Acute Leukemias Update — Volume 2, Issue 2

a. Cytokine release syndromeb. Neurologic toxicitiesc. Both a and b

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING

1.	Which of the following statements is true regarding venetoclax in combination with a hypomethylating agent for patients with AML? a. This therapy elicits a response rate (CR + CRi) that is higher than 60% b. Responses are durable c. This therapy is approved for patients with AML irrespective of age or performance status	6.	Enasidenib is FDA approved for the treatment of relapsed or refractory AML with a mutation in a. IDH1 b. IDH2 c. BcI-2 d. FLT3 e. Both a and b
	d. All of the above e. Both a and b f. Both a and c	7.	In the Phase III RATIFY trial the addition of midostaurin to standard chemotherapy resulted in a significant improvement in overall survival for patients with newly
2.	The recently FDA-approved FLT3 inhibitor gilteritinib is effective in patients with relapsed or refractory AML and mutations.		diagnosed AML and mutations. a. FLT3-ITD b. FLT3-TKD c. Both a and b
	a. FLT3-TKD b. FLT3-ITD	8.	The antibody-drug conjugate gemtuzumab
	c. Both FLT3-TKD and FLT3-ITD		ozogamicin provides the most benefit for patients with CD33-positive AML who are
3.	Which of the following statements is true regarding the agent CPX-351 in the treatment of therapy-related AML or AML with myelodysplasia-related changes? a. CPX-351 is a liposomal formulation		at risk. a. Favorable b. Intermediate c. Poor
	of cytarabine and daunorubicin encapsulated at a 5:1 molar ratio b. The efficacy of CPX-351 is similar to that of traditional cytarabine and daunorubicin in terms of overall survival c. Both a and b	9.	Patients with AML who have a FLT3 mutation do not need to be retested at relapse because a patient's FLT3 mutation status does not change during the disease course. a. True
4.	The tyrosine kinase inhibitor ponatinib is effective in patients with Philadelphia chromosome-positive ALL and T315I mutations but has been associated with cardiovascular side effects and pancreatitis. a. True b. False	10.	b. False is a hedgehog inhibitor that was recently FDA approved for use in combination with low-dose cytarabine for the treatment of newly diagnosed AML in patients who are aged 75 or older or who have comorbidities that preclude intensive induction chemotherapy.
5.	Adverse events that have been associated with both the bispecific monoclonal antibody blinatumomab and CAR T-cell therapy include		a. Gemtuzumab ozogamicin b. Glasdegib c. Ivosidenib d. Gilteritinib