POST-TEST

Data + Perspectives: Investigators Discuss the Current Applicability and Ongoing Evaluation of Biomarkers of Response to Immune Checkpoint Inhibition

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

1. **A publication by Gajewski and colleagues postulates that patients with _____ derive the most profound benefit from immune checkpoint blockade.**
   a. Noninflamed tumor phenotype
   b. Inflamed tumor phenotype
   c. Both a and b

2. **The FDA site-agnostic approval for pembrolizumab includes patients with _____.**
   a. Unresectable or metastatic, microsatellite instability-high (MSI-H) or mismatch repair (MMR)-deficient solid tumors who have experienced disease progression after prior treatment and have no satisfactory alternative treatment options
   b. MSI-H or MMR-deficient colorectal cancer who have experienced disease progression after treatment with a fluoropyrimidine, oxaliplatin and irinotecan
   c. Both a and b

3. **A study recently published in *Nature* evaluating PD-1 blockade for advanced desmoplastic melanoma, a rare subtype of melanoma characterized by dense fibrous stroma, _____ for patients who received anti-PD-1/PD-L1 antibodies.**
   a. Demonstrated a high response rate
   b. Failed to demonstrate responses

4. **Genetic and epigenetic defects in MMR lead to MSI and can occur from both germline and sporadic mutations in the MMR proteins and also from epigenetic silencing from MLH1 hypermethylation in sporadic cases.**
   a. True
   b. False

5. **Updated results of the KEYNOTE-016 study demonstrated responses to PD-1 inhibition in patients with _____.**
   a. MMR-proficient colorectal cancer
   b. MMR-deficient colorectal cancer
   c. MMR-deficient noncolorectal cancer
   d. All of the above
   e. Both a and b
   f. Both b and c
   g. Both a and c

6. **Analysis of more than 100,000 patients with cancer for CD274 (PD-L1) amplification found that this alteration could be detected in _____ of all tumor types.**
   a. 10%
   b. 5%
   c. 0.7%

7. **Updated data presented at ESMO 2017 from a combined analysis of the KEYNOTE-158 and KEYNOTE-164 trials evaluating pembrolizumab for previously treated MSI-H colorectal and noncolorectal cancers reported durable response rates, with median duration of response not yet reached on either study.**
   a. True
   b. False

8. **A recent press release reported that the Phase III KEYNOTE-189 trial evaluating pembrolizumab in combination with pemetrexed and either cisplatin or carboplatin as first-line therapy for metastatic nonsquamous non-small cell lung cancer (NSCLC) _____ its primary endpoints of overall survival and progression-free survival.**
   a. Met
   b. Did not meet

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9. An analysis of data from the CheckMate 026 trial, which evaluated nivolumab versus chemotherapy as first-line therapy for Stage IV or recurrent NSCLC, demonstrated the best progression-free survival benefit for which subgroup of patients?

a. Low/medium tumor mutation burden and PD-L1 of 1% to 49%

b. Low/medium tumor mutation burden and PD-L1 greater than 50%

c. High tumor mutation burden and PD-L1 of 1% to 49%

d. High tumor mutation burden and PD-L1 of 50% or greater

10. Data presented at the 2017 IASLC World Conference on Lung Cancer by Antonia and colleagues from the CheckMate 032 trial evaluating nivolumab alone or with ipilimumab for recurrent small cell lung cancer demonstrated a correlation between high tumor mutation burden and response in patients who received _____.

a. Nivolumab monotherapy

b. Nivolumab with ipilimumab

c. Both a and b

d. Neither a nor b