POST-TEST

5-Minute Journal Club: Current and Future Role of TROP2-Directed Antibody-Drug Conjugates in Non-Small Cell Lung Cancer — Issue 3

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

1. **Datopotamab deruxtecan (Dato-DXd) was granted FDA accelerated approval for patients with …**
   a. Advanced EGFR-mutated non-small cell lung cancer (NSCLC) who have received prior EGFR-directed therapy
   b. Advanced NSCLC who have received prior platinum-based chemotherapy and an immune checkpoint inhibitor
   c. Advanced EGFR-mutated NSCLC who have received prior EGFR-directed therapy and platinum-based chemotherapy

2. **What is the approximate incidence of ocular surface events among patients receiving Dato-DXd for advanced NSCLC?**
   a. 5%
   b. 15%
   c. 30%
   d. 50%

3. **Which of the following adverse events is most commonly reported among patients receiving Dato-DXd?**
   a. Constipation
   b. Mucositis/stomatitis
   c. LVEF (left ventricular ejection fraction) reduction
   d. Ocular surface events
   e. Neutropenia

4. **Which of the following descriptions best characterizes the design of the TROPION-Lung07 study evaluating Dato-DXd combinations?**
   a. Phase I study of Dato-DXd with pembrolizumab for advanced or metastatic NSCLC without actionable genomic alterations (AGA) and with ≥50% PD-L1 expression
   b. Phase II study of Dato-DXd with durvalumab for advanced or metastatic NSCLC without AGAs and with ≥50% PD-L1 expression
   c. Phase III study evaluating Dato-DXd with pembrolizumab with or without chemotherapy versus pembrolizumab with chemotherapy for advanced or metastatic NSCLC without AGAs and with <50% PD-L1 expression

5. **Regarding a pooled analysis of data from the TROPION-Lung01 and TROPION-Lung05 studies, which of the following statements best describes the major efficacy findings with Dato-DXd for patients with advanced EGFR-mutated NSCLC who had previously received osimertinib?**
   a. No patients who received prior osimertinib responded
   b. Responses were reported, but the rates were not as robust as for patients who had no prior exposure to osimertinib
   c. Robust response rates were reported for patients who received prior osimertinib