

Oncology Today: Recent Research Advances in Prostate Cancer and the Clinical Implications – A 2023 Post-ASCO GU Activity

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

- 1. Which of the following statements best describes observations with relugolix versus leuprolide acetate for men with hormone-sensitive prostate cancer in the Phase III HERO study?**

 - Leuprolide was more efficacious and had a better cardiac safety profile
 - Leuprolide was more efficacious but relugolix had a better cardiac safety profile
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- 2. Long-term analysis of outcomes with darolutamide (ARAMIS trial), apalutamide (SPARTAN trial) and enzalutamide (PROSPER trial) compared to androgen deprivation therapy alone for nonmetastatic castration-resistant prostate cancer (CRPC) demonstrated which of the following results?**

 - Overall survival was not improved by darolutamide, apalutamide or enzalutamide
 - Overall survival was improved by darolutamide but not by apalutamide or enzalutamide
 - Overall survival was improved by darolutamide, by apalutamide and by enzalutamide
- 3. Which of the following observations was reported in the Phase III MAGNITUDE trial evaluating abiraterone/prednisone with or without niraparib for patients with metastatic CRPC (mCRPC)?**

 - Overall response rate (ORR) was similar for patients receiving and not receiving niraparib, regardless of homologous recombination repair (HRR) biomarker status
 - Among patients with HRR biomarkers, ORR with niraparib was nearly double that without niraparib
 - Among patients with HRR biomarkers, no improvement in progression-free survival (PFS) was observed with the addition of niraparib
- 4. Results presented at ESMO 2022 by Oudard and colleagues from the Phase III CABASTY trial assessing cabazitaxel at 16 mg/m² every 2 weeks versus 25 mg/m² every 3 weeks for older patients with mCRPC reported that the study had met its primary endpoint of ...**

 - Improvement in radiographic PFS with 16 mg/m² every 2 weeks
 - Improvement in overall survival with 16 mg/m² every 2 weeks
 - Improvement in PSA response with 16 mg/m² every 2 weeks
 - Lower incidence of Grade 3 or higher neutropenia or other neutropenic complications with 16 mg/m² every 2 weeks
 - Lower incidence of symptomatic skeletal-related events with 16 mg/m² every 2 weeks
- 5. Approximately what proportion of patients with mCRPC experienced a reduction in tumor size with cabozantinib/atezolizumab by blinded independent central review in the Phase Ib COSMIC-021 trial?**

 - 10%
 - 40%
 - 55%
 - 70%