

## Inside the Issue: Integrating HER2-Targeted Strategies into the Management of Gastrointestinal Cancers

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

1. What was the approximate reduction in the risk of disease progression for patients with advanced gastric or gastroesophageal junction cancer treated with pembrolizumab and trastuzumab as part of the KEYNOTE-811 study?
  - a. Less than 5%
  - b. 15%
  - c. 25%**
  - d. 35%
  - e. 45%
2. What was the most commonly reported any-grade adverse event for patients treated with tucatinib and trastuzumab as part of the Phase II MOUNTAINEER study?
  - a. Rash
  - b. Anemia
  - c. Pyrexia
  - d. Diarrhea**
3. What was the approximate overall response rate of patients with HER2-positive metastatic BTC treated with pertuzumab/trastuzumab as part of the Phase IIA MyPathway study?
  - a. 13%
  - b. 23%**
  - c. 33%
  - d. 43%
4. According to the efficacy data from the Phase II DESTINY-PanTumor02 study, which group of patients with biliary tract cancer (BTC) saw the greatest progression-free survival benefit when treated with T-DXd?
  - a. Patients with IHC 2+ BTC
  - b. Patients with IHC 3+ BTC**
  - c. Both patient groups benefitted equally from T-DXd
5. According to the guidelines, for a patient who discontinued T-DXd after developing Grade 3 interstitial lung disease (ILD), when can this patient safely resume T-DXd treatment?
  - a. 90 days after discontinuing T-DXd dosing
  - b. 90 days after the patient is no longer symptomatic for ILD
  - c. 90 days after chest CT scans show no evidence of ILD
  - d. T-DXd treatment should be permanently discontinued for this patient**