

Self-assessment questions

After reading the articles in this supplement, select the one best answer to each question. Then, visit www.nprcrc.org on the Web to record your answers to these questions. Please be sure to submit your answers on or before the expiration of this activity on **June 15, 2007**.

- According to meta-analyses by Grothey et al, patients with advanced colorectal cancer should:
 - No longer receive 5-fluorouracil (5-FU) during treatment.
 - Be exposed to single-agent regimens first line.
 - Not receive both oxaliplatin and irinotecan over the course of the disease.
 - Be exposed to as many available cytotoxic agents as possible over the course of the disease.
- In a meta-analysis by Grothey et al, the percentage of patients who start a line of therapy and then receive a next line is:
 - < 25%.
 - 35%.
 - 50% to 60%.
 - > 65%.
- According to the National Comprehensive Cancer Network (NCCN) guidelines, bolus 5-FU/LV/irinotecan (the IFL regimen) is an inferior regimen compared with infusional 5-FU/LV/irinotecan (FOLFIRI).
 - True
 - False
- The FOCUS study compared sequential single agents, sequential single/combo therapy, or first-line combination with FOLFIRI or FOLFOX and found:
 - Median overall survival (OS) was longer in patients who received first-line FOLFIRI or FOLFOX than in patients who received sequential single-agent therapy, or those who received sequential single-agent followed by combination therapy.
 - Survival times were the longest achieved to date in metastatic colorectal cancer (mCRC).
 - Sequential chemotherapy was superior to combination chemotherapy first-line.
 - All of the above.
- Based on the studies of Colucci, Goldberg, Seymour, and Tournigand, the incidence of grade 3/4 diarrhea is:
 - Similar for FOLFIRI and FOLFOX.
 - Significantly greater with FOLFIRI.
 - Significantly greater with FOLFOX.
 - Significantly less with IFL.
- According to NCCN guidelines, bevacizumab is recommended for use:
 - As a single agent.
 - Only in combination with cetuximab.
 - In combination with the five recommended first-line therapies.
 - Over multiple lines of therapy.
- Based on the results of the Hurwitz study, bevacizumab:
 - Significantly improves OS when used in addition to combination IFL in the first-line setting.
 - Significantly improves response rate (RR) but not OS when used in combination with IFL in the first-line setting.
 - Is highly effective when used in combination with cetuximab.
 - Is highly effective as second-line therapy.
- BOND-1 study results suggest that cetuximab:
 - Improves outcome when used as monotherapy.
 - Should only be used in combination therapy.
 - Improves outcome when used with oxaliplatin.
 - May resensitize tumors to irinotecan.
- BOND-2 study results suggest that:
 - Cetuximab + bevacizumab + chemotherapy may improve outcomes.

- b. Cetuximab + bevacizumab + chemotherapy produce excessive toxicity.
 - c. Cetuximab + bevacizumab + chemotherapy do not improve outcomes.
 - d. Cetuximab is an effective single-agent therapy.
10. When selecting patients for cetuximab therapy, intensity of immunohistochemistry-determined epidermal growth factor receptor-positive status:
- a. Determines response to therapy in all cases.
 - b. Predicts risk of acneform rash.
 - c. Does not correlate with clinical response.
 - d. Determines both response to therapy and risk of acneform rash.
11. According to a review by Kelly and Goldberg:
- a. Data support the use of combination regimens first line.
 - b. Regimens incorporating infusional 5-FU/LV are less toxic but produce inferior efficacy compared with bolus 5-FU/LV.
 - c. Capecitabine should replace 5-FU in all chemotherapy regimens.
 - d. Data support the use of bevacizumab in all first- and second-line regimens.
12. The sequencing study by Tournigand et al showed that:
- a. FOLFIRI → FOLFOX and FOLFOX → FOLFIRI produced similar median OS.
 - b. RR was superior for FOLFIRI second-line compared with FOLFOX second-line.
 - c. Median second progression-free survival (PFS) was superior for FOLFOX → FOLFIRI compared with FOLFIRI → FOLFOX.
 - d. First-line PFS was inferior for FOLFIRI → FOLFOX compared with FOLFOX → FOLFIRI.
13. In the subset analysis of the pivotal IFL plus bevacizumab study, a median OS of 25.1 months was observed in patients:
- a. Who later received cetuximab.
 - b. Who later received both cetuximab plus irinotecan.
 - c. Who later received single-agent bevacizumab.
 - d. Who later received oxaliplatin.
14. Bevacizumab is associated with a risk of:
- a. Acneform rash.
 - b. Infusion reactions.
 - c. Arterial thrombosis.
 - d. Neurotoxicity.
15. With the increasing use of infusional regimens, the incidence of diarrhea from both irinotecan- and oxaliplatin-containing regimens is:
- a. 10% to 14%.
 - b. 15% to 19%.
 - c. 20% to 24%.
 - d. 25% to 29%.
16. The most common adverse event associated with cetuximab is:
- a. Acneform rash.
 - b. Hypertension.
 - c. Arterial thrombosis.
 - d. Neurotoxicity.
17. When choosing a first-line treatment for mCRC, consideration should be given to each of the following except:
- a. Prior adjuvant therapy.
 - b. Agent can be used in later-line therapies.
 - c. Impact of a treatment on quality of life.
 - d. None of the above.
18. In clinical trials, the most important and dose-limiting toxicity associated with oxaliplatin is:
- a. Diarrhea.
 - b. Neurotoxicity.
 - c. Delayed wound healing.
 - d. Hypersensitivity reaction.
19. A recent study found that xaliproden:
- a. Decreased the incidence of grade 3 but not grade 2 neurotoxicity.
 - b. Allowed more cycles of oxaliplatin to be administered.
 - c. Allowed higher doses of oxaliplatin to be administered.
 - d. Decreased the incidence of both grade 3 and grade 2 neurotoxicity.
20. Severe, life-threatening anaphylactic infusion reaction to cetuximab is more likely to occur:
- a. Never.
 - b. During the first cycle.
 - c. During the second cycle.
 - d. After multiple cycles.
21. According to the OncoSurge model, an absolute contraindication to resection of liver metastases is:
- a. Bilobar involvement in the liver.
 - b. > 70% involvement of the liver.
 - c. > 4 lesions in the liver.
 - d. Preoperative CA 19-9 > 100.

22. In the Falcone study evaluating FOLFOXIRI versus FOLFIRI, the percentages of patients who achieved an R0 resection of liver metastasis were:
- 50% for FOLFOXIRI and 20% for FOLFIRI.
 - 25% for FOLFOXIRI and 20% for FOLFIRI.
 - 36% for FOLFOXIRI and 12% for FOLFIRI.
 - 15% for FOLFOXIRI and 10% for FOLFIRI.
23. In a study from Memorial Sloan-Kettering Cancer Center by Fong et al, the 5-year survival of patients who had liver resection was:
- 50%.
 - 25%.
 - 20%.
 - 38%.
24. NCCN guidelines recommend waiting at least 4 weeks after the last dose of bevacizumab before a patient has surgery.
- True
 - False
25. In the 2006 update by Kemeny, the 10-year survival for patients receiving adjuvant 5-FU alone for resected liver metastasis was 27%. The 10-year survival for patients receiving adjuvant hepatic arterial infusion and systemic 5-FU was:
- 30%.
 - 41%.
 - 50%.
 - 25%.