

## CHAPTER 66, Self-Assessment Questions

1. After the patient has been determined to have anemia, what laboratory parameter should subsequently be evaluated to aid in identifying macrocytic versus microcytic anemia?
  - A. Hct
  - B. MCV
  - C. Iron
  - D. Folic acid
2. The largest approved dose for a parenteral iron formulation is 750 mg. This is the maximum approved dose for which parenteral iron formulation?
  - A. Sodium ferric gluconate complex
  - B. Ferric carboxymaltose
  - C. Iron sucrose injection
  - D. Ferumoxytol injection
3. Typically anemia of chronic disease is characterized by which of the following?
  - A. Normocytic anemia and normal or increased ferritin
  - B. Microcytic anemia and decreased ferritin
  - C. Microcytic anemia and normal or increased ferritin
  - D. Normocytic anemia and decreased ferritin
4. What initial daily dose of folic acid is typically effective in treating anemia secondary to folic acid deficiency?
  - A. 100 mcg
  - B. 400 mcg

- C. 1 mg
  - D. 4 mg
5. Which of the following is *correct* regarding the laboratory evaluation for anemia?
- A. The CBC is the first laboratory test that should be conducted
  - B. Iron studies should be evaluated when the MCV is low
  - C. When the MCV is high folic acid and Vitamin B12 levels should be ordered
  - D. All of the above
6. Which of the following statements regarding ESAs is correct?
- A. Clinical practice guidelines consider epoetin- $\alpha$  and darbepoetin- $\alpha$  to be therapeutic equivalents.
  - B. Clinical practice guidelines consider epoetin- $\alpha$  superior to darbepoetin- $\alpha$  because of superior efficacy.
  - C. Clinical practice guidelines consider darbepoetin- $\alpha$  superior to epoetin- $\alpha$  because of superior efficacy.
  - D. Clinical practice guidelines consider epoetin- $\alpha$  superior to darbepoetin- $\alpha$  because of superior toxicity profile.
7. Which of the following statements regarding anemia in patients with CKD is *incorrect*?
- A. Anemia from CKD requires larger doses of epoetin than anemia due to cancer
  - B. Anemia from CKD is usually a normocytic, normochromic anemia due to EPO deficiency
  - C. Early treatment of anemia from CKD has been associated with positive outcomes
  - D. Anemia evaluation and treatment in patients with CKD should be initiated before patients start dialysis

8. To optimize the efficacy of ESA therapy it is necessary to assess which of the following?
- A. Serum cyanocobalamin levels
  - B. Serum folate levels
  - C. Serum iron levels
  - D. All of the above
9. Which of the following statements regarding the FDA labeling requirements for ESA therapy is *true*?
- A. The hemoglobin for initiation of therapy should be  $< 10$  g/dL (100 g/L; 6.21 mmol/L)
  - B. Limit ESA therapy to patients receiving chemotherapy or radiation therapy
  - C. ESAs should be limited to patients with chronic kidney disease
  - D. All of the above are true
10. What if any ESA dose modification is recommended if a patient's Hgb increases by 1 g/dL (10 g/L; 0.62 mmol/L) or to more than 10 g/dL (100 g/L; 6.21 mmol/L)?
- A. Recommend the ESA dose be decreased by 25% and recheck Hgb in 4 weeks
  - B. Recommend the ESA dose be decreased by 50% and recheck Hgb in 4 weeks
  - C. Recommend no change in the ESA dosage regimen and recheck Hgb in 4 weeks
  - D. Discontinue the ESA and recheck Hgb in 4 weeks
11. According to the 2011, FDA safety communication to improve the safe use of ESAs in patients with CKD what is the recommended target Hgb for a patient with CKD on hemodialysis?
- A. 10 g/dL (100 g/L; 6.21 mmol/L)
  - B. 11 g/dL (110 g/L; 6.83 mmol/L)
  - C. 12 g/dL (120 g/L; 7.45 mmol/L)

- D. 13 g/dL (130 g/L; 8.07 mmol/L)
12. What adverse event can happen if the hemoglobin level is titrated to normal with an ESA in patients with chemotherapy-induced anemia?
- A. Diminished quality of life
  - B. The patient will be at a higher risk for disease progression and stroke
  - C. Thrombocytopenia
  - D. Iron stores will be depleted, and the patient must receive iron supplementation
13. You have determined that RH has iron-deficiency anemia, and you plan to initiate oral iron therapy. Which of the following oral iron regimens are correct for RH?
- A. 325 mg of ferrous sulfate once daily since it provides 325 mg of elemental iron
  - B. 325 mg of ferrous sulfate three times daily since it provides about 200 mg of elemental iron
  - C. The initial dose of oral iron does not matter since the dose is titrated to effect
  - D. Ferrous sulfate 300 mg twice daily since it provides 600 mg of elemental iron
14. What is the preferred route of cyanocobalamin administration when initiating therapy for a patient with pernicious anemia?
- A. Oral
  - B. Intranasal
  - C. Either intramuscular or subcutaneous injection
  - D. There is no preferred route of administration when initiating treatment. Any of the above administration routes are acceptable.
15. An increase in reticulocytes occurs as a result of which of the following?
- A. Iron deficiency anemia

- B. Folic acid deficiency anemia
- C. Vitamin B<sub>12</sub> deficiency anemia
- D. Effective treatment of anemia caused by iron, folic acid, and vitamin B<sub>12</sub> deficiencies.

**Answers to Self-Assessment Questions**

1. B
2. B
3. A
4. C
5. D
6. A
7. A
8. C
9. A
10. D
11. B
12. B
13. B
14. D
15. D