild-type metastatic disease to the bone and receives atezolizumab/*nab* paclitaxel but experiences subsequent disease progression. What would you recommend next?



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?



Which of the following has been known to occur shortly after the administration of atezolizumab infusions?

Cardiac arrhythmia

9%



Dysphasia

5%



Pyrexia

46%



Peripheral edema

10%

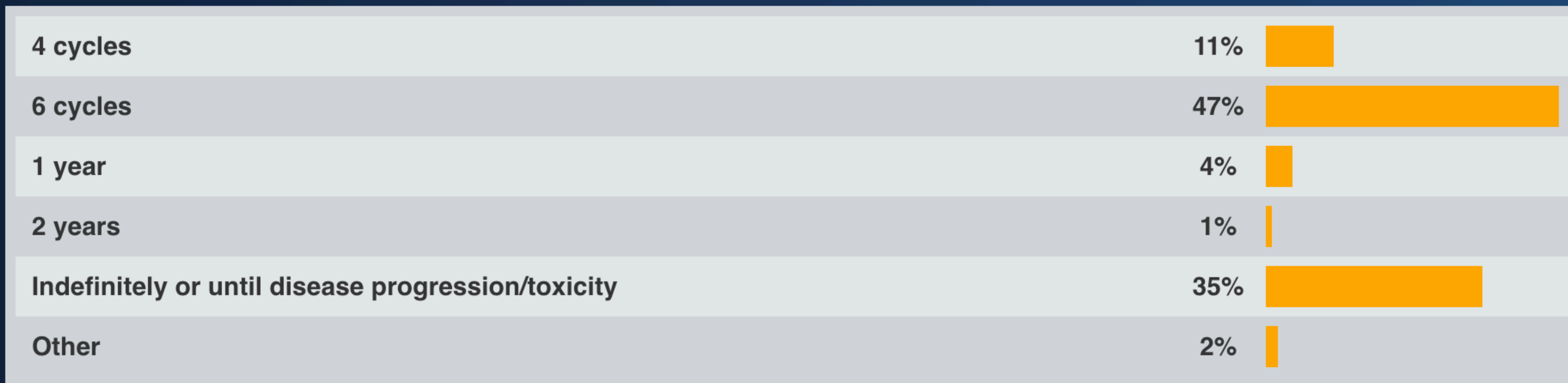


I don't know

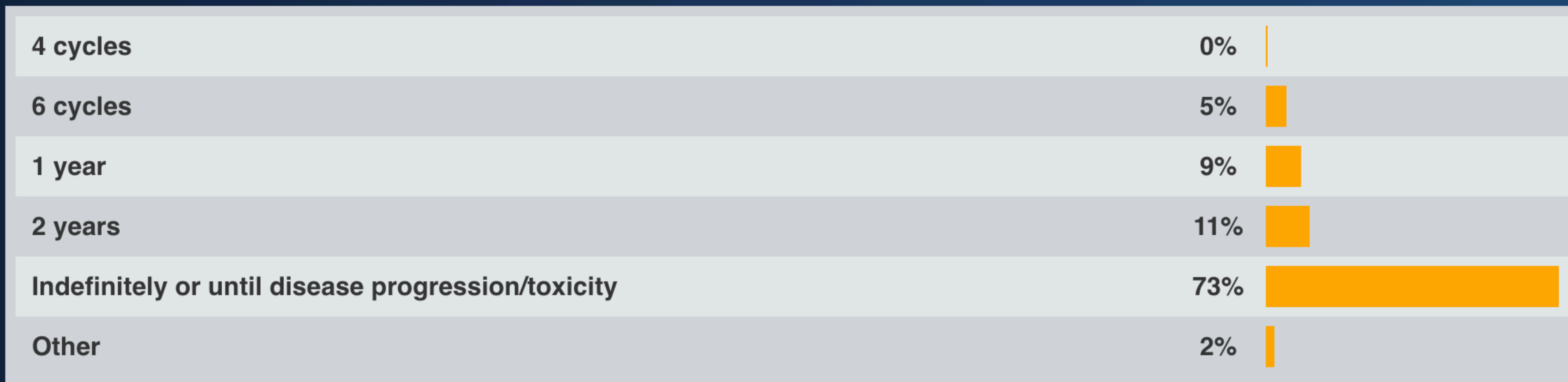
30%



A patient with PD-L1-positive metastatic triple-negative breast cancer experiences a response to atezolizumab/*nab* paclitaxel. How long would you continue the *nab* paclitaxel?



A patient with PD-L1-positive metastatic triple-negative breast cancer experiences a response to atezolizumab/*nab* paclitaxel. How long would you continue the atezolizumab?



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?



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-positive?



Regulatory and reimbursement issues aside, have you or would you attempt to access a PARP inhibitor for a patient with metastatic triple-negative breast cancer and a somatic BRCA mutation?

I have not and would not

11%



I have not, but I would for the right patient

66%



I have

12%



I have, and I have at least 1 patient who experienced a good response to a PARP inhibitor

11%



Regulatory and reimbursement issues aside, have you or would you attempt to access a PARP inhibitor for a patient with metastatic triple-negative breast cancer and a germline PALB2 mutation?

I have not and would not

24%



I have not, but I would for the right patient

64%



I have

7%



I have, and I have at least 1 patient who experienced a good response to a PARP inhibitor

5%



Based on current clinical trial data and your personal experience, how would you compare the global tolerability/toxicity of olaparib to that of talazoparib when used as treatment for metastatic breast cancer?

About the same

19%



Olaparib has less toxicity

19%



Talazoparib has less toxicity

11%



I don't know

50%



Regulatory and reimbursement issues aside, have you or would you attempt to access an anti-PD-1/PD-L1 antibody as part of neoadjuvant therapy for a patient with triple-negative breast cancer?

I have not and would not

26%



I have not, but I would for the right patient

64%



I have

11%



Regulatory and reimbursement issues aside, have you or would you attempt to access an anti-PD-1/PD-L1 antibody for a patient with triple-negative breast cancer who received neoadjuvant chemotherapy and had residual disease after surgery?

I have not and would not

36%



I have not, but I would for the right patient

55%



I have

8%



Regulatory and reimbursement issues aside, have you or would you attempt to access a PARP inhibitor as part of neoadjuvant therapy for a patient with triple-negative breast cancer?

I have not and would not

55%



I have not, but I would for the right patient

39%



I have

6%



Regulatory and reimbursement issues aside, have you or would you attempt to access a PARP inhibitor for a patient with triple-negative breast cancer who received neoadjuvant chemotherapy and had residual disease after surgery?

I have not and would not

42%



I have not, but I would for the right patient

52%



I have

6%

