POST-TEST

Addressing Current Questions and Controversies in the Management of Multiple Myeloma, Amyloidosis and Waldenström Macroglobulinemia

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

1. **Daratumumab was recently approved by the FDA in combination with bortezomib, thalidomide and dexamethasone for patients with newly diagnosed multiple myeloma (MM) who are eligible for autologous stem cell transplant (ASCT), based on the Phase III CASSIOPEIA trial. Which primary endpoint was significantly improved in this study?**
   a. Overall survival (OS)
   b. Overall response rate
   c. Depth of response, as assessed by postconsolidation stringent complete response

2. **What was observed in the randomized Phase II GRIFFIN trial evaluating the addition of daratumumab to bortezomib, lenalidomide and dexamethasone for patients with newly diagnosed MM who were eligible for ASCT?**
   a. Improved rates and depth of response at all time points assessed
   b. Improved rate and depth of response after induction therapy only
   c. Improved depth of response only after induction therapy only

3. **In the Phase III TOURMALINE-MM3 study, maintenance therapy with ixazomib compared to placebo after induction therapy and ASCT resulted in an improvement in progression-free survival for which patients?**
   a. Only younger patients and those with cytogenetically defined standard-risk disease
   b. All patients, including older patients and patients with cytogenetically defined high-risk disease

4. **The Phase III BELLINI trial demonstrated that the addition of venetoclax to bortezomib/dexamethasone for relapsed/refractory MM in patients who had received 1 to 3 prior therapies and were either sensitive or naïve to proteasome inhibitors resulted in significant improvements in progression-free survival both in the overall study population and in the subset of patients with t(11;14) mutations. What was observed in terms of OS?**
   a. Significant improvement in OS in the overall study population but not in the subset of patients with t(11:14) mutations
   b. Significant improvement in OS for patients with t(11;14) mutations
   c. No improvement in OS, possibly due to an increase in deaths attributed to infections

5. **What was observed in the expansion phase of the DREAMM-1 study for patients with relapsed/refractory MM who received belantamab mafodotin, an investigational anti-BCMA (B-cell maturation antigen) antibody-drug conjugate, after a median of 5 prior treatments?**
   a. Unacceptably high rates of Grade 5 adverse events
   b. A low overall response rate (20%) but long response durations (median 6 months)
   c. Frequent corneal adverse events