POST-TEST

Consensus or Controversy? Clinical Investigators Provide Perspectives on the Current and Future Role of Immune Checkpoint Inhibitors in the Management of Lung Cancer

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

1. **The Phase III IMpower 150 study of first-line chemotherapy with or without bevacizumab and/or atezolizumab for advanced nonsquamous non-small cell lung cancer (NSCLC) demonstrated _____.**
   a. Lower rates of adverse events leading to discontinuation or dose modification with chemotherapy/bevacizumab/atezolizumab than on the other arms
   b. A progression-free survival (PFS) benefit with the addition of atezolizumab to chemotherapy/bevacizumab in the intent-to-treat population
   c. No difference in median PFS with the addition of atezolizumab for patients with a high T-effector gene signature

2. **Corticosteroids are generally ineffective for treating immune-related adverse events (irAEs) associated with checkpoint inhibitors, even at high doses.**
   a. True
   b. False

3. **The Phase I/II ECHO-202 study evaluated pembrolizumab in combination with the IDO inhibitor _____ for patients with advanced NSCLC.**
   a. Epacadostat
   b. Indoximod
   c. BMS-986205

4. **A study presented at ASCO 2017 by Santini and colleagues demonstrated that patients with NSCLC treated with an immune checkpoint inhibitor who received retreatment after achieving a partial or a complete response demonstrated significantly better overall survival than patients who discontinued the checkpoint inhibitor.**
   a. True
   b. False

5. **Which of the following statements is true regarding the Phase III KEYNOTE-189 study of platinum-based chemotherapy and pemetrexed with or without pembrolizumab for patients with metastatic nonsquamous NSCLC?**
   a. The study failed to demonstrate improved overall survival or PFS
   b. Patients had not received prior therapy for metastatic disease
   c. Patients with EGFR and ALK genomic abnormalities were included in the study

6. **Which of the following statements is true regarding the patient population for the Phase III PACIFIC trial comparing durvalumab to placebo for patients with NSCLC?**
   a. Patients with EGFR mutations were excluded
   b. Patients had experienced disease progression after concurrent chemoradiation therapy
   c. Patients had locally advanced, unresectable Stage III NSCLC

7. **The ongoing NICOLAS study is evaluating _____ in combination with standard first-line chemotherapy and radiation therapy for locally advanced Stage IIIA/B NSCLC**
   a. Pembrolizumab
   b. Nivolumab
   c. Atezolizumab

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8. A single-institution analysis by Sato and colleagues of patients with NSCLC treated with nivolumab suggested that patients who developed irAEs _____ in comparison to patients who did not develop irAEs.

a. Experienced a significant improvement in PFS

b. Experienced equivalent objective response rates

c. Were more likely to have squamous histology

9. Analysis of the Phase I/II CheckMate 032 study of nivolumab with or without ipilimumab for patients with recurrent small cell lung cancer suggests that _____.

a. Only patients with high tumor PD-L1 expression respond to the combination of nivolumab and ipilimumab

b. Patients with high tumor mutational burden experience the highest objective response rates to nivolumab with ipilimumab

c. Overall survival is similar for patients with high, medium and low tumor mutational burden who receive nivolumab with ipilimumab

10. The Phase III PACIFIC study comparing durvalumab to placebo for patients with NSCLC after platinum-based chemoradiation therapy demonstrated _____ with durvalumab.

a. Significantly higher rates of Grade 3 and 4 adverse events

b. A significant improvement in PFS

c. A 10% rate of Grade 3 or 4 pneumonitis