THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

1. In a recent report of a Phase II study of the anti-PD-1 antibody pembrolizumab in patients with previously treated, progressive metastatic colorectal cancer (mCRC) with and without DNA mismatch repair (MMR) deficiency, Dung Le and colleagues demonstrated that _____________.

   a. The rate of response was significantly higher among patients with MMR-deficient or microsatellite instability (MSI)-high disease compared to those with MSI-low mCRC
   b. The rate of response was significantly lower among patients with MMR-deficient or MSI-high disease compared to those with MSI-low mCRC
   c. The rate of response was the same among patients with MMR-deficient or MSI-high disease compared to those with MSI-low mCRC

2. Which of the following statements is true about regorafenib in the management of mCRC?

   a. Most of the significant side effects occur within the first cycle of administration
   b. Most of the significant side effects occur within the later cycles of administration
   c. The occurrence of most of the significant side effects is unpredictable throughout the course of administration

3. A significant toxicity associated with the oral nucleoside TAS-102 is _____________.

   a. Fatigue
   b. Myelosuppression
   c. Nausea
   d. None of the above

4. Patients with BRAF mutation-positive mCRC _____________.

   a. Have a poor prognosis and are unlikely to experience a clinical benefit from anti-EGFR antibody therapy, especially when it is used in later lines
   b. Have a good prognosis and are likely to experience a clinical benefit from anti-EGFR antibody therapy, especially when it is used in later lines
   c. Have a poor prognosis but are likely to experience a clinical benefit from anti-EGFR antibody therapy, especially when it is used in later lines

5. In terms of the survival benefit observed, which of the following appears to be true based on cross-trial comparison of anti-angiogenic agents in mCRC?

   a. The benefit observed with bevacizumab is significantly greater than that with aflibercept and ramucirumab
   b. The benefit observed with aflibercept is significantly greater than that with bevacizumab and ramucirumab
   c. The benefit observed with ramucirumab is significantly greater than that with bevacizumab and aflibercept
   d. The survival benefit observed with all of the above agents is similar

6. The Phase III randomized CAIRO3 trial evaluated maintenance treatment with capecitabine and bevacizumab versus observation after first-line therapy with CAPOX and bevacizumab in patients with mCRC.

   a. True
   b. False
7. The Phase II HERACLES trial evaluating the combination of ______________ demonstrated significant clinical activity in patients with HER2-amplified mCRC.
   a. T-DM1 and trastuzumab
   b. Lapatinib and trastuzumab
   c. Lapatinib and T-DM1

8. The incidence of BRAF mutations in patients with CRC is low, and the majority detected are V600E mutations.
   a. True
   b. False