POST-TEST

Data + Perspectives: Exploring the Role of Novel Agents and Emerging Strategies in the Management of Acute Myeloid Leukemia

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

1. **The FDA approval of glasdegib in combination with low-dose cytarabine (LDAC) for patients with newly diagnosed acute myeloid leukemia (AML) who are 75 years old or older or who have comorbidities that preclude intensive induction chemotherapy was based on the Phase II BRIGHT 1003 trial. What was the clinical impact of the addition of glasdegib to LDAC versus LDAC alone?**
   a. A statistically significant improvement in overall survival
   b. Very low rates of Grade 3-4 adverse events
   c. Complete remission (CR) rate higher than 50%

2. **Which of the following was observed in studies evaluating venetoclax in combination with a hypomethylating agent (azacitidine or decitabine) for elderly patients with newly diagnosed AML?**
   a. Rapidly occurring CRs in more than 50% of patients
   b. Poor response rate for patients with poor cytogenetic risk or secondary AML

3. **The FDA approval of gilteritinib for adult patients who have relapsed or refractory AML with a FLT3 mutation was based on the Phase III ADMIRAL trial. What was the clinical benefit with gilteritinib compared to salvage chemotherapy in this study?**
   a. Lower rates of febrile neutropenia, anemia and thrombocytopenia with gilteritinib
   b. No occurrence of elevated aspartate aminotransferase or elevated alanine aminotransferase with gilteritinib
   c. An improvement in overall survival and higher composite CR rate with gilteritinib

4. **Which of the following statements is true regarding IDH inhibitor-induced differentiation syndrome?**
   a. It is typically associated with response to IDH inhibition
   b. It occurs in 10% to 20% of patients who receive IDH inhibitors
   c. It frequently occurs within a few days of the start of IDH inhibitor treatment

5. **Which of the following outcomes was observed in the Phase III QUAZAR AML-001 study of maintenance CC-486 versus placebo for newly diagnosed AML?**
   a. A 10-month improvement in median overall survival with CC-486
   b. No survival benefit with CC-486 for patients who had received more than 1 prior cycle of consolidation therapy
   c. No survival benefit with CC-486 for patients with baseline unfavorable cytogenetic risk