

Optimizing the Selection of First-Line Therapy for Patients with Multiple Myeloma

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

1. The Phase III IMROZ trial demonstrated which of the following outcomes with isatuximab and RVd compared to RVd alone for transplant-ineligible patients with newly diagnosed multiple myeloma (MM)?
 - a. No significant improvement in progression-free survival (PFS)
 - b. Reduction in the risk of disease progression or death of ~15%
 - c. Reduction in the risk of disease progression or death of ~40%
2. Which of the following PFS outcomes was reported in a subanalysis by risk classification of the Phase III PERSEUS trial of subcutaneous daratumumab in combination with RVd versus RVd, each as induction therapy followed by lenalidomide maintenance, for transplant-eligible patients with newly diagnosed MM?
 - a. No PFS improvement with the quadruplet versus the triplet for patients with high-risk disease
 - b. PFS improvement with the quadruplet versus the triplet for patients with high-risk disease
 - c. Patients with high-risk disease and those with standard-risk disease responded equally well to the quadruplet
3. Which of the following outcomes was significantly improved with the addition of isatuximab to RVd followed by transplant and maintenance with lenalidomide with or without isatuximab for patients with newly diagnosed MM in the Phase III GMMG-HD7 trial?
 - a. Minimal residual disease (MRD) negativity at end of induction
 - b. PFS from first randomization
 - c. Overall survival
 - d. All of the above
 - e. Both a and b
4. In the Phase III IsKia trial, the addition of which of the following agents to KRd induction and consolidation therapy significantly increased MRD negativity rates?
 - a. Daratumumab
 - b. Isatuximab
 - c. Selinexor
 - d. Teclistamab
5. The addition of daratumumab to lenalidomide as maintenance therapy for patients with MM who were MRD positive after completing induction therapy and autologous stem cell transplant resulted in which outcome in primary endpoint of MRD-negative conversion rate at 12 months after completing maintenance treatment?
 - a. No significant improvement in the MRD-negative conversion rate in all subgroups examined
 - b. A significant improvement in the MRD-negative conversion rate only for patients who achieved a complete response at some point during treatment
 - c. A significant improvement in the MRD-negative conversion rate in all subgroups examined