POST-TEST

Cases from the Community: Clinical Investigators Provide Their Perspectives on Emerging Research and Actual Patients with Gastrointestinal Cancers

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

- 1. Which of the following factors appears to reduce the probability of response to first-line EGFR antibody treatment in patients with metastatic colorectal cancer?
 - a. Right-sided disease
 - b. Presence of a BRAF V600E mutation
 - c. Presence of HER2 amplification
 - d. All of the above
- 2. Based on the retrospective overall survival analysis conducted by Jones and colleagues assessing outcomes according to BRAF mutation status in patients with metastatic colorectal cancer, which patient population has the longest median overall survival?
 - a. Patients with a BRAF V600E mutation
 - b. Patients with a non-V600E BRAF mutation
 - c. Patients with wild-type BRAF status
- 3. Results from the Phase III RECOURSE trial evaluating TAS-102 versus placebo for patients with refractory metastatic colorectal cancer demonstrated that _________ is a clinically significant Grade 3 or higher adverse event associated with TAS-102.
 - a. Anemia
 - b. Neutropenia
 - c. Elevated bilirubin
 - d. Hand-foot syndrome
 - e. All of the above
 - f. Both a and b
- 4. The results of a retrospective analysis by Grothey and colleagues exploring whether hand-foot skin reaction (HFSR) is associated with outcome in the Phase III CORRECT trial of regorafenib for metastatic colorectal cancer suggest that patients who experienced HFSR with regorafenib therapy had a longer overall survival than those who did not experience HFSR.

- 5. Which conclusion is best supported by results from the Phase III NAPOLI-1 study comparing nanoliposomal irinotecan (naI-IRI) with or without 5-fluorouracil and leucovorin (5-FU/LV) to 5-FU/LV alone for patients with metastatic pancreatic cancer and disease progression on gemcitabinebased therapy?
 - a. Treatment with nal-IRI alone significantly improved overall survival in comparison to 5-FU/LV alone
 - b. Treatment with nal-IRI and 5-FU/LV significantly improved overall survival in comparison to treatment with 5-FU/LV alone
 - c. Both a and b
- 6. The Phase III study comparing lenvatinib to sorafenib for patients with unresectable hepatocellular carcinoma who had received no prior systemic therapy demonstrated ______.
 - a. A significant improvement in overall survival with lenvatinib
 - b. A significant improvement in progression-free survival with lenvatinib
 - c. Similar response rates with sorafenib and lenvatinib
 - d. All of the above
- 7. Results from the dose-expansion cohort of the Phase I/II CheckMate 040 study of single-agent nivolumab in patients with advanced hepatocellular carcinoma with or without chronic viral hepatitis best support which conclusion?
 - a. Duration of response was similar for patients who had received prior sorafenib and patients who had not
 - Median overall survival was similar for patients who had received prior sorafenib and patients who had not
 - c. Patients infected with hepatitis B or C did not respond to treatment with nivolumab

a. True b. False

POST-TEST

Cases from the Community: Clinical Investigators Provide Their Perspectives on Emerging Research and Actual Patients with Gastrointestinal Cancers

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

- 8. The mechanism of action of the investigational agent claudiximab (IMAB362), which has demonstrated activity in gastric and gastroesophageal cancer both as a single agent and in combination with chemotherapy, involves
 - a. Targeting the tight junction protein claudin18.2
 - b. Targeting the STAT3 pathway
 - c. Targeting PD-L1
- 9. The Phase III study of nivolumab compared to placebo as salvage therapy for patients with unresectable advanced gastric or gastroesophageal cancer who had received at least 2 previous lines of therapy demonstrated ______ with nivolumab.
 - a. A statistically significant advantage in overall survival
 - b. A statistically significant advantage in progression-free survival

c. Both a and b

d. Neither a nor b

- 10. Current NCCN guidelines recommend nivolumab or pembrolizumab as treatment options for patients with metastatic mismatch repair-deficient colorectal cancer in the second- or third-line setting.
 - a. True
 - b. False