

## Cases from the Community: Clinical Investigators Provide Their Perspectives on Emerging Research and Actual Patients with Ovarian Cancer

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

1. The mechanism of action of adavosertib (AZD1775) involves the inhibition of \_\_\_\_\_.

  - a. DLL3
  - b. Folate receptor alpha
  - c. WEE1
2. Results from the Phase III ICON8 study of first-line chemotherapy for patients with epithelial ovarian cancer suggest that compared to standard-dose carboplatin and paclitaxel, \_\_\_\_\_ significantly improved progression-free survival (PFS) and overall survival.

  - a. Weekly paclitaxel and every 3-week carboplatin
  - b. Weekly paclitaxel and weekly carboplatin
  - c. Neither a nor b
3. The Phase III MITO-16/MANGO-OV2b (ENGOT-OV 17) study is examining chemotherapy with or without bevacizumab for platinum-sensitive epithelial ovarian cancer in patients who have experienced disease progression after \_\_\_\_\_.

  - a. Two or more prior regimens
  - b. First-line chemotherapy in combination with bevacizumab
  - c. First-line chemotherapy without bevacizumab
4. The Phase III FORWARD I study comparing mirvetuximab soravtansine to investigator's choice of paclitaxel, pegylated liposomal doxorubicin or topotecan is currently enrolling patients with \_\_\_\_\_, folate receptor alpha-positive advanced epithelial ovarian cancer.

  - a. Previously untreated
  - b. Platinum-sensitive
  - c. Platinum-resistant
5. The Phase III AURELIA trial examining the addition of bevacizumab to investigator's choice of chemotherapy for patients with platinum-resistant epithelial ovarian cancer who had received 2 or fewer prior anticancer regimens demonstrated a significant improvement in \_\_\_\_\_ with the addition of bevacizumab.

  - a. Median PFS
  - b. Objective response rate by RECIST
  - c. CA-125 response
  - d. All of the above
6. The TRUST trial for patients with newly diagnosed advanced epithelial ovarian cancer is comparing primary cytoreductive surgery to neoadjuvant chemotherapy followed by interval debulking surgery.

  - a. True
  - b. False
7. For patients with platinum-sensitive ovarian cancer, platinum doublet therapy is superior to single-agent platinum therapy with respect to \_\_\_\_\_.

  - a. Overall survival
  - b. PFS
  - c. Both a and b
  - d. Neither a nor b
8. Which of the following immune checkpoint inhibitors is approved for patients with unresectable or metastatic, microsatellite instability-high or mismatch repair-deficient solid tumors who have experienced disease progression after prior treatment and who have no satisfactory alternative treatment options?

  - a. Nivolumab
  - b. Pembrolizumab
  - c. Avelumab

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9. Which of the following statements is supported by clinical data in platinum-resistant ovarian cancer?
- a. Single-agent bevacizumab has a similar response rate to cytotoxic chemotherapy
  - b. Sequential use of single agents is inferior to combination therapy
  - c. Maintenance therapy with bevacizumab has a high impact on the natural history of the disease
  - d. All of the above
10. Results from the Phase III OCEANS trial of carboplatin and gemcitabine with or without bevacizumab for platinum-sensitive recurrent epithelial ovarian cancer demonstrated a statistically significant \_\_\_\_\_ with the addition of bevacizumab.
- a. Improvement in PFS
  - b. Reduction of hypertension and proteinuria
  - c. Both a and b
  - d. Neither a nor b