

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

- 1. The Phase III CheckMate 816 study evaluating neoadjuvant therapy with nivolumab and chemotherapy versus chemotherapy alone for patients with resectable non-small cell lung cancer (NSCLC) reported which of the following efficacy outcomes?**
  - Nivolumab with chemotherapy significantly improved overall survival (OS) but did not improve the pathologic complete response (pCR) rate
  - Nivolumab with chemotherapy improved the pCR rate but did not significantly improve event-free survival (EFS)
  - Neoadjuvant nivolumab with chemotherapy significantly improved both EFS and the pCR rate**
- 2. In the 5-year update of the Phase III KEYNOTE-671 study evaluating perioperative pembrolizumab for resectable NSCLC, what was the 60-month EFS rate with pembrolizumab for patients who did not achieve pCR?**
  - 29%
  - 43%**
  - 62
- 3. Which of the following descriptions best represents the study design of the Phase III NeoADAURA trial evaluating osimertinib for patients with resectable EGFR-mutated NSCLC?**
  - A Phase II randomized study comparing neoadjuvant osimertinib with chemotherapy versus osimertinib monotherapy before surgical resection
  - A Phase III randomized study comparing neoadjuvant osimertinib with platinum-based chemotherapy versus platinum-based chemotherapy alone before surgical resection
  - A Phase III randomized study comparing neoadjuvant osimertinib with platinum-based chemotherapy, osimertinib monotherapy and platinum-based chemotherapy alone before surgical resection**
- 4. In the Phase III LAURA trial, which evaluated osimertinib versus placebo as maintenance therapy for patients with locally advanced, unresectable EGFR-mutated Stage III NSCLC who did not experience disease progression during or after chemoradiation therapy, what was the median progression-free survival reported with placebo?**
  - 5.6 months**
  - 12.3 months
  - 24.6 months
- 5. The Phase III PACIFIC trial for patients with Stage III NSCLC established which of the following strategies as a current standard therapy?**
  - Concurrent chemotherapy and immunotherapy followed by maintenance immunotherapy
  - Chemoradiation therapy followed by consolidation immunotherapy**
  - Induction immunotherapy followed by definitive surgical resection