

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

- 1. Which of the following statements best reflects the prognostic value of circulating tumor DNA (ctDNA) negativity according to conclusions from the Phase II SunRISe-4 trial?**
 - a. ctDNA negativity was associated with worse recurrence-free survival (RFS) and pathologic complete response (pCR) outcomes
 - b. ctDNA negativity was associated with longer RFS and improved pCR rates
 - c. ctDNA negativity was associated with longer RFS but not associated with pCR**
 - d. ctDNA negativity was found to have no correlation with RFS or pCR outcomes
- 2. According to the 5-year efficacy outcomes from the Phase III CheckMate 274 study, what was the approximate reduction in the relative risk of disease progression or death for patients who received nivolumab and were also found to have PD-L1 expression levels of $\geq 1\%$?**
 - a. Less than 10%
 - b. Between 20% and 30%
 - c. Between 40% and 50%**
 - d. Greater than 50%
- 3. Which of the following statements best describes the efficacy of adjuvant atezolizumab in comparison to observation regarding circulating tumor DNA (ctDNA) status for patients with muscle-invasive urothelial carcinoma in the Phase III IMvigor011 trial?**
 - a. ctDNA positivity was associated with an overall survival (OS) benefit with atezolizumab
 - b. A greater reduction in ctDNA levels with atezolizumab was associated with longer OS
 - c. Both a and b**
- 4. The Phase III POTOMAC trial evaluating durvalumab and bacillus Calmette-Guérin (BCG) versus BCG alone for patients with BCG-naïve, high-risk non-muscle-invasive bladder cancer reported which of the following efficacy findings?**
 - a. Inferior disease-free survival (DFS) outcomes with durvalumab and BCG
 - b. A nonsignificant trend toward DFS improvement with durvalumab and BCG
 - c. A statistically significant improvement in DFS with durvalumab and BCG**
 - d. No efficacy findings have been reported yet
- 5. The Phase III KEYNOTE-905 trial evaluating enfortumab vedotin and pembrolizumab alongside radical cystectomy (RC) and lymph node dissection (LND) versus RC and LND alone for patients with muscle-invasive bladder cancer who are ineligible for or who declined cisplatin reported which of the following outcomes?**
 - a. Improved event-free survival with enfortumab vedotin and pembrolizumab alongside RC and LND
 - b. Improved OS with enfortumab vedotin and pembrolizumab alongside RC and LND
 - c. Improved pathologic complete response with enfortumab vedotin and pembrolizumab alongside RC and LND
 - d. All the above**
 - e. None of the above