

Meet The Professor: Current and Future Management of Non-Small Cell Lung Cancer with an EGFR Mutation — Part 1 of a 3-Part Series

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

- 1. Which of the following statements best describes the rate of CNS recurrence among patients with Stage IB to IIIA non-small cell lung cancer (NSCLC) and EGFR mutations receiving osimertinib in the Phase III ADAURA trial?**
 - a. CNS recurrence was significantly reduced with osimertinib**
 - b. CNS recurrence was increased with osimertinib
 - c. CNS recurrence was equivalent with placebo and osimertinib
- 2. An interim analysis of the Phase II ORCHARD platform study evaluating resistance mechanisms to first-line osimertinib therapy in patients with advanced NSCLC and MET alterations demonstrated clinical activity with the novel combination of osimertinib and which other targeted agent?**
 - a. Mobocertinib
 - b. Patritumab deruxtecan
 - c. Savolitinib**
 - d. Amivantamab
- 3. Which of the following was reported as one of the most common adverse events associated with the EGFR-MET bispecific antibody amivantamab in the Phase I CHRYSALIS study?**
 - a. Vomiting
 - b. Hypertension
 - c. Rash**
 - d. Thrombocytopenia
- 4. An updated analysis of postoperative chemotherapy use and outcomes from the ADAURA trial demonstrated which of the following observations?**
 - a. Rates of disease-free survival (DFS) with osimertinib were higher for patients who had received adjuvant chemotherapy than for those who had not
 - b. Rates of DFS with osimertinib were higher for patients who had not received adjuvant chemotherapy than for those who had
 - c. Rates of DFS with osimertinib were equivalent for patients who had and had not received adjuvant chemotherapy**
- 5. What is the approximate incidence of interstitial lung disease among patients who receive patritumab deruxtecan for EGFR tyrosine kinase inhibitor-resistant NSCLC?**
 - a. 5%**
 - b. 25%
 - c. 45%
 - d. 65%