

Patterns of Care: Optimizing the Current Management of Melanoma with BRAF Mutation in the Real World**THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.**

- Which of the following BRAF/MEK inhibitor combinations is FDA approved for patients with metastatic melanoma?
 - Dabrafenib/trametinib
 - Vemurafenib/cobimetinib
 - Encorafenib/binimetinib
 - All of the above
 - Both a and b
 - Both b and c
- Results of the Phase III COLUMBUS trial evaluating encorafenib/binimetinib versus vemurafenib for unresectable or metastatic melanoma with a BRAF mutation demonstrated a significant improvement in which endpoint with encorafenib/binimetinib?
 - Overall survival
 - Progression-free survival (PFS)
 - Both a and b
 - Neither a nor b
- The IMspire150 trial assessed the addition of which of the following anti-PD-1/PD-L1 antibodies to vemurafenib/cobimetinib for patients with previously untreated advanced melanoma with a BRAF V600 mutation?
 - Atezolizumab
 - Pembrolizumab
 - Nivolumab
- Patients with melanoma who receive vemurafenib/cobimetinib are more likely than those who receive dabrafenib/trametinib or encorafenib/binimetinib to experience which of the following treatment-associated side effects?
 - Fever
 - Fatigue
 - Photosensitivity
- The COMBI-AD study assessed which BRAF/MEK combination in the adjuvant setting for patients with Stage III melanoma with a BRAF V600 mutation?
 - Encorafenib/binimetinib
 - Vemurafenib/cobimetinib
 - Dabrafenib/trametinib
- Results from the Phase II IMMUNED study evaluating adjuvant nivolumab alone or in combination with ipilimumab for patients with fully resected or irradiated Stage IV melanoma with no evidence of disease after surgery demonstrated which recurrence-free survival outcome?
 - A significant improvement with nivolumab or nivolumab/ipilimumab versus placebo
 - No significant improvement with either nivolumab or nivolumab/ipilimumab versus placebo
- Which of the following statements is true regarding adverse events associated with immune checkpoint inhibitors as adjuvant therapy for melanoma?
 - When therapy is discontinued, all the side effects are reversible
 - Some side effects are not reversible and can be fatal
- According to preliminary results from CheckMate 915, a randomized Phase III study evaluating nivolumab with ipilimumab versus nivolumab alone as adjuvant therapy after complete surgical removal of Stage IIIB/C/D or Stage IV melanoma, which statement is true regarding recurrence-free survival with the combination for patients whose tumors expressed PD-L1 <1%?
 - A statistically significant benefit was not reached
 - A statistically significant benefit was achieved

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9. Results of the Phase III COMBI-v trial evaluating dabrafenib/trametinib versus vemurafenib for unresectable or metastatic melanoma with a BRAF mutation demonstrated significant improvement in which of the following endpoints with dabrafenib/trametinib?
- a. Overall survival
 - b. PFS
 - c. Both a and b
 - d. Neither a nor b
10. Recently presented preliminary data from the SECOMBIT trial evaluating the best sequential approach with combination immunotherapy (ipilimumab/nivolumab) and combination targeted therapy (encorafenib/binimetinib) for patients with treatment-naïve metastatic melanoma and a BRAF V600 mutation demonstrated the highest 2-year PFS with which regimen?
- a. Encorafenib/binimetinib → ipilimumab/nivolumab
 - b. Ipilimumab/nivolumab → encorafenib/binimetinib
 - c. Encorafenib/binimetinib (8 weeks) → ipilimumab/nivolumab → encorafenib/binimetinib