

Meet The Professor: Current and Future Management of Non-Small Cell Lung Cancer with an EGFR Mutation — Part 2 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 who received 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%