POST-TEST

What Urologists Want to Know: Addressing Current Questions and Controversies Regarding the Role of Immune Checkpoint Inhibitors in the Management of Bladder Cancer

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

1. **The US Food and Drug Administration recently approved _____, an immune checkpoint inhibitor, for patients with locally advanced or metastatic urothelial bladder cancer who experience disease progression during or after platinum-based chemotherapy.**
   a. Atezolizumab
   b. Avelumab
   c. Nivolumab
   d. Durvalumab
   e. All of the above
   f. Both a and c

2. **Which of the following statements is true about the current management of locally advanced or metastatic urothelial bladder cancer?**
   a. Locally advanced urothelial bladder cancer is best treated with neoadjuvant chemotherapy followed by radical cystectomy
   b. Locally advanced urothelial bladder cancer is best treated with first-line therapy with immune checkpoint inhibitors
   c. Metastatic urothelial bladder cancer is highly lethal with dismal survival rates
   d. The use of immune checkpoint inhibitors represents a major breakthrough in the treatment of bladder cancer
   e. All of the above
   f. All except b
   g. Only a, b and d

3. **Which of the following is a strong, definitive, consistent and proven predictive biomarker of the effectiveness of anti-PD-1/anti-PD-L1 antibodies in the treatment of bladder cancer?**
   a. PD-L1 expression
   b. TCGA (The Cancer Genome Atlas) subtype
   c. Mutational disease burden
   d. All of the above
   e. None of the above

4. **Results from the Phase III KEYNOTE-045 trial evaluating pembrolizumab versus chemotherapy with docetaxel, paclitaxel or vinflunine demonstrated a statistically significant improvement in _____ with pembrolizumab.**
   a. Overall survival
   b. Progression-free survival
   c. Objective response rate
   d. All of the above
   e. Both a and c

5. **The ongoing Phase I/II CheckMate 032 trial is evaluating nivolumab with or without _____ at 2 dose levels (1 or 3 mg/kg) for patients with locally advanced or metastatic solid tumors, including urothelial bladder cancer.**
   a. Ipilimumab
   b. Pembrolizumab
   c. Trametinib

6. **The ongoing Phase III DANUBE trial is evaluating first-line durvalumab with or without _____, an anti-CTLA-4 monoclonal antibody, versus standard chemotherapy for patients with unresectable metastatic urothelial bladder cancer.**
   a. Tremelimumab
   b. Pembrolizumab
   c. Avelumab
   d. Cobimetinib

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7. Which of the following statements is true about preexisting autoimmune diseases and the use of immune checkpoint inhibitors in the management of cancer?

a. Preexisting autoimmune disease is a general contraindication to immune checkpoint inhibitors

b. Propensity toward autoimmunity portends increased risk of related or unrelated autoimmune adverse events

c. Minimizing the risk of autoimmune adverse events is critical in the management of early-stage nonmuscle-invasive bladder cancer (NMIBC)

d. All of the above

e. Only a and c

8. Skin-related autoimmune toxicities observed with immune checkpoint inhibitors can be easily managed with the application of topical steroids.

a. True

b. False

9. The results from a retrospective analysis of 52 patients with melanoma and preexisting autoimmune disease who received anti-PD-1 antibody therapy reported a flare of the autoimmune disease in approximately 100% of the patients on the study.

a. True

b. False

10. The ongoing Phase II KEYNOTE-057 trial is evaluating the efficacy and safety of pembrolizumab in which population?

a. Patients with early-stage bladder cancer and residual disease after transurethral bladder resection

b. Patients with high-risk NMIBC unresponsive to Bacillus Calmette-Guerin (BCG) therapy

c. Patients with low-risk NMIBC

d. All of the above