## POST-TEST

Novel Agents and Emerging Strategies in the Management of Metastatic Colorectal Cancer — Video Program

## THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

- In a recent report of a Phase II study of the anti-PD-1 antibody pembrolizumab in patients with previously treated, progressive metastatic colorectal cancer (mCRC) with and without DNA mismatch repair (MMR) deficiency, Dung Le and colleagues demonstrated that
  - a. The rate of response was significantly higher among patients with MMR-deficient or microsatellite instability (MSI)-high disease compared to those with MSI-low mCRC
  - b. The rate of response was significantly lower among patients with MMR-deficient or MSI-high disease compared to those with MSI-low mCRC
  - c. The rate of response was the same among patients with MMR-deficient or MSI-high disease compared to those with MSI-low mCRC
- 2. Which of the following statements is true about regorafenib in the management of mCRC?
  - Most of the significant side effects occur within the first cycle of administration
  - Most of the significant side effects occur within the later cycles of administration
  - c. The occurrence of most of the significant side effects is unpredictable throughout the course of administration
- 3. A significant toxicity associated with the oral nucleoside TAS-102 is
  - a. Fatigue
  - b. Myelosuppression
  - c. Nausea
  - d. None of the above

- 4. Patients with BRAF mutation-positive mCRC .
  - a. Have a poor prognosis and are unlikely to experience a clinical benefit from anti-EGFR antibody therapy, especially when it is used in later lines
  - b. Have a good prognosis and are likely to experience a clinical benefit from anti-EGFR antibody therapy, especially when it is used in later lines
  - c. Have a poor prognosis but are likely to experience a clinical benefit from anti-EGFR antibody therapy, especially when it is used in later lines
- 5. In terms of the survival benefit observed, which of the following appears to be true based on cross-trial comparison of antiangiogenic agents in mCRC?
  - The benefit observed with bevacizumab is significantly greater than that with aflibercept and ramucirumab
  - b. The benefit observed with aflibercept is significantly greater than that with bevacizumab and ramucirumab
  - The benefit observed with ramucirumab is significantly greater than that with bevacizumab and aflibercept
  - d. The survival benefit observed with all of the above agents is similar
- 6. The Phase III randomized CAIRO3 trial evaluated maintenance treatment with capecitabine and bevacizumab versus observation after first-line therapy with CAPOX and bevacizumab in patients with mCRC.
  - a. True
    - b. False

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- 7. The Phase II HERACLES trial evaluating the combination of \_\_\_\_\_ demonstrated significant clinical activity in patients with HER2-amplified mCRC.
  - a. T-DM1 and trastuzumab
  - b. Lapatinib and trastuzumab
    - c. Lapatinib and T-DM1

- The incidence of BRAF mutations in patients with CRC is low, and the majority detected are V600E mutations.
  - a. True
  - b. False