

Expert Second Opinion — Investigators Discuss How They and Their Colleagues Navigate Emerging Clinical Research and Challenging Patients with Acute Myeloid Leukemia and Myelodysplastic Syndromes (Webinar Video Proceedings)

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

- 1. What were the overall survival (OS) results of the VIALE-A study comparing venetoclax and azacitidine to placebo and azacitidine for patients with newly diagnosed acute myeloid leukemia (AML) ineligible for intensive induction therapy?**
  - a. Improvement with azacitidine and venetoclax**
  - Improvement with azacitidine and venetoclax for patients with de novo AML only
  - No significant difference between the study arms
- 2. Which of the following outcomes was reported in the QUAZAR AML-001 trial, which compared oral azacitidine (CC-486) to placebo as maintenance therapy for patients achieving a complete response or complete response with incomplete blood counts after intensive induction chemotherapy with or without consolidation for newly diagnosed AML not eligible for an allogeneic stem cell transplant?**
  - Improved relapse-free survival (RFS) only
  - b. Improved RFS and OS**
  - Improved OS for only those patients with NPM1 mutations
  - No significant difference between the study arms
- 3. Which of the following statements is true regarding molecular testing at the time of disease recurrence for patients with AML?**
  - a. FLT3, IDH1 and IDH2 mutation status should be assessed**
  - If FLT3 was assessed at diagnosis, it does not need to be assessed
  - If IDH1 and IDH2 were assessed at diagnosis, they do not need to be assessed
- 4. The addition of enasidenib to azacitidine in the AG-221-AML-0005 trial for patients with newly diagnosed AML with IDH2 mutations resulted in which of the following outcomes in comparison to azacitidine alone?**
  - a. Improved event-free survival (EFS)**
  - Improved EFS and OS
  - No significant difference in EFS or OS
- 5. Luspatercept is indicated for the treatment of anemia in patients for whom an erythropoiesis stimulating agent (ESA) has failed, who require 2 or more red blood cell units over 8 weeks and who have which type of myelodysplastic syndromes (MDS)?**
  - a. Very low-, low- or intermediate-risk MDS with ring sideroblasts**
  - High- or very high-risk MDS with ring sideroblasts
  - High- or very high-risk MDS with excess blasts