

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

- 1. Circulating tumor DNA (ctDNA) analyses from the NIAGARA and IMvigor011 trials led to which of the following conclusions?**
 - a. ctDNA status is prognostic for patients with bacillus Calmette-Guérin (BCG)-unresponsive non-muscle-invasive bladder cancer (NMIBC)
 - b. ctDNA status is prognostic for patients with muscle-invasive bladder cancer (MIBC) in the neoadjuvant and adjuvant settings**
 - c. ctDNA status is prognostic for patients with MIBC in the adjuvant but not the neoadjuvant setting
- 2. ctDNA analysis has been shown to be predictive for which patients with urothelial bladder cancer?**
 - a. Those with NMIBC receiving BCG
 - b. Those with MIBC receiving neoadjuvant immune therapy
 - c. Those with MIBC receiving adjuvant immune therapy**
 - d. Both those with MIBC receiving neoadjuvant immune therapy and those with MIBC receiving adjuvant immune therapy
- 3. What was the approximate 12-month cystectomy-free rate in the QUILT-3.032 study of nogapendekin alfa inbakicept with BCG for BCG-unresponsive, papillary-only NMIBC?**
 - a. 12%
 - b. 30%
 - c. 67%
 - d. 92%**
- 4. In the SunRISe-1 trial of TAR-200 monotherapy for BCG-unresponsive, high-risk NMIBC in situ, what was the approximate cystectomy-free rate at 12 months?**
 - a. 15%
 - b. 35%
 - c. 59%
 - d. 87%**
- 5. Real-world experience from a single-institution retrospective study of ctDNA analysis for patients with BCG-unresponsive NMIBC suggests which of the following conclusions?**
 - a. ctDNA analysis is not specific in patients with NMIBC; a high rate of false positives was reported
 - b. ctDNA analysis has limited sensitivity in patients with NMIBC; few samples tested positive
 - c. ctDNA may facilitate early detection of molecular residual disease in NMIBC, but prospective validation is needed**