POST-TEST

Year in Review: Clinical Investigator Perspectives on the Most Relevant New Datasets and Advances in Multiple Myeloma

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

1. **The Phase Ib/II RedirecTT-1 study is evaluating which novel combination regimen for patients with relapsed/refractory (R/R) multiple myeloma (MM)?**
   a. Belantamab mafodotin with linvoseltamab
   b. Linvoseltamab with lenalidomide
   c. Teclistamab with talquetamab
   d. Talquetamab with mezigdomide

2. **In a Phase III trial, belantamab mafodotin demonstrated a statistically significant progression-free survival benefit in combination with which of the following regimens?**
   a. Pomalidomide/dexamethasone
   b. Bortezomib/dexamethasone
   c. Both a and b
   d. Neither a nor b

3. **Which of the following statements best describes outcomes from the Phase III IRAKLIA trial of fixed-dose subcutaneous isatuximab in combination with pomalidomide and dexamethasone (Pd) compared to intravenous isatuximab with Pd for patients with R/R MM?**
   a. Objective response rate (ORR) with subcutaneous isatuximab was inferior
   b. ORR with subcutaneous isatuximab was noninferior

4. **Which of the following statements best describes outcomes with daratumumab versus active monitoring for patients with high-risk smoldering multiple myeloma in the Phase III AQUILA trial?**
   a. Significantly lower risk of progression to active myeloma or death with daratumumab
   b. Equal risk of progression to active myeloma or death with daratumumab and active monitoring
   c. Trend toward higher risk of progression to active myeloma or death with daratumumab

5. **Which of the following outcomes was observed in the Phase III DREAMM-9 trial of belantamab mafodotin with bortezomib/lenalidomide/dexamethasone (VRd) versus VRd alone for transplant-ineligible patients with newly diagnosed MM?**
   a. Higher starting doses of belantamab mafodotin were associated with deeper and faster minimal residual disease negativity rates
   b. Longer belantamab mafodotin dosing intervals were associated with longer time to best corrected visual acuity (BCVA) decrease to 20/50 or worse
   c. Resolution of BCVA decreases was generally faster in cohorts with lower initial doses of belantamab mafodotin
   d. All of the above