POST-TEST

PARP Inhibition in Four Common Cancers: Biology, Clinical Research Database and Therapeutic Strategy

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

1. **The Phase III POLO trial investigating olaparib as maintenance monotherapy for patients with metastatic pancreatic cancer, a germline BRCA mutation and no disease progression on first-line platinum-based chemotherapy demonstrated a statistically significant improvement in progression-free survival with olaparib compared to placebo.**
   a. True
   b. False

2. **The ongoing Phase III TRITON3 trial is evaluating the PARP inhibitor _____ versus physician's choice of therapy for patients with metastatic castration-resistant prostate cancer associated with homologous recombination deficiency.**
   a. Talazoparib
   b. Olaparib
   c. Niraparib
   d. Rucaparib

3. **The results of the Phase III SOLO-1 trial of olaparib as maintenance monotherapy for patients with newly diagnosed advanced ovarian cancer and a BRCA mutation after a response to platinum-based chemotherapy demonstrated _____ with olaparib compared to placebo.**
   a. A statistically significant benefit in time to second disease progression or death
   b. A significant reduction in the occurrence rate of Grade 3 or higher anemia
   c. An increase in the occurrence rate of pneumonitis
   d. All of the above
   e. Both a and b
   f. Both a and c

4. **The Phase III EMBRACA trial evaluating the PARP inhibitor talazoparib versus physician's choice of chemotherapy for patients with locally advanced and/or metastatic breast cancer who had previously received _____ regimen(s) of chemotherapy demonstrated a statistically significant improvement in progression-free survival with talazoparib.**
   a. No more than 1
   b. No more than 2
   c. No more than 3

5. **Which of the following statements is true about the sensitivity of cyclin E1 (CCNE1)-amplified high-grade serous ovarian cancer to therapy with PARP inhibition?**
   a. CCNE1-amplified ovarian tumors are highly sensitive to PARP inhibition
   b. CCNE1-amplified ovarian tumors are not sensitive to PARP inhibition