1. TLS is characterized by the rapid onset

a. Hyperkalemiab. Hyperuricemia

c. Hyperphosphatemia

b. 400 mg once daily

400 mg once daily

c. Initiated at 20 mg and gradually escalated to the target dose of

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THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

6. Hospitalization for the purpose of inpatient monitoring for TLS is required for all patients

initiating therapy with venetoclax.

a. True b. False

a. Inferior

c. Superior

b. Noninferior/equivalent

2.	e. All of the above f. Both a and c g. Both b and d Use of rasburicase is contraindicated in patients with a. 17p deletion	7. Which of the following is the most common toxicity other than TLS for which venetoclax is dose reduced? a. Diarrhea b. Fatigue c. Neutropenia
3.	b. G6PD (glucose-6-phosphate dehydrogenase) deficiency c. Trisomy 12 Venetoclax is currently FDA approved for the treatment of in patients who have received at least 1 prior therapy. a. CLL with 17p deletion b. CLL without 17p deletion c. Both a and b d. Neither a nor b	8. Patients with severe TLS can experience acute renal failure, although this issue is typically reversible. a. True b. False 9. Which side effect is of greatest concern for patients with acute leukemias receiving CAR T-cell therapy? a. Cytokine release syndrome b. Renal failure c. TLS
	Which of the following is the mechanism of action of venetoclax? a. Bcl-2 inhibitor b. CAR T-cell therapy c. Immune checkpoint inhibitor Venetoclax is dosed and administered in which of the following fashions? a. 20 mg once daily	10. A meta-analysis published by Feng and colleagues evaluating the efficacy and cost of single-dose rasburicase versus the FDA-approved daily dosing of rasburicase for 5 days in the prevention and treatment of TLS demonstrated response rates with the single-dose approach to be to those with daily dosing for the prophylaxis of high-risk TLS.