

Consensus or Controversy? Investigator Perspectives on the Current and Future Role of Immune Checkpoint Inhibitors in the Management of Hepatobiliary Cancers

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

- 1. Which of the following resulted in improved progression-free survival when combined with TACE compared to TACE alone among patients with hepatocellular carcinoma (HCC) who were eligible for embolization in the Phase III EMERALD-1 study?**
  - a. Sorafenib
  - b. Lenvatinib
  - c. Atezolizumab with bevacizumab
  - d. Durvalumab with bevacizumab
- 2. In an expanded analysis of antitumor antibodies, which of the following immune checkpoint inhibitors was most frequently associated with detectable antitumor antibodies in patients?**
  - a. Pembrolizumab
  - b. Durvalumab
  - c. Ipilimumab
  - d. Atezolizumab
- 3. What was the approximate overall survival rate at 4 years of treatment with durvalumab/tremelimumab in patients with advanced HCC in the Phase III HIMALAYA study?**
  - a. Less than 5%
  - b. 25%
  - c. 45%
  - d. 65%
- 4. Which of the following best describes the safety of durvalumab/bevacizumab/TACE for patients with HCC enrolled in the EMERALD-1 study?**
  - a. There was a much higher incidence of deaths than expected
  - b. Triplet therapy had fewer adverse events (AEs) than therapy with durvalumab and TACE
  - c. Incidence of Grade 3 and 4 AEs was low across all treatment groups
  - d. There was a 10% occurrence of Grade 3-4 diarrhea in this treatment group
- 5. According to genomic profiling in the TOPAZ-1 study, which of the following genetic alterations was most commonly observed in both long-term and non-long-term survivors with advanced biliary tract cancer?**
  - a. PIK3CA
  - b. TP53
  - c. PTEN
  - d. BRCA1/BRCA2