## POST-TEST

Meet The Professor: Current and Future Management of Chronic Lymphocytic Leukemia — Part 3 of a 6-Part Series

## THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

- 1. Results of the Phase III ELEVATE-RR head-to-head trial of acalabrutinib versus ibrutinib for previously treated chronic lymphocytic leukemia (CLL) demonstrated which of the following outcomes with acalabrutinib?
  - A lower rate of atrial fibrillation/ flutter (A-fib) but no improvement in progression-free survival (PFS)
  - b. Improved PFS but no reduction in the rate of A-fib
  - c. A lower rate of A-fib and improvement in PFS
  - d. Neither reduction in the rate of A-fib nor improvement in PFS
- 2. Which of the following adverse events of special interest was most commonly observed with pirtobrutinib in the Phase I/II BRUIN trial for patients with previously treated CLL?
  - a. Bruising
  - b. Atrial fibrillation/flutter
  - c. Rash
  - d. Hemorrhage
- 3. The Phase III GLOW trial evaluating fixed-duration ibrutinib/venetoclax versus chlorambucil/obinutuzumab in the first-line treatment of CLL revealed which of the following secondary outcomes?
  - a. Significant increase in tumor lysis syndrome with ibrutinib/venetoclax
  - b. Significant increase in diarrhea with chlorambucil/obinutuzumab
  - c. Significant decrease in undetectable minimal residual disease (uMRD) in bone marrow and peripheral blood with ibrutinib/venetoclax
  - d. Significant decrease in uMRD in bone marrow and peripheral blood with chlorambucil/obinutuzumab

- 4. Top-line results of the Phase III SEQUOIA trial demonstrated a statistically significant improvement in PFS with which of the following agents compared to bendamustine/rituximab for patients with treatment-naïve CLL?
  - a. Acalabrutinib
  - b. Ibrutinib
  - c. Pirtobrutinib
    - d. Umbralisib/ublituximab
    - e. Venetoclax
  - f. Zanubrutinib
- 5. A recent analysis by Sharma and colleagues presented at ASH 2021 suggests which of the following expectations for a new formulation of acalabrutinib for patients with CLL?
  - a. Comparable to the approved 100 mg BID capsules regardless of proton pump inhibitor (PPI) use but not of food ingestion
  - b. Superior to the approved 100 mg BID capsules regardless of PPI use but not of food ingestion
  - c. Comparable to the approved 100 mg BID capsules regardless of food ingestion but not of PPI use
  - d. Superior to the approved 100 mg BID capsules regardless of food ingestion but not of PPI use
  - e. Comparable to the approved 100 mg BID capsules regardless of both PPI use and food ingestion
  - f. Superior to the approved 100 mg BID capsules regardless of both PPI use and food ingestion