POST-TEST

Striving for Consensus: Optimizing the Use of Molecular Residual Disease Analysis to Inform Colorectal Cancer Management

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

1. **According to the results of the INTERCEPT study, what is the median lead time between detection of ctDNA and radiographic positivity?**
   a. One month
   b. Three months
   c. Seven months

2. **Which of the following features is a benefit of tumor-informed circulating tumor DNA (ctDNA) assays?**
   a. Short wait for results (less than a week)
   b. Ease of sample isolation from patient saliva
   c. Increased sensitivity of detection

3. **In the GALAXY study, which disease-free survival (DFS) outcome was reported for patients with Stage IV colorectal cancer and negative molecular residual disease (MRD) status who had received no prior neoadjuvant chemotherapy?**
   a. Similar DFS for patients who received adjuvant chemotherapy versus observation
   b. Statistically significant detriment in DFS for patients who received adjuvant chemotherapy versus observation
   c. Statistically significant improvement in DFS for patients who received adjuvant chemotherapy versus observation

4. **The investigators of the DYNAMIC study comparing ctDNA-guided treatment decision-making to standard disease management for patients with Stage II colorectal cancer drew which of the following conclusions?**
   a. ctDNA-guided treatment decisions led to statistically improved survival outcomes
   b. ctDNA-guided treatment decisions led to noninferior survival outcomes and less use of chemotherapy
   c. ctDNA-guided treatment decisions led to statistically inferior survival outcomes

5. **According to the results of the GALAXY and BESPOKE studies, which of the following statements best describes the sensitivity of ctDNA assays in predicting sites of radiologic recurrence?**
   a. Sensitivity is greater for the liver than the lung
   b. Sensitivity is greater for the lung than the liver
   c. Sensitivity is similar for both the lung and liver