POST-TEST

Consensus or Controversy? Clinical Investigator Perspectives on the Current and Future Management of Chronic Lymphocytic Leukemia — Audio Program

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

- 1. The Phase III ECOG-E1912 trial comparing ibrutinib/rituximab (IR) to fludarabine/cyclophosphamide/rituximab (FCR) for patients with previously untreated chronic lymphocytic leukemia (CLL) demonstrated which of the following results for patients with an IGHV mutation?
 - A significant improvement in progression-free survival with IR compared to FCR
 - b. No significant difference in progression-free survival between IR and FCR
- 2. Prophylaxis with allopurinol is recommended to minimize the risk of tumor lysis syndrome with venetoclax for which patients?
 - a. Patients at any level of risk
 - b. Patients at high risk
 - c. Allopurinol is not recommended for patients receiving venetoclax
- 3. Which of the following statements is true regarding the recommended management of CLL in patients with del(17p) or TP53 mutations who are asymptomatic and have no other indication for treatment?
 - Observation is acceptable until other indications for treatment develop
 - b. Treatment should be initiated immediately after diagnosis in all cases

- 4. Acquired resistance to ibrutinib may be due to a C481S mutation in the ibrutinib binding site, so patients who develop this mutation should be considered for treatment with which class of agent?
 - Another covalent Bruton tyrosine kinase (BTK) inhibitor, such as acalabrutinib
 - b. A noncovalent BTK inhibitor
- 5. The recently FDA-approved agent duvelisib, which has shown promising activity in patients with relapsed/ refractory CLL, belongs to which class of agents?
 - a. Bcl-2 inhibitor
 - b. BTK inhibitor
 - c. PI3K inhibitor