

Inside the Issue: Managing Ocular Toxicities Associated with Antibody-Drug Conjugates and Other Cancer Therapies — Part 2

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

- 1. According to the prescribing information, patients who are about to receive datopotamab deruxtecan (Dato-DXd) should be advised to follow which prophylactic recommendation(s)?**
 - a. Use preservative-free lubricant eye drops or artificial tears
 - b. Avoid using contact lenses
 - c. Cover eyes with ice packs during the infusion
 - d. All of the above
 - e. Both a and b**
 - f. Both b and c
 - g. None of the above
- 2. A patient with HR-positive, HER2-negative metastatic breast cancer receiving Dato-DXd experiences Grade 2 keratitis despite appropriate prophylactic measures. What is the recommended course of action regarding dose modifications?**
 - a. Continue Dato-DXd uninterrupted and at the same dose
 - b. Delay dose until keratitis has been resolved to Grade ≤ 1 , then resume at the same dose**
 - c. Delay dose until keratitis has been resolved to Grade ≤ 1 , then reduce by one dose level
 - d. Permanently discontinue Dato-DXd
- 3. Are ocular adverse events associated with antibody-drug conjugates (ADCs) typically reversible?**
 - a. Yes**
 - b. No
- 4. Keratopathy and changes in visual acuity associated with belantamab mafodotin have a typical onset of ...**
 - a. Zero to 2 months after starting treatment**
 - b. Four to 6 months after starting treatment
 - c. More than 6 months after starting treatment
- 5. Where do ADCs selectively accumulate in the eye?**
 - a. Conjunctiva
 - b. Optic nerve
 - c. Lens
 - d. Corneal epithelium**
 - e. Vitreous body
 - f. Iris