

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

1. Results of a Phase III study presented at the 2018 ASH meeting evaluating the addition of ibrutinib or placebo to R-CHOP for previously untreated non-GCB DLBCL demonstrated that event-free, progression-free and overall survival with the addition of ibrutinib were _____.
 - a. Superior in the overall patient population
 - b. Significantly improved in a subpopulation of patients younger than 65 years
 - c. Significantly improved in a subpopulation of patients 65 years or older
 - d. All of the above
2. In the Phase III REMARC trial of maintenance therapy with lenalidomide versus placebo for elderly patients with previously untreated DLBCL who experienced a response to R-CHOP induction therapy, maintenance lenalidomide for 24 months _____ significantly prolong progression-free survival.
 - a. Did
 - b. Did not
3. Which of the following statements is true about CNS relapse and prophylaxis among patients with DLBCL?
 - a. CNS relapse is common, occurring at a frequency of 60% or more
 - b. CNS relapse is rare, occurring at a frequency of less than 5%
 - c. Clinical data demonstrate a clear benefit with intrathecal compared to intravenous methotrexate as CNS prophylaxis
 - d. All of the above
 - e. Both a and c
 - f. Both b and c
4. Adverse events associated with the chimeric antigen receptor (CAR) T-cell therapy axicabtagene ciloleucel for patients with relapsed or refractory DLBCL include _____.
 - a. Cytokine release syndrome
 - b. Neurologic toxicities
 - c. Both a and b
 - d. Neither a nor b
5. The ongoing Phase III POLARIX trial is comparing the efficacy and safety of the anti-CD79b antibody-drug conjugate polatuzumab vedotin in combination with R-CHP to that of R-CHOP in patients with _____ DLBCL.
 - a. Previously untreated
 - b. Relapsed or refractory
 - c. Both a and b