

Consensus or Controversy? The Integration of Novel Therapies into the Interdisciplinary Management of Non-Small Cell Lung Cancer with CNS Metastases

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

1. On the basis of current evidence and relative degrees of CNS penetration, which of the following ALK inhibitors is considered the best management option for a patient with NSCLC and brain metastases?
 - a. Alectinib
 - b. Ceritinib
 - c. Crizotinib
2. In the Phase III FLAURA study assessing the third-generation EGFR TKI osimertinib for previously untreated, advanced NSCLC, the relative risk of CNS disease progression compared to systemic progression was _____ for patients who received osimertinib.
 - a. Significantly lower
 - b. Significantly higher
 - c. Similar
3. Which of the following strategies is the most appropriate for managing recurrent NSCLC with an EGFR exon 19 deletion mutation in a patient who presents with 3 asymptomatic brain lesions and no significant systemic disease 30 months after surgery?
 - a. Whole-brain radiation therapy
 - b. Stereotactic radiosurgery
 - c. Ceritinib
 - d. Brigatinib
4. What has been observed in early studies with regard to the safety and tolerability of the sequential use of osimertinib after an anti-PD-1/PD-L1 agent (ie, durvalumab or pembrolizumab) compared to single-agent immune checkpoint inhibitor therapy for patients with metastatic NSCLC?
 - a. Similar rates of immune-related adverse events (irAEs)
 - b. Higher rates of irAEs with osimertinib after immunotherapy
 - c. Lower rates of irAEs with osimertinib after immunotherapy
5. In the BLOOM study, which dose of osimertinib was assessed in patients with advanced NSCLC with an EGFR mutation and leptomeningeal metastases?
 - a. 80 mg once daily
 - b. 80 mg twice daily
 - c. 120 mg twice daily
 - d. 160 mg once daily