POST-TEST

Oncology Today with Dr Neil Love: Renal Cell Carcinoma (Interview Audio)

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

1. **Which of the following results were reported with the combination of pembrolizumab and axitinib in the Phase III KEYNOTE-426 trial, which evaluated the efficacy and safety of that combination versus sunitinib monotherapy as first-line therapy for patients with advanced renal cell carcinoma (RCC)?**
   a. A statistically significant improvement in objective response rate (ORR) and progression-free survival (PFS) but not overall survival (OS)
   b. A statistically significant improvement in ORR and OS but not PFS
   c. A statistically significant improvement in ORR, PFS and OS

2. **Which of the following results were reported with the combination of avelumab and axitinib in the Phase III JAVELIN Renal 101 trial, which evaluated the efficacy and safety of that combination versus sunitinib monotherapy as first-line therapy in the population of patients with advanced PD-L1-positive RCC?**
   a. A statistically significant improvement in ORR and PFS but not OS
   b. A statistically significant improvement in ORR and OS but not PFS
   c. A statistically significant improvement in ORR, PFS and OS

3. **The Phase III CheckMate 214 trial demonstrated which of the following results in the overall patient population with the combination of nivolumab/ipilimumab in comparison to sunitinib as first-line therapy for advanced RCC?**
   a. A statistically significant improvement in PFS but not OS with the combination
   b. A statistically significant improvement in OS but not PFS with the combination
   c. A statistically significant improvement in PFS and OS with the combination

4. **On the Phase III CheckMate 214 trial, which evaluated nivolumab with ipilimumab versus sunitinib monotherapy as first-line therapy for advanced RCC, in which patient subgroup was the benefit with the combination greater?**
   a. Patients with favorable-risk disease
   b. Patients with intermediate- or poor-risk disease