

Oncology Today with Dr Neil Love: Special Edition — Key Presentations on Chronic Lymphocytic Leukemia and Lymphoma from Recent Major Oncology/Hematology Conferences

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

- 1. Which of the following outcomes was observed with extended follow-up of the SEQUOIA study evaluating zanubrutinib versus bendamustine/rituximab (BR) for patients with treatment-naïve chronic lymphocytic leukemia (CLL)?**
 - Probability of progression-free survival (PFS) at 42 months was higher with zanubrutinib
 - Probability of PFS at 42 months was higher with BR
 - Probability of PFS at 42 months was similar with zanubrutinib and BR
- 2. The Phase II TRANSCEND FL study of lisocabtagene maraleucel for patients with relapsed/refractory (R/R) follicular lymphoma demonstrated notably high rates of complete response and reported which of the following rates of adverse events?**
 - High rates of Grade 3 or higher cytokine release syndrome (CRS) and immune effector cell-associated neurotoxicity syndrome (ICANS)
 - High rates of Grade 3 or higher CRS and low rates of Grade 3 or higher ICANS
 - Low rates of Grade 3 or higher CRS and ICANS
- 3. Which of the following Bruton tyrosine kinase inhibitors was evaluated in combination with rituximab as a chemotherapy-free first-line treatment approach for older patients with mantle cell lymphoma?**
 - Ibrutinib
 - Acalabrutinib
 - Zanubrutinib
 - Pirtobrutinib
- 4. Which of the following statements best reflects longer follow-up of the large B-cell lymphoma cohort in the EPCORE NHL-1 trial of subcutaneous epcoritamab for patients with R/R disease?**
 - Complete response was achieved in 39% of patients, and responses were durable
 - Complete response was achieved in 39% of patients, but responses were not durable
 - Complete response was achieved in 70% of patients, and responses were durable
 - Complete response was achieved in 70% of patients, but responses were not durable
- 5. The SWOG-S1826 study, which evaluated the addition of brentuximab vedotin (BV) or nivolumab to doxorubicin/vinblastine/dacarbazine (AVD) chemotherapy for patients with advanced-stage classic Hodgkin lymphoma, demonstrated which of the following outcomes?**
 - BV/AVD led to a statistically significant improvement in PFS when compared to nivolumab/AVD
 - Nivolumab/AVD led to a statistically significant improvement in PFS when compared to BV/AVD
 - No statistically significant difference in PFS was observed between BV/AVD and nivolumab/AVD