



HemeOncJobs.com Oncology Board Review

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Prostate Cancer Practice Questions

Answers are at the bottom

1. Which of the following is *not* a risk factor for the development of Prostate Cancer?
 - A. Family History
 - B. African American Heritage
 - C. Scandinavian Origin
 - D. High Alcohol diet
 - E. High amount Polyphenols in the diet
2. Which is a recently described fusion gene in Prostate Cancer?
 - A. 9→22 translocation
 - B. 15→17 translocation
 - C. 7→21 translocation
 - D. 8→22 translocation
 - E. 11→14 translocation
3. Which fusion genes have recently been described in Prostate Cancer?
 - A. BCR→ABL
 - B. TMPRSS2→ERG
 - C. FLIP1→ PDGFR α
 - D. STK11→LKB1
 - E. DKC1→PTEN

4. Which genes have been recently suggested as possible indicators of a more aggressive Prostate Cancer which cannot be treated with "watchful waiting"?

- A. PTEN
- B. ERG/ETV1
- C. TMPRSS2
- D. A & B

5. A 50 y/o adopted caucasian man discovers that his biological father died of Prostate Cancer. He also discovers that he had a brother in Finland who also died of Prostate Cancer. What would you tell him is his risks of developing Prostate Cancer?

- A. 2x the population
- B. 4x the population
- C. 9x the population
- D. 25x the population
- E. Difficult to say without more history

6. A Caucasian man has discovered that he actually has a fair amount of African American Ancestry. To his surprise he has learned that his great grandfather and great great grandfather were both African American. He now understands that his risks for Prostate Cancer are what compared with other Caucasian men?

- A. About the same
- B. Higher
- C. Lower
- D. Makes no difference

7. African American men have approximately how much greater chances of developing Prostate Cancer compared with their Caucasian brethren?

- A. 2x
- B. 5x
- C. 7x
- D. 8x

8. The Finasteride Prostate Prevention Trial demonstrated that:
- A. There was a 25% reduction in Prostate Cancer in pts taking Finasteride
 - B. Those who did develop Prostate Cancer developed a higher grade tumor
 - C. There was no difference in survival between the patients who were taking Finasteride and the ones taking placebo.
 - D. All the above
9. A pathologist is given a tissue sample from a man with Prostate Cancer. He studies the first sample and then studies a second sample from the tissue. He feels that the first sample had a Gleason's Grade of 2 and the second sample had a Gleason's Grade of 4. What is this man's Gleason's Score?
- A. 8
 - B. 2
 - C. 6
 - D. 12
 - E. Not enough information is given in order to establish the Gleason Score
10. Which of the following is not true about Prostate Cancers?
- A. Most are adenocarcinomas
 - B. Most occur in the Peripheral Zone of the Prostate
 - C. Lymphomas and Leukemias are among the most frequent cancers which metastasize to the Prostate
 - D. a TURP removes most of the Prostate Tissue which is at greatest risk for Prostate Cancer.
 - E. The Transition Zone of the Prostate is not palpable on rectal exam
11. A 45 y/o Caucasian man is found with a hard and enlarged prostate on digital examination. His PSA level is 10. A Biopsy of his Prostate demonstrates a Prostate Adenocarcinoma. He undergoes a radical prostatectomy which demonstrates that his tumor has a Gleason's Score of 4. As part of his work up which of the following would you not include?
- A. CBC
 - B. CMP
 - C. CT Scan of the Abdomen
 - D. Physical Exam
 - E. Chest X Ray

12. Which of the following is not a reason why to perform a biopsy of the Prostate?

- A. Abnormal Digital Rectal Exam
- B. PSA level greater than 4
- C. High serum calcium level
- D. All of the above

13. Which of the following is *not* one of the recent developments created in order to improve the specificity of the PSA value?

- A. PSA Density
- B. PSA Velocity
- C. PSA Free Circulating
- D. None of the above

14. Which of the following is not an acceptable approach to the management of early stage Prostate Cancer which is entirely localized to the Prostate?

- A. Do nothing until he develops metastasis which cause him symptoms
- B. External Beam radiation therapy
- C. Radiation seed implants
- D. Radical prostatectomy
- E. Mitoxantrone chemotherapy

15. Which of the following is not true about radical prostatectomy?

- A. Pain at the site of surgery is common
- B. Diarrhea following the radical prostatectomy is uncommon
- C. Urinary incontinence is common
- D. Impotence right after surgery which gets better with time
- E. Adding androgen deprivation therapy to surgery improves the effectiveness

16. A 65 y/o man presents with moderate back pain. A plain film of the back demonstrates destructive bony lesions in the lower back and a digital rectal exam demonstrates a large, hard prostate which yields the finding of a prostate adenocarcinoma on biopsy. Your next step is:

- A. Lupron + Bicalutamide
- B. Lupron + Goserelin
- C. Immediate radiation therapy to the lower back
- D. Radical prostatectomy followed by radiation therapy to the lower back
- E. High dose Dutasteride

17. A 70 y/o man is found with a hard, enlarged prostate on routine physical examination and digital rectal examination. A biopsy yields the finding of a prostate Adenocarcinoma. He is otherwise in good health. He chooses to start androgen deprivation therapy. What is the desired level of serum Testosterone we need to see so we know he is being treated maximally?

- A. <200 ng/ml
- B. <100 ng/ml
- C. < 50 ng/ml
- D. < 20 ng/ml
- E. < 10 ng/ml

18. All of the following drugs work by blocking Testosterone from binding to its receptor except which one?

- A. Flutamide
- B. Bicalutamide
- C. Nilutamide
- D. Dutasteride
- E. None of the above

19. All of the following drugs work by stimulating LHRH to be produced to the point of depletion except?

- A. Nafarelin
- B. Lupron
- C. Histrelin
- D. Bicalutamide
- E. Buserelin

20. A 62 y/o man presents with back pain and is found with metastatic prostate cancer to the lower spine. He wishes to start antiandrogen therapy, but his friend has advised him to accept only Lupron as therapy and nothing else. You would advise him to add Bicalutamide to the Lupron because?

- A. Lupron alone is very allergy causing
- B. Lupron alone causes severe gastric upset
- C. Lupron alone may initially worsen his back pain
- D. Lupron alone would be very detrimental to his libido
- E. Lupron is less expensive when given with Bicalutamide

21. A 62 y/o African American male is about to start therapy with an LHRH agonist for his metastatic prostate cancer. What is the important reaction to be monitored carefully when starting this patient on an LHRH agonist?

- A. The Flare Reaction
- B. Severe somnolence reaction
- C. Temporomandibular joint destructive reaction
- D. The Subclavian Steal Reaction
- E. African American men do not exhibit reactions from LHRH agonists

22. What is the best way to avoid/prevent the Flare reaction in a patient who is starting to take an LHRH agonist for the first time?

- A. Make sure his serum calcium level is normal before starting
- B. Make sure he is taking a Beta Blocker with the LHRH agonist
- C. Make sure he is taking a non-steroidal anti inflammatory drug with it
- D. Make sure he is taking a non-steroidal anti androgen with it

23. Which of the following medications block the conversion of Testosterone in the tissues to the more potent DihydroTestosterone?

- A. Bicalutamide
- B. Goserelin
- C. Dutasteride
- D. Diethylstilbestrol
- E. Megesterol

24. The addition of Androgen Deprivation Therapy at the time of radical prostatectomy for the treatment of stage T1c prostate cancer makes the surgery more effective. Is this statement:

- A. True
- B. False
- C. Radical Prostatectomy is not indicated for Stage T1c Prostate Cancer
- D. Radiation therapy is what needs to be given with the radical prostatectomy
- E. None of the above

25. The addition of Androgen Deprivation Therapy at the time of radiation therapy for the treatment of stage T1c Prostate cancer makes the radiation more effective. Is this statement:

- A. True
- B. False
- C. Radiation therapy is not indicated for Stage T1c Prostate Cancer
- D. Androgen Deprivation Therapy makes radiation therapy less effective
- E. None of the above

26. Which of the following is true?

- A. In the first few years after therapy, Surgery is superior to radiation therapy for the treatment of stage T1c Prostate Cancer.
- B. In the first few years after therapy radiation therapy is superior to surgery for the treatment of stage T1c Prostate Cancer.
- C. In the first few years after surgery is as good as radiation therapy for stage T1c Prostate Cancer only when the surgery is given in combination with androgen deprivation therapy.
- D. In the first few years after therapy both surgery and radiation therapy have been found to be about equally effective for stage T1c Prostate Cancer.

27. A 62 y/o man has been taking Bicalutamide + Luprorelin as therapy for his prostate cancer which has known metastatic disease to the bones. He presents with new bone pain to the left Femur. You suspect that he has now failed Androgen Deprivation Therapy. Your next step is:

- A. Start immediate therapy with Mitoxantrone
- B. Draw and check a serum Testosterone level
- C. Refer the patient for radiation therapy to the painful left Femur lesion
- D. Stop Bicalutamide + Luprorelin and start ketoconazole + hydrocortisone
- E. Refer patient for hospice consideration

28. Side effects of Androgen Deprivation Therapy include the following except:

- A. Decreased libido
- B. Decreased body fat
- C. Osteoporosis
- D. Decreased penis size
- E. Increased cardiovascular mortality

29. Long Term side effects of Androgen Deprivation therapy include the following except:

- A. Hyperlipidemia
- B. Increased cardiovascular mortality
- C. Diabetes Mellitus
- D. Folic Acid deficiency Anemia
- E. Emotional liability

30. Which of the above is correct about Castration Resistant Prostate Cancer means:

- A. The patient refused to have surgery to remove his testicles
- B. The patient developed metastatic Prostate Cancer while on androgen deprivation therapy and his serum Testosterone level was <100 ng/ml
- C. The patient developed metastatic Prostate Cancer while on androgen deprivation therapy and his serum Testosterone level was <50 ng/ml
- D. The patient developed metastatic Prostate Cancer while on androgen deprivation therapy and his serum Testosterone levels were rising steadily
- E. The patient developed metastatic Prostate Cancer while on androgen deprivation therapy and his serum Testosterone levels were falling steadily.

31. Which of the following is an acceptable first line chemotherapy regimen for Castrate Resistant Prostate Cancer?

- A. Mitoxantrone + Prednisone
- B. Sipulcel-T (Provenge®)
- C. Docetaxel + Prednisone
- D. Adriamycin + Cyclophosphamide
- E. Ixempra + Degarelix

32. Which of the following is not a relatively new treatment for metastatic prostate cancer?

- A. Degarelix
- B. Ixempra
- C. Sipulcel-T (Provenge®)
- D. Samarium 153

ANSWERS

1. E, 2. C, 3. B, 4. A, 5. C, 6. B, 7. A, 8. D, 9. C, 10. D, 11. C, 12. C,
13. D, 14. E, 15. E, 16. A, 17. C, 18. D, 19. D, 20. C, 21. A, 22. D,
23. C, 24. B, 25. A, 26. D, 27. B, 28. B, 29. D, 30. C, 31. C, 32. D