POST-TEST

# Data + Perspectives: Biologic Basis and Available Clinical Research Underlying the Protocol and Nonresearch Use of PARP Inhibition in Patients with Ovarian and Breast Cancer

**THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.**

1. **_____ is a PARP inhibitor that is FDA approved as maintenance therapy for recurrent epithelial ovarian, fallopian tube or primary peritoneal cancer in patients who have achieved a complete or partial response to platinum-based chemotherapy regardless of BRCA mutation status.**
   a. Niraparib
   b. Olaparib
   c. Iniparib
   d. All of the above
   e. Both a and b
   f. Both a and c
   g. Both b and c

2. **Which of the following statements is true about PARP inhibitors in the management of ovarian cancer?**
   a. PARP inhibitors are active as single agents in patients with BRCA mutation-positive ovarian cancer after at least 2 lines of prior therapy
   b. Mechanisms of PARP inhibitor resistance include the restoration of homologous recombination (HR) proficiency
   c. Both a and b
   d. Neither a nor b

3. **Results from the Phase III OlympiAD trial evaluating olaparib versus physician's choice of capecitabine, eribulin or vinorelbine for germline BRCA1/2 mutation-positive, HER2-negative metastatic breast cancer demonstrated a statistically significant improvement in _____ with olaparib in the overall population.**
   a. Progression-free survival
   b. Overall survival
   c. Both a and b
   d. Neither a nor b

4. **Grade 3 or higher adverse events associated with olaparib therapy in the Phase III OlympiAD trial include _____.**
   a. Hand-foot syndrome
   b. Anemia
   c. Both a and b
   d. Neither a nor b

5. **The Phase III EMBRACA trial evaluating talazoparib versus physician's choice of capecitabine, eribulin, gemcitabine or vinorelbine for germline BRCA1/2 mutation-positive, HER2-negative locally advanced or metastatic breast cancer demonstrated a statistically significant improvement in _____ with talazoparib.**
   a. Overall survival
   b. Progression-free survival
   c. Both a and b
   d. Neither a nor b

6. **Mutations in _____ genes are the most frequently occurring HR-deficiency phenomenon in ovarian cancer.**
   a. Germline mismatch repair
   b. Germline or somatic BRCA1/2
   c. PTEN
   d. EMSY

7. **According to a study by Norquist and colleagues of tissue samples from 1,915 women with ovarian cancer, the occurrence of germline BRCA1/2 mutations is most often found in the _____ histologic subtype of ovarian cancer.**
   a. Low-grade endometrioid
   b. Low-grade serous
   c. High-grade serous
   d. High-grade endometrioid
   e. Clear cell

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**8. Results of the Phase III BROCADE trial of carboplatin/paclitaxel with or without veliparib for HER2-negative locally advanced unresectable or metastatic breast cancer with deleterious BRCA1/2 mutations demonstrated a statistically significant improvement in _____ with the addition of veliparib.**

a. Progression-free survival
b. Overall response rate
c. Both a and b
d. Neither a nor b

**9. The ongoing randomized Phase II VIOLETTE trial is investigating the PARP inhibitor _____ as monotherapy versus in combination with an agent targeting DNA damage repair — AZD6738 or adavosertib (AZD1775) — for metastatic triple-negative breast cancer in patients stratified by alterations in HR repair-related genes including BRCA1/2.**

a. Veliparib
b. Talazoparib
c. Olaparib
d. Iniparib

**10. Which of the following statements is false about PARP inhibitors in the management of breast and ovarian cancer?**

a. The PARP trapping potency of talazoparib is higher than that of veliparib
b. The PARP trapping potency of olaparib is higher than that of talazoparib
c. For catalytic inhibition of PARP, veliparib is more potent than iniparib
d. Iniparib has no effect on the inhibition of PARP
e. All of the above
f. Both b and d
g. Both a and d