

## SELF-ASSESSMENT QUESTIONNAIRE

## Oncology

■ Ten self-assessment questions (SAQs) based on the published articles will appear at the end of each CME specialty featured in *Clinical Medicine*. The questions have been validated for the purpose of CME by independent experts. Two (2) CME credits will be awarded to those achieving 80% correct answers. This opportunity is open only to RCP Fellows and Collegiate Members in the UK who are registered for CME\*.

■ A loose leaf answer sheet is enclosed, which will be marked electronically at the Royal College of Physicians. **Answer sheets must be returned by 21 September 2003 to:**

CME Department (SAQs), Royal College of Physicians,  
11 St Andrews Place, London NW1 4LE.

**Overseas members only** can fax their answers to 020 7487 4156

Correct answers will be published in the next issue of *Clinical Medicine*.

\*Further details on CME are available from the CME department at the Royal College of Physicians (address above or telephone 020 7935 1174 extension 306 or 309).

**Guidelines on completing the answer sheet**

Your completed answer sheet will be scanned to enable a quick and accurate analysis of results. To aid this process, please keep the following in mind:

- 1 Please print your GMC Number firmly and neatly
- 2 Only write in allocated areas on the form
- 3 Only use pens with black or dark blue ink
- 4 For optimum accuracy, ensure printed numbers avoid contact with box edges
- 5 Please shade circles like this: ● Not like this: ☒
- 6 Please mark any mistakes made like this: ✕
- 7 Please do not mark any of the black squares on the corners of each page
- 8 Please fill in your full name and address on the back of the answer sheet in the space provided; this will be used to mail the form back to you after marking.

**1 Which of the following statements about mesothelioma are correct?**

- (a) Most patients present with symptoms of dyspnoea or non pleuritic chest pain
- (b) Less than 5% of patients have bilateral disease at presentation
- (c) An obstructive pattern on pulmonary function tests is a recognised feature
- (d) The median age at diagnosis is 50 years
- (e) The male : female ratio is 2:1

**2 Which of the following statements about the treatment of mesothelioma are correct?**

- (a) Chemotherapy produces subjective improvement in symptoms for most patients
- (b) Radiotherapy produces good control of early disease
- (c) The response rate to doxorubicin is around 14%
- (d) Pleurectomy plus decortication controls malignant pleural effusion in 50% of patients
- (e) Biological therapies have been shown to be of benefit

**3 Which of the following statements about morphological imaging techniques are correct?**

- (a) Spiral computed tomography (CT) is less convenient for sick patients due to lengthy acquisition
- (b) Spiral CT is the preferred test for routine detection of pulmonary and liver lesions
- (c) Magnetic resonance imaging (MRI) is not helpful in the staging of patients with pelvic malignancies
- (d) Endoscopic techniques enhance the accuracy of staging of gastric malignancies
- (e) Preoperative US of the renal tract is the preferred assessment mode for renal malignancy prior to surgery

**4 Regarding functional imaging:**

- (a) The most commonly used tracer in positron emission tomography (PET) for oncological application is 2-[F18]-fluorodeoxy-D-glucose (FDG)
- (b) FDG-PET is useful in monitoring response to treatment
- (c) Dynamic contrast enhanced MRI is able to monitor the clinical effectiveness of antiangiogenic treatment
- (d) Magnetic resonance spectroscopy (MRS) using <sup>1</sup>H atoms provides information on tissue 'energetics'
- (e) MRS provides information about cellular proliferation

*continued*

## 5 In bowel obstruction:

- (a) Nasogastric intubation is the first step
- (b) Severe pain should be managed with opioids
- (c) Absence of distension makes the diagnosis unlikely
- (d) Extra hydration is not usually required
- (e) Small bowel obstruction due to malignancy is a poor prognostic indicator for surgery

## 6 Patients with inoperable bowel obstruction:

- (a) Require hospital admission
- (b) Require intravenous drugs for nausea control
- (c) Usually fail to benefit from hyoscine butyl bromide
- (d) Should be managed with regular laxatives
- (e) Find octreotide is beneficial in reducing the amount of vomiting

## 7 Regarding cytotoxic drugs:

- (a) Their development was based on an understanding of the molecular and cellular pathology of cancer
- (b) They act by inhibiting cell division
- (c) Their side effects can be predicted on the basis of their effect on cell division in normal tissues
- (d) They are likely to be complemented by immunotherapy and gene therapy in the near future
- (e) They have given rise to very few analogues after the identification of the initial first-generation compound

## 8 Regarding Imatinib:

- (a) It works by inhibition of C-erbB2 tyrosine kinase activity
- (b) It is highly active in the treatment of chronic myeloid leukaemia
- (c) It is highly toxic and poorly tolerated at active doses
- (d) It is inactive in myeloid blast crisis CML
- (e) It is given as a monthly intravenous infusion

## 9 Regarding superior vena cava obstruction:

- (a) It is an emergency only in the presence of airway compromise
- (b) The most common clinical sign is facial oedema
- (c) Treatment should be initiated prior to obtaining a histological diagnosis
- (d) Treatment is purely palliative
- (e) Response to radiotherapy usually takes 4 to 6 weeks

## 10 Regarding hypercalcaemia in malignancy:

- (a) It most commonly arises as a result of bone metastases
- (b) The most common metabolic cause is parathyroid hormone related peptide
- (c) Bisphosphonate treatment acts via an effect on renal tubular calcium resorption
- (d) Zoledronic acid is more effective than disodium pamidronate in normalising calcium levels
- (e) It carries a better prognosis if the hypercalcaemia responds to antitumor therapy alone

## CME Genitourinary medicine SAQs

### Answers to the CME SAQs published in *Clinical Medicine* June/July 2003

Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10
a) T	a) F	a) T	a) F	a) T	a) T	a) T	a) F	a) F	a) F
b) T	b) T	b) F	b) T	b) F	b) T	b) F	b) T	b) T	b) F
c) T	c) T	c) T	c) T	c) T	c) T	c) T	c) F	c) F	c) T
d) T	d) F	d) T	d) T	d) F	d) F	d) F	d) T	d) F	d) T
e) T	e) T	e) F	e) T	e) T	e) T	e) F	e) F	e) F	e) F