

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

1. Which of the following categories reflects the mechanism of action of blinatumomab?
 - a. Anti-PD-1/PD-L1 antibody
 - b. Bispecific T-cell engager
 - c. CAR-T therapy
 - d. IDH1/2 antibody
2. Patients with acute leukemias who undergo CAR-T therapy and experience cytokine release syndrome-associated toxicities generally do so _____.
 - a. Acutely, typically in the first week of treatment
 - b. Chronically as toxicities accumulate over a long time
3. Patients with ALL who receive inotuzumab ozogamicin typically experience acute peripheral neuropathy.
 - a. True
 - b. False
4. Which of the following toxicities *does not* occur with CPX-351, the liposomal encapsulation of cytarabine and daunorubicin that was recently approved by the FDA for treatment of secondary AML, as compared to the standard formulation of this combination?
 - a. Cytopenias
 - b. Hair loss
 - c. Both toxicities occur irrespective of the formulation
5. Which of the following novel agents was recently approved by the FDA for the treatment of AML?
 - a. CPX-351
 - b. Enasidenib
 - c. Gemtuzumab ozogamicin
 - d. All of the above
6. Patients with newly diagnosed FLT3 _____-positive AML who received midostaurin/chemotherapy on the Phase III CALGB-10603 (RATIFY) trial experienced a significant benefit with the addition of midostaurin.
 - a. Internal tandem duplication
 - b. Kinase domain mutation
 - c. Both a and b
7. What is the mechanism of action of the investigational agents quizartinib, gilteritinib and crenolanib?
 - a. FLT3 inhibition
 - b. IDH1/2 inhibition
 - c. Bcl-2 inhibition
8. Which of the following statements is true about IDH mutations in patients with AML?
 - a. The incidence of IDH1 mutations is much higher than the incidence of IDH2 mutations
 - b. The vast majority of patients with IDH mutations harbor both IDH1 and IDH2 mutations
 - c. Only a small proportion of patients with IDH mutations harbor both IDH1 and IDH2 mutations
9. Cytokine release syndrome and neurotoxicity associated with blinatumomab and CAR-T therapy for patients with ALL can typically be managed with corticosteroids and tocilizumab.
 - a. True
 - b. False
10. For patients who present with symptoms consistent with a diagnosis of APL, ATRA should be administered _____.
 - a. Only after the diagnosis is confirmed
 - b. Immediately