

Oncology Today with Dr Neil Love: Special Edition — Recent Research Advances in Prostate Cancer and the Clinical Implications (Faculty Interview)

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

- Which of the following statements best describes observations with relugolix versus leuprolide acetate for men with hormone-sensitive prostate cancer (HSPC) 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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 - Relugolix was more efficacious but leuprolide had a better cardiac safety profile
- Long-term analysis of outcomes with darolutamide (ARAMIS trial), apalutamide (SPARTAN trial) and enzalutamide (PROSPER trial) compared to androgen deprivation therapy (ADT) 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
- 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
- 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
- Approximately what proportion of patients with mCRPC experienced a reduction in tumor size with cabozantinib/atezolizumab in the Phase Ib COSMIC-021 trial?

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