

## Chapter 92, Self-Assessment Questions

1. Which of the following is *true* regarding finasteride and dutasteride in the prevention of prostate cancer?
  - A. Dutasteride is FDA approved for prostate cancer chemoprevention.
  - B. Finasteride is FDA approved for prostate cancer chemoprevention.
  - C. Both finasteride and dutasteride are FDA approved for prostate cancer chemoprevention.
  - D. Neither agent is FDA approved, but the benefits and risks should be discussed with men with a normal PSA result and undergoing regular screening.
  - E. Neither agent is FDA approved and should not be used.
2. Which of the following does *not* increase the risk for prostate cancer?
  - A. African American ancestry
  - B. Older age
  - C. Benign prostatic hyperplasia
  - D. High-fat diet
  - E. Family history
3. Which of the following is the gold standard method for diagnosing prostate cancer?
  - A. Transrectal ultrasound (TRUS)
  - B. Digital rectal examination (DRE)
  - C. Prostate tissue biopsy
  - D. Prostate-specific antigen (PSA)
  - E. Bone marrow biopsy
4. Seizures are a rare, but serious adverse effect caused by which of the following medications?
  - A. Abiraterone

B. Enzalutamide

C. Docetaxel

D. Sipuleucel-T

E. Cabazitaxel

5. Which of the following is an effective method to decrease the tumor flare syndrome associated with the first few weeks of LHRH agonist therapy?

A. Start the LHRH agonist with a loading dose to rapidly achieve steady-state levels.

B. Start an antiandrogen before the LHRH agonist and continue for the first 3 to 4 weeks of therapy.

C. Start the LHRH agonist with a 50% dose decrease, slowly titrating to a full dose over 3 to 4 weeks.

D. Alternate LHRH agonists during the first 3 to 4 months of therapy.

E. Maintain testosterone levels above castration levels.

6. A 64-year-old man with newly diagnosed metastatic prostate cancer presents to the clinic.

Which of the following would be considered standard first-line therapy?

A. Docetaxel and prednisone

B. Finasteride

C. Leuprolide

D. Flutamide

E. Supportive care alone

7. An advantage of Degarelix over leuprolide is which of the following?

A. Rapid reduction in testosterone and lack of a tumor flare

B. Improved response rates

C. Improved overall survival

D. Oral dosing regimen

E. Less expensive

8. Which of the following describes antiandrogen withdrawal?

A. Discontinuing antiandrogen therapy in a patient with prostate cancer that has progressive disease on an antiandrogen

B. Adding an additional antiandrogen in a patient progressing on an LHRH agonist

C. A strategy to decrease the tumor flare associated with starting an LHRH agonist

D. All of the above

E. None of the above

9. A 92-year-old man recently diagnosed with early stage prostate cancer is asymptomatic. His physician recommends observation. Which of the following is a rationale for recommending observation in this patient?

A. Life expectancy of less than 10 years

B. Early stage prostate cancer with long expected survival

C. Avoids toxicity of unnecessary therapy

D. Avoids cost of unnecessary therapy

E. All of the above

10. Which of the following methods of androgen deprivation therapy are effective?

A. Goserelin 10.8 mg implant every 12 weeks.

B. Leuprolide 22.5 mg depot every 12 weeks.

C. Orchiectomy.

D. All of these methods are considered equally effective.

E. None of these methods are effective.

11. Which of the following is TRUE regarding the treatment of metastatic hormone refractory prostate cancer with the regimen docetaxel 75 mg/m<sup>2</sup> every 3 weeks combined with prednisone 5 mg?

A. Docetaxel is primarily renally eliminated, so dose adjustment may be required in patients with renal disease.

B. Docetaxel should only be used in patients who have had progressive disease while being treated with mitoxantrone.

C. The combination of estramustine (280 mg three times a day on days 1 to 5) and docetaxel 60 mg/m<sup>2</sup> on day 2, every 3 weeks is more effective and has less toxicity.

D. Androgen deprivation therapy must be discontinued before starting docetaxel.

E. Docetaxel is primarily eliminated hepatically, so patients with hepatic failure may not be eligible for treatment with docetaxel.

12. Which of the following antiandrogens is FDA approved for castration-resistant prostate cancer and can be used prior to chemotherapy or following progression on chemotherapy?

A. Bicalutamide

B. Enzalutamide

C. Nilutamide

D. Flutamide

E. Abiraterone

13. Which of the following most accurately describes adverse events associated with leuprolide?

A. Ototoxicity, mucositis, and alopecia

B. Alopecia, peripheral neuropathy, and fluid retention

C. Hot flushes, osteoporosis, and gynecomastia

D. Headache, confusion, pruritus, and fluid retention

E. Nausea, mucositis, and hot flushes

14. Radium-223 improves survival and provides significant palliation of pain in which of the following scenarios?

A. Locally advanced prostate cancer undergoing curative intent radiation therapy followed by adjuvant androgen deprivation

B. Local prostate cancer status postradical prostatectomy

C. Initial therapy of metastatic prostate cancer prior to androgen deprivation

D. Metastatic castration-resistant prostate cancer with significant bone disease and limited soft-tissue disease

15. Which of the following best describes the role of sipuleucel-T in the treatment of castration-resistant prostate cancer?

A. Provides significant palliation and disease response with no proven survival benefit

B. Improves survival in prostate cancer, but only in patients not previously treated with chemotherapy  
Local prostate cancer status postradical prostatectomy

C. Improves survival compared to placebo, with objective disease responses similar to placebo

D. Prevents progression of skeletal-related metastases and decreases pain medication requirements

## Answers

1. D

2. C

3. C

4. B

5. B

6. C

7. A

8. A

9. E

10. D

11. E

12. B

13. C

14. D

15. C