POST-TEST

Oncology Today with Dr Neil Love: Current and Future Management of Extrapulmonary Neuroendocrine Carcinoma

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

- Which of the following drug types best reflects the mechanism of action of obrixtamig?
 - a. Proteasome inhibitor
 - b. Anti-PD-1 monoclonal antibody
 - c. PD-1 x LAG-3 bispecific antibody
 - d. DLL3 x CD3 bispecific antibody
 - e. PD-L1 x CD137 bispecific antibody
 - f. XPO1 inhibitor
 - g. KRAS G12D inhibitor
- 2. In a Phase I study of obrixtamig for patients with extrapulmonary neuroendocrine carcinoma, what was the approximate ORR (objective response rate) in the DLL3-high cohort?
 - a. 0%
 - b. 15%
 - c. 40%
 - d. 70%
 - e. 100%
- 3. In the same Phase I study of obrixtamig for patients with extrapulmonary neuro-endocrine carcinoma, which of the following observations regarding cytokine release syndrome (CRS) was reported?
 - a. CRS was uncommonly observed
 - b. CRS was observed frequently, but most events were low grade
 - c. CRS was observed frequently, and more than half the events were $\mbox{Grade} \geq \! 3$

- 4. In the same Phase I study of obrixtamig for patients with extrapulmonary neuroendocrine carcinoma, what was observed regarding duration of response by DLL3 expression level?
 - a. Patients with low levels of DLL3 expression had durable responses (eg, approximately 8 months)
 - b. Patients with high levels of DLL3 expression had durable responses (eg, approximately 8 months)
 - c. Responses were short with obrixtamig (eg, less than 4 months), regardless of DLL3 expression level
 - d. Responses were durable with obrixtamig (eg, approximately 8 months), regardless of DLL3 expression level
- 5. Which of the following drug types best reflects the mechanism of action of LBL-024?
 - a. Proteasome inhibitor
 - b. Anti-PD-1 monoclonal antibody
 - c. PD-1 x LAG-3 bispecific antibody
 - d. DLL3 x CD3 bispecific antibody
 - e. PD-L1 x CD137 bispecific antibody
 - f. XPO1 inhibitor
 - g. KRAS G12D inhibitor