THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

1. **Patients who present with FLT3 mutation-positive AML _____.**
   a. Are less likely to experience relapse after standard consolidation chemotherapy than are patients with FLT3 wild-type AML
   b. Have a 50% to 55% chance of cure after treatment with midostaurin in combination with standard induction and consolidation chemotherapy and stem cell transplant
   c. Are likely to respond to midostaurin monotherapy

2. **The mechanism of action of blinatumomab involves _____.**
   a. Binding to CD19 on tumor cells and CD3 on T cells
   b. Binding to FLT3
   c. Binding to IDH1

3. **Which of the following conclusions can be drawn regarding the use of CPX-351, the liposomal encapsulation of cytarabine and daunorubicin, for AML?**
   a. Phase III data demonstrated a survival benefit with CPX-351 for patients with primary AML
   b. The incidence of oral mucosal toxicity is higher for patients who receive CPX-351 than for those who receive the standard formulation
   c. Elderly patients who may be unable to tolerate the standard formulation are more likely to tolerate CPX-351

4. **The cytokine release syndrome and neurotoxicity associated with blinatumomab and CAR-T therapy in patients with ALL can be managed with early steroids and tocilizumab.**
   a. True
   b. False

5. **The mechanism of action of inotuzumab ozogamicin involves _____.**
   a. Binding to FLT3
   b. Binding to CD22
   c. Inhibiting IDH2

6. **The mechanism of action of the investigational agents quizartinib, gilteritinib and crenolanib besylate is to _____.**
   a. Inhibit FLT3
   b. Inhibit IDH1/2
   c. Inhibit Bcl-2

7. **Philadelphia chromosome status or Philadelphia-like signature is important in selecting front-line therapy for patients with ALL.**
   a. True
   b. False

8. **According to current clinical data, venetoclax _____.**
   a. Has no potential role in the treatment of AML because AML is Bcl-2 independent
   b. Has demonstrated remission rates as high as 70% as a single agent for AML
   c. Has demonstrated remission rates as high as 70% in combination with hypomethylating agents for older patients with AML

9. **In a Phase III study evaluating azacitidine or decitabine with or without vadastuximab talirine for older patients with newly diagnosed AML, higher rates of severe toxicities were observed among patients receiving vadastuximab talirine.**
   a. True
   b. False

10. **Which of the following statements is true about IDH mutations in patients with AML?**
    a. Patients with an IDH mutation are also likely to have a TET mutation
    b. IDH2 mutations are less common than IDH1 mutations in patients with myeloid cancers
    c. The response rate with IDH inhibitors is about 40% for patients with an IDH mutation