

Data + Perspectives: The Current and Future Role of Immune Checkpoint Inhibitors and Other Novel Therapies in the Management of Gynecologic Cancers — Faculty Interviews

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

1. Which of the following regimens is approved for patients with mismatch repair proficient, previously treated advanced endometrial cancer who are not candidates for curative surgery or radiation therapy?
 - a. Pembrolizumab as a single agent
 - b. Pembrolizumab in combination with lenvatinib
2. Which of the following statements best describes the responses reported with pembrolizumab monotherapy among patients with recurrent or metastatic cervical cancer?
 - a. Response rate is low but responses are durable
 - b. Response rate is high but duration of response is short
3. What is the mechanism of action of the antibody-drug conjugate tisotumab vedotin?
 - a. Binds to nectin-4 on the cancer cell
 - b. Binds to CD30 on the T cell
 - c. Binds to tissue factor on the cancer cell
4. Which of the following adverse events can be experienced by patients with endometrial cancer within a few days of initiating treatment with the lenvatinib/pembrolizumab combination but usually resolves rapidly after lenvatinib is withheld?
 - a. Hypertension
 - b. Loss of appetite
 - c. Diarrhea
 - d. Fatigue
5. Which of the following statements is true regarding POLE mutations in endometrial cancer?
 - a. POLE mutations are rare and cause an ultramutated tumor phenotype
 - b. POLE mutations are common and play a role in disrupting protein synthesis
 - c. POLE mutations are poor targets for immune checkpoint inhibitor therapy