## POST-TEST

Year in Review: Clinical Investigator Perspectives on the Most Relevant New Data Sets and Advances in Colorectal Cancer (Faculty Presentations)

## THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

- 1. What was the approximate response rate with tucatinib/trastuzumab for patients with previously treated HER2-positive, RAS wild-type metastatic colorectal cancer (CRC) in the Phase II MOUNTAINEER trial?
  - a. 10%
  - b. 40%
    - c. Higher than 70%
- 2. What was the approximate median duration of response to tucatinib/ trastuzumab for patients with previously treated HER2-positive, RAS wild-type metastatic CRC in the Phase II MOUNTAINEER trial?
  - a. 3 months
  - b. 6 months
  - c. 12 months
    - d. 24 months
- 3. Which of the following statements best describes the relationship between median progression-free survival (PFS) and Grade ≥2 chemotherapy-induced neutropenia (CIN) among patients with relapsed/refractory CRC receiving TAS-102 with bevacizumab in the Phase III SUNLIGHT study?
  - a. PFS was better for patients with CIN
  - b. PFS was better for patients without CIN
  - c. CIN did not appear to correlate with treatment benefit

- 4. What is the target of the novel agent botensilimab under investigation for patients with heavily pretreated microsatellite-stable metastatic CRC?
  - a. BRAF V600E
  - b. CTLA-4
  - c. NRAS
  - d. KRAS G12C
- 5. What was the pathologic complete response rate observed for patients with mismatch repair-deficient/microsatellite instability-high CRC receiving neoadjuvant nivolumab with ipilimumab followed by single-agent nivolumab in the Phase III NICHE-2 study?
  - a. Lower than 20%
  - b. 33%
  - c. 50%
  - d. Higher than 60%