

Striving for Consensus: Current and Future Management of Non-Small Cell Lung Cancer with an EGFR Mutation

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

- 1. The Phase III PAPILLON study evaluating amivantamab in combination with platinum-based chemotherapy versus chemotherapy alone for newly diagnosed advanced NSCLC with an EGFR exon 20 mutation demonstrated what approximate reduction in risk of progression or death with amivantamab in combination with chemotherapy?**
 - 0%
 - 20%
 - 40%
 - 60%
 - 80%
- 2. The Phase III MARIPOSA-2 trial evaluating amivantamab in combination with chemotherapy with and without lazertinib for advanced NSCLC that progressed on osimertinib reported what efficacy outcome?**
 - Improvement in progression-free survival (PFS) with amivantamab-chemotherapy versus chemotherapy alone only
 - Improvement in PFS with amivantamab-lazertinib-chemotherapy versus chemotherapy alone only
 - Improvement in PFS with both amivantamab-chemotherapy and amivantamab-lazertinib-chemotherapy versus chemotherapy alone
 - Improvement in PFS with neither amivantamab-chemotherapy nor amivantamab-lazertinib-chemotherapy versus chemotherapy alone
- 3. What is the pharmacologic class of the novel investigational agent BDTX-1535?**
 - First-generation KRAS G12C inhibitor
 - Second-generation RET inhibitor
 - Third-generation ALK inhibitor
 - Fourth-generation EGFR inhibitor
- 4. The Phase III FLAURA2 trial of osimertinib in combination chemotherapy versus osimertinib alone as first-line treatment for NSCLC with an EGFR mutation reported what efficacy finding in the intent-to-treat (ITT) population?**
 - Inferior PFS outcomes with osimertinib in combination with chemotherapy versus osimertinib monotherapy
 - No significant difference in PFS outcomes with osimertinib in combination with chemotherapy versus osimertinib monotherapy
 - A significant improvement in PFS outcomes with osimertinib in combination with chemotherapy versus osimertinib monotherapy
- 5. The Phase III LAURA trial evaluating osimertinib after chemoradiation in unresectable, Stage III NSCLC with an EGFR mutation reported in the ITT population a PFS hazard ratio of approximately what?**
 - 0.16
 - 0.52
 - 0.78
 - 1.04