

What Clinicians Want to Know: Addressing Current Questions Related to Novel Treatment Approaches for Urothelial Bladder Cancer and Prostate Cancer

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

1. The Phase III EV-302/KEYNOTE-A39 study comparing enfortumab vedotin/pembrolizumab to chemotherapy for patients with previously untreated metastatic urothelial bladder cancer (UBC) eligible for cisplatin- or carboplatin-containing chemotherapy reported which of the following major efficacy outcomes?
  - a. A statistically significant improvement in progression-free survival (PFS) only
  - b. A statistically significant improvement in overall survival (OS) only
  - c. Both a and b
  - d. Neither a nor b
  
2. What was the approximate confirmed overall response rate per blinded independent central review with enfortumab vedotin/pembrolizumab in the Phase III EV-302 study?
  - a. 25%
  - b. 41%
  - c. 67%
  - d. 91%
  
3. What was the approximate objective response rate in the IHC 3+ subgroup of patients with advanced UBC treated with trastuzumab deruxtecan in the Phase II DESTINY-PanTumor02 study?
  - a. 15%
  - b. 30%
  - c. 42%
  - d. 56%
  
4. In the Phase III ARASENS trial evaluating darolutamide in combination with docetaxel and androgen deprivation therapy (ADT) versus docetaxel and ADT alone for metastatic hormone-sensitive prostate cancer, which of the following outcomes was reported regarding OS?
  - a. The addition of darolutamide resulted in inferior OS outcomes
  - b. The addition of darolutamide did not significantly improve OS outcomes
  - c. The addition of darolutamide significantly improved OS outcomes
  
5. The Phase III PROpel trial combining olaparib and abiraterone versus abiraterone alone in the first-line setting for metastatic castration-resistant prostate cancer demonstrated what hazard ratio for the primary endpoint of radiographic PFS by investigator assessment?
  - a. 0.25
  - b. 0.41
  - c. 0.66
  - d. 0.89