POST-TEST

Oncology Today with Dr Neil Love: Recent Advances in the Treatment of Philadelphia Chromosome-Positive Acute Lymphoblastic Leukemia

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

1. **A propensity score analysis published in *Cancer* by Sasaki and colleagues of hyper-CVAD and ponatinib versus hyper-CVAD and dasatinib as front-line therapy for patients with Philadelphia chromosome-positive (Ph-positive) acute lymphoblastic leukemia (ALL) reported which of the following observations?**
   a. Clinical outcomes were superior with dasatinib
   b. Clinical outcomes were superior with ponatinib
   c. Clinical outcomes were equivalent between the 2 agents

2. **What is the primary endpoint of the Phase III PhALLCON study comparing ponatinib to imatinib, each with reduced-intensity chemotherapy, as front-line treatment for Ph-positive ALL?**
   a. Event-free survival
   b. Minimal residual disease-negative complete remission at the end of induction therapy
   c. Progression-free survival (PFS)
   d. Overall survival

3. **In the Phase III PhALLCON study, what was the approximate improvement in PFS with ponatinib compared to imatinib for patients with newly diagnosed Ph-positive ALL?**
   a. 15%
   b. 25%
   c. 40%
   d. 65%

4. **Which of the following adverse events is most commonly observed in patients receiving ponatinib?**
   a. Diarrhea
   b. Headache
   c. Rash
   d. Pneumonitis

5. **Which of the following statements describes the current clinical role of CAR T-cell therapy in the treatment of Ph-positive ALL?**
   a. It has received FDA approval
   b. It has received an FDA break-through therapy designation
   c. Phase III data are available
   d. Only Phase I/II data are available