

POST-TEST

Inside the Issue: Managing Ocular Toxicities Associated with Antibody-Drug Conjugates and Other Cancer Therapies — Part 1

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

1. Which of the following ocular toxicities is most commonly associated with antibody-drug conjugates (ADCs)?
 - a. Retinal detachment
 - b. Corneal toxicity**
 - c. Optic neuritis
 - d. Uveitis
2. A patient with HR-positive, HER2-negative metastatic breast cancer receiving datopotamab deruxtecan (Dato-DXd) experiences Grade 2 keratitis despite appropriate prophylactic measures. What is the recommended course of action regarding dose modifications?
 - a. Continue Dato-DXd uninterrupted and at the same dose
 - b. Delay dose until keratitis has been resolved to Grade ≤ 1 , then resume at the same dose**
 - c. Delay dose until keratitis has been resolved to Grade ≤ 1 , then reduce by one dose level
 - d. Permanently discontinue Dato-DXd
3. Are ocular adverse events associated with ADCs typically reversible?
 - a. Yes**
 - b. No
4. Keratopathy and changes in visual acuity associated with belantamab mafodotin have a typical onset of...
 - a. 0-2 months after starting treatment**
 - b. 4-6 months after starting treatment
 - c. More than 6 months after starting treatment
5. Where do ADCs selectively accumulate in the eye?
 - a. Conjunctiva
 - b. Optic nerve
 - c. Lens
 - d. Corneal epithelium**
 - e. Vitreous body
 - f. Iris