

Year in Review: Clinical Investigator Perspectives on the Most Relevant New Data Sets and Advances in Targeted Therapy for Non-Small Cell Lung Cancer

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

- 1. A recent prespecified analysis of adjuvant chemotherapy use and outcomes from the pivotal Phase III ADAURA trial published by Wu and colleagues in the *Journal of Thoracic Oncology* demonstrated which of the following disease-free survival (DFS) outcomes?**

 - Statistically significant DFS improvement for only those patients who received adjuvant chemotherapy before the study randomization
 - Statistically significant DFS improvement for only those patients who did not receive adjuvant chemotherapy before the study randomization
 - Statistically significant DFS improvement in both of the above subsets of patients
 - Statistically significant DFS improvement for only those patients who received adjuvant chemotherapy after the study randomization
- 2. The Phase II CodeBreaK 100 trial investigating sotorasib for patients with advanced non-small cell lung cancer (NSCLC) with a KRAS p.G12C mutation revealed a median duration of response with sotorasib of approximately how many months?**

 - 3
 - 6.5
 - 11
 - 15
- 3. What is the approximate incidence of interstitial lung disease among patients who receive patritumab deruxtecan for tyrosine kinase inhibitor-resistant non-small cell lung cancer (NSCLC) with EGFR mutation?**

 - 5%
 - 15%
 - 25%
 - 35%
- 4. Which of the following outcomes was reported from the Phase II VISION study investigating the association between molecular and clinical responses in patients with advanced NSCLC with a MET exon 14 skipping alteration or MET amplification who received tepotinib?**

 - Molecular progression was associated with durable response/long progression-free survival
 - Molecular progression was associated with lack of response/short progression-free survival
 - Molecular response was not associated with clinical response
 - Molecular response was associated with durable response/long progression-free survival