POST-TEST

Cases from the Community: Investigators Discuss Available Research Guiding the Care of Patients with Endometrial Cancer

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

1. **What has been observed in terms of the annual numbers 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/microsatellite-stable patient subgroup

3. **Which group of patients experienced marked improvement in PFS in the Phase III SIENDO study evaluating maintenance selinexor after first-line chemotherapy for advanced or recurrent endometrial cancer in a preliminary analysis of prespecified exploratory subgroups?**
   a. Those with JAG2 overexpression
   b. Those with p53 mutations
   c. Those with p53 wild-type disease
   d. Those whose disease is dMMR

4. **In an analysis by Makker and colleagues of select adverse reactions in patients with advanced endometrial carcinoma who had been treated with lenvatinib and pembrolizumab, which of the following reactions had the earliest median time to first onset?**
   a. Hypothyroidism
   b. Diarrhea
   c. Hypertension
   d. Nausea

5. **What is one of the items being evaluated in the ongoing Phase III DUO-E study of first-line induction and maintenance therapy for patients with recurrent or newly diagnosed metastatic endometrial cancer?**
   a. Benefit of adding an mTOR inhibitor to immunotherapy
   b. Benefit of adding anti-HER2 therapy to immunotherapy
   c. Benefit of adding a PARP inhibitor to immunotherapy
   d. None of the above