# POST-TEST

Visiting The Investigators: Prevention and Management of Tumor Lysis Syndrome, Neutropenia and Other Toxicities Associated with Novel Therapies for Chronic Lymphocytic Leukemia

### THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

- 1. Which of the following regimens was evaluated as a time-limited therapy in comparison to chlorambucil/obinutuzumab in the Phase III CLL14 study for patients with previously untreated chronic lymphocytic leukemia (CLL)?
  - a. Venetoclax/obinutuzumab
  - b. Venetoclax/rituximab
  - c. Venetoclax/ibrutinib
- 2. At the 2021 ASCO Annual Meeting, results of the ELEVATE-RR head-tohead trial evaluating acalabrutinib versus ibrutinib for previously treated high-risk CLL were presented. Which of the following outcomes in terms of any-grade atrial fibrillation was demonstrated?
  - a. A higher rate with acalabrutinib
  - b. A higher rate with ibrutinib
  - c. Similar rates with acalabrutinib and ibrutinib
- 3. Which of the following conditions has been associated with tumor lysis syndrome (TLS) in patients receiving venetoclax for CLL?
  - a. Hyperkalemia only
  - b. Hyperuricemia only
  - c. Hypercalcemia only
  - d. Hyperkalemia, hyperuricemia and hypercalcemia have all been associated with venetoclax-related TLS

### 4. The Phase III ALPINE study compared which of the following agents to ibrutinib for patients with relapsed/refractory CLL?

- a. Acalabrutinib
- b. Pirtobrutinib
- c. Zanubrutinib

- 5. Which of the following statements is FALSE regarding the neutropenia associated with venetoclax-based therapy?
  - a. It requires the monitoring of blood counts, with nuanced management as medically appropriate
  - b. It can be managed by growth factor support such as GCSF
  - c. It usually occurs late in the course of therapy (after the first 6 months)
- 6. Which of the following statements is FALSE regarding the atrial fibrillation associated with ibrutinib?
  - a. Most cases are higher than Grade 3 in severity
  - b. It increases the risk of heart failure
  - c. The incidence is between 4% and 16%
- 7. Strategies to treat hyperphosphatemia associated with TLS in patients receiving venetoclax-based therapy include which of the following?
  - a. Intravenous hydration only
  - b. Phosphate binders only
  - c. Continuous renal replacement therapy (CRRT) only
  - d. Hydration, phosphate binders and CCRT are all strategies to treat TLS-associated hyperphosphatemia
- 8. Which of the following side effects has been reported with allopurinol used in the management of TLS?
  - a. Rash only
  - b. Hepatic toxicity only
  - c. Stevens-Johnson syndrome only
  - d. Rash, hepatic toxicity and Stevens-Johnson syndrome have all been reported

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- 9. The ongoing Veneto-STOP trial is investigating a minimum duration of venetoclax therapy of how long for patients with CLL and negative MRD assessments?
  - a. Three months
  - b. Six months
  - c. Twelve months

- 10. Which of the following statements is TRUE regarding the hypertension associated with ibrutinib?
  - a. New or worsening hypertension is associated with an increased risk of major cardiovascular events
  - b. Initiation of new antihypertensive therapy resulting in controlled hypertension is not associated with a decreased risk of subsequent major cardiovascular events