

## POST-TEST

*Cases from the Community: Clinical Investigators Provide Their Perspectives on the Use of Immune Checkpoint Inhibitors in the Management of Actual Patients with Genitourinary Cancers — A Special Audio Supplement*

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

1. Immune checkpoint inhibitors that are FDA approved in the first-line setting for cisplatin-ineligible patients with locally advanced or metastatic UBC include \_\_\_\_\_.
  - a. Pembrolizumab
  - b. Atezolizumab
  - c. Avelumab
  - d. All of the above
  - e. Both a and b
2. Strategies for the management of dermatologic toxicities associated with immune checkpoint inhibitors include \_\_\_\_\_.
  - a. Withholding the drug
  - b. Use of corticosteroids
  - c. Use of topical creams
  - d. All of the above
3. Objective responses to immune checkpoint inhibitors \_\_\_\_\_ been observed in patients with brain metastases from RCC.
  - a. Have
  - b. Have not
4. What is the incidence of CD274 (PD-L1) gene amplification in patients with prostate cancer?
  - a. 10%
  - b. 4%
  - c. 0.2%
5. The Phase II IMmotion150 trial compared \_\_\_\_\_ with or without bevacizumab to sunitinib for treatment-naïve advanced RCC.
  - a. Atezolizumab
  - b. Avelumab
  - c. Pembrolizumab