THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

1. **Patients with nonbulky early-stage HL on the Phase II CALGB-50604 trial received 2 cycles of ABVD and then underwent an interim PET scan, after which those with Deauville scores of 5 and 6 received _____.**
   a. Two more cycles of ABVD and involved-field radiation therapy (IFRT)
   b. Dose-escalated BEACOPP and IFRT
   c. Either a or b interchangeably

2. **Results of the ECHELON-1 trial demonstrated the combination of BV and AVD to be _____ to ABVD as front-line therapy for advanced-stage classical HL in regard to the primary endpoint of modified progression-free survival.**
   a. Equivalent
   b. Inferior
   c. Superior

3. **Use of primary prophylaxis with granulocyte colony-stimulating factor was mandated for all patients receiving treatment on the ECHELON-1 trial.**
   a. True
   b. False

4. **Results of the Phase III AETHERA trial of BV as consolidation therapy after ASCT for patients with classical HL at high risk of relapse or disease progression demonstrated a statistically significant improvement in _____ with BV compared to placebo.**
   a. Overall survival
   b. Progression-free survival
   c. Both a and b

5. **BV-associated peripheral neuropathy can be successfully managed with _____.**
   a. Dose reduction
   b. Therapy hold until neuropathy improves
   c. Cessation of therapy
   d. All of the above
   e. Both a and b
   f. Both b and c

6. **Classical HL cells are characterized by a near universal chromosomal genetic alteration in 9p24.1, resulting in the constitutive expression of PD-1 ligands, making HL tumors particularly vulnerable to PD-1 blockade.**
   a. True
   b. False

7. **Results presented by Savage and colleagues from the British Columbia Cancer Agency demonstrated excellent outcomes for patients with advanced-stage classical HL and _____ who were PET-negative after ABVD without the need for additional consolidative radiation therapy.**
   a. Bulky disease
   b. Nonbulky disease
   c. Both a and b
   d. Neither a nor b

8. **_____ is an anti-PD-1 checkpoint inhibitor that is FDA approved for the treatment of relapsed/refractory HL.**
   a. Nivolumab
   b. Pembrolizumab
   c. Both a and b

9. **In the Phase III RAPID trial evaluating PET-directed therapy for favorable-risk early-stage HL, no statistically significant difference in progression-free survival was observed for patients with negative PET results after 3 cycles of ABVD who received no further treatment versus those who received IFRT after chemotherapy.**
   a. True
   b. False

10. **Which of the following subtypes of HL exhibits different clinical manifestation and patterns of relapse and thus should be treated differently from the other subtypes?**
    a. Nodular sclerosing
    b. Lymphocyte rich
    c. Mixed cellularity
    d. Nodular lymphocyte predominant