

The Implications of New Research Findings for the Management of Endometrial Cancer

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

- 1. What has been observed regarding the annual number of endometrial cancer cases and deaths in the past few decades?**
 - a. They have remained stable
 - b. They have increased**
 - c. They have decreased
- 2. In the RUBY trial, which of the following patient populations experienced statistically significant and clinically meaningful progression-free survival (PFS) benefit with the addition of pembrolizumab to paclitaxel/carboplatin as first-line therapy for Stage III to IV or recurrent endometrial cancer?**
 - a. Only the mismatch repair-deficient (dMMR)/microsatellite instability-high (MSI-H) patient subgroup
 - b. The overall population and the dMMR/MSI-H patient subgroup**
 - c. The overall population, the dMMR/MSI-H patient subgroup and the mismatch repair-proficient (pMMR)/microsatellite-stable patient subgroup
- 3. The Phase III NRG-GY018 trial is evaluating the combination of which checkpoint inhibitor with paclitaxel/carboplatin for advanced endometrial cancer?**
 - a. Pembrolizumab**
 - b. Dostarlimab
 - c. Nivolumab
 - d. I'm not sure
- 4. Which of the following PFS outcomes was observed in the Phase III NRG-GY018 trial for patients with advanced endometrial cancer?**
 - a. The addition of pembrolizumab to chemotherapy did not lead to a statistically significant PFS benefit
 - b. The addition of pembrolizumab to chemotherapy led to a statistically significant PFS benefit in the dMMR patient population only
 - c. The addition of pembrolizumab to chemotherapy led to a statistically significant PFS benefit in the dMMR and pMMR patient populations**
 - d. I'm not sure
- 5. Updated efficacy results from the Phase III Study 309/KEYNOTE-775 trial of lenvatinib with pembrolizumab for previously treated advanced endometrial cancer demonstrated which of the following outcomes among patients with pMMR disease?**
 - a. A numerical benefit in objective response rate (ORR) only
 - b. A numerical benefit in ORR and overall survival**
 - c. No benefit in ORR or overall survival
 - d. I'm not sure