

## Addressing Current Questions and Controversies in the Management of Lymphoma and Chronic Lymphocytic Leukemia

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

- Which of the following factors was considered an unfavorable prognostic factor on the Phase III AETHERA study comparing brentuximab vedotin (BV) to placebo as consolidation therapy after autologous stem-cell transplantation (ASCT) for patients with Hodgkin lymphoma?
  - Initial remission duration of less than 1 year
  - PET-positive response to most recent salvage therapy
  - B symptoms at pre-ASCT relapse
  - All of the above
- Which of the following statements is true regarding venetoclax for patients with relapsed/refractory chronic lymphocytic leukemia (CLL)?
  - Del(17p) and TP53 mutation are associated with disease progression
  - The Phase III MURANO trial demonstrated a significant increase in progression-free survival (PFS) for patients receiving venetoclax and rituximab compared to bendamustine and rituximab
  - Among patients with CLL who receive venetoclax, PFS is longer for those with del(17p) disease than for those without del(17p)
- Hyperglycemia and hypertension are common treatment-related adverse events for patients with relapsed indolent non-Hodgkin lymphoma who receive copanlisib.
  - True
  - False
- In a Phase I study of venetoclax for relapsed/refractory non-Hodgkin lymphoma, the overall response rates were highest for patients with \_\_\_\_\_.
  - Follicular lymphoma
  - Diffuse large B-cell lymphoma
  - Mantle cell lymphoma
- Which of the following statements is true regarding the Phase II BREVITY study of first-line BV for patients with Hodgkin lymphoma considered unsuitable for chemotherapy?
  - Eleven out of 35 patients evaluable for toxicity stopped treatment because of adverse events
  - The study met its primary endpoint by significantly improving PFS
  - The complete metabolic response rate after 4 cycles was 40%
- Based on the 2016 CLL International Prognostic Index, a 62-year-old patient with Rai Stage II CLL with a Beta-2 microglobulin level of 3.9 mg/L, mutated IGHV and no del(17p) or TP53 mutation would fall into which risk category?
  - Low risk
  - Intermediate risk
  - High risk
  - Very high risk
- Axicabtagene ciloleucel, a CD19 CAR T-cell therapy agent, demonstrated \_\_\_\_\_ for patients with diffuse large B-cell lymphoma.
  - An objective response rate of 20%
  - A complete remission rate of 51%
  - A median duration of response of 2.1 months

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8. Results of the Phase III GALLIUM study comparing induction therapy with obinutuzumab/chemotherapy followed by maintenance therapy with obinutuzumab to induction rituximab/chemotherapy followed by maintenance rituximab for patients with untreated CD20-positive follicular lymphoma demonstrated \_\_\_\_\_.
- a. A higher incidence of Grade 3 to 5 adverse events in the rituximab arm
  - b. Higher rates of neutropenia, infection and infusion-related reactions in the rituximab arm
  - c. Higher rates of fatal adverse events with bendamustine than with CHOP or CVP in both the rituximab and obinutuzumab arms
  - d. All of the above
9. The Phase II ACE-LY-004 study of acalabrutinib for patients with relapsed/refractory mantle cell lymphoma demonstrated an overall response rate of 81% with the duration of response less than 6 months in most patients.
- a. True
  - b. False
10. The Phase III ALCANZA study comparing BV to methotrexate or bexarotene for previously treated CD30-positive mycosis fungoides or primary cutaneous anaplastic large-cell lymphoma demonstrated higher overall response rates lasting 4 months or longer with BV compared to \_\_\_\_\_.
- a. Both bexarotene and methotrexate
  - b. Methotrexate but not bexarotene
  - c. Bexarotene but not methotrexate