

Expert Second Opinion: Optimizing the Use of Immunotherapy, MRD Assessment and Other Novel Approaches for Patients with Localized Colorectal Cancer —
Microlearning Activity 1

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

- 1. Which of the following agents is currently preferred by the faculty as neoadjuvant therapy for a patient with mismatch repair-deficient (dMMR)/microsatellite instability-high (MSI-H) locally advanced rectal cancer?**
 - a. Chemotherapy alone
 - b. Dostarlimab monotherapy**
 - c. Nivolumab/ipilimumab
- 2. According to faculty recommendation, what is the optimal duration of neoadjuvant dostarlimab therapy for patients with Stage III dMMR/MSI-H rectal cancer?**
 - a. Three months
 - b. Six months
 - c. Until clinical complete response is achieved**
 - d. Twelve months with response assessment at 6 months
- 3. What is the most appropriate role for circulating tumor DNA testing in the management of Stage III dMMR/MSI-H rectal cancer?**
 - a. Primary method for assessing complete clinical response
 - b. Supplemental information only, with participation in clinical trials encouraged**
 - c. Not recommended in any capacity
- 4. Faculty recommend that a patient with Stage II MSI-high colon cancer can safely avoid surgery if a close monitoring strategy is in place.**
 - a. True
 - b. False**
- 5. The Phase II AZUR-1 trial is investigating the efficacy and safety of dostarlimab in which of the following settings?**
 - a. After neoadjuvant chemoradiation therapy for Stage II to IV rectal cancer
 - b. In combination with chemotherapy after surgery for Stage III microsatellite-stable colon cancer
 - c. As monotherapy for previously untreated Stage II or III MSI-H/dMMR locally advanced rectal cancer**
 - d. In combination with chemotherapy as first-line therapy for metastatic colorectal cancer