POST-TEST

PARP Inhibition in the Management of Prostate Cancer — Where We Are and Where We're Headed (Faculty Presentations)

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

1.Patients with which of the following biomarker statuses experience the most durable responses to PARP inhibitors for prostate cancer?

a. BRCA1/2 heterozygous deletion
b. BRCA2 homozygous deletion
c. BRCA reversion mutations
d. BRCA status does not correlate with duration of response

2. Which of the following Grade 3 or higher adverse events was most commonly associated with niraparib with abiraterone acetate and prednisone among patients with metastatic castration-resistant prostate cancer (mCRPC) and specified homologous recombination repair (HRR) gene alterations (HRR biomarker-positive) in the Phase III MAGNITUDE trial?

a. Anemia
b. Cardiac failure
c. Cerebrovascular disorder
d. Immune-related hepatitis
e. Rash

3. Results of the Phase III PROpel trial evaluating first-line olaparib in combination with abiraterone versus abiraterone alone included an improvement in radiographic progression-free survival for which patients with mCRPC?

a. Only those with HRR gene mutations
b. Only those with no HRR gene mutations
c. All patients regardless of HRR gene mutation status
d. No patients regardless of HRR gene mutation status

4. The Phase III MAGNITUDE trial evaluating niraparib with abiraterone acetate and prednisone demonstrated a clinically significant benefit for which patients with HRR biomarker-positive status?

a. Those with metastatic hormone-sensitive prostate cancer (mHSPC) receiving first-line therapy
b. Those with heavily pretreated mHSPC
c. Those with mCRPC receiving first-line therapy
d. Those with heavily pretreated mCRPC

5. Patients with mCRPC and mutations in which of the following genes experienced the greatest median radiographic progression free survival with olaparib as part of the TOPARP-B trial?

a. ATM
b. BRCA1/2
c. CDK12
d. PALB2