

Chapter 94, Self-Assessment Questions

1. What family history would suggest that patient needs to be screened for hereditary risk for ovarian cancer?
 - A. Having a mother and aunt diagnosed with breast cancer
 - B. Having two cousins diagnosed with ovarian cancer
 - C. Having a mother with breast cancer and sister with ovarian cancer
 - D. Having a grandmother and cousin diagnosed with cervical cancer
2. Which of the following factors may increase risk of developing ovarian cancer?
 - A. Use of ovulation stimulatory agents
 - B. Use of phytoestrogen nutritional supplements
 - C. Short term use of hormone replacement therapy
 - D. Short-term use of oral contraceptives
3. A 27-year-old woman presents to your clinic with concerns about her risk of ovarian cancer. She wants to know what will minimize her risk of ovarian cancer. Which of the following would be the best option for a premenopausal woman with no family history of cancer to prevent ovarian cancer?
 - A. Regular annual pelvic examination
 - B. Routine transvaginal ultrasonography and CA-125 level
 - C. Oral contraceptive use
 - D. Tubal ligation
4. A 46-year-old married premenopausal woman who just completed genetic screening that revealed she is a carrier of the *BRCA1* gene. She confirms she has two children and has completed her childbearing years. Which of the following would be the best option to reduce her risk of ovarian cancer?
 - A. Bilateral salpingo-oophorectomy
 - B. Mastectomy
 - C. Hysterectomy

- D. Long-term use of oral contraceptive
5. A 28-year-old woman who has mild episodes of diarrhea associated with her irritable bowel syndrome but otherwise is in good health and feels well. She is only child but has no family history of cancer. She just received her results from her gynecologist that she has CA-125 level of 38 kU/L (lab upper limit of normal is 35 kU/L). Based on this information, what follow-up would you recommend to rule out ovarian cancer?
- A. Transvaginal ultrasonography.
- B. Pelvic examination.
- C. Laboratory studies repeated in 6 months.
- D. She does not need any additional follow-up.
6. A 64-year-old woman presents to your pharmacy for the third consecutive month “What else can I take for this indigestion and cramps?” she asks. “Nothing I take seems to be working.” What is the most appropriate way for you to respond?
- A. Recommend she continue taking the antacid and improve her diet.
- B. Recommend she switch to proton pump inhibitor for 1 week and if she has no improvement, see her doctor.
- C. Determine what other symptoms she may be having and offer a differential for the pain.
- D. Suggest she seek medical attention because her abdominal discomfort has been a persistent problem.
- E. Tell the patient she probably has ovarian cancer and should see gynecologist immediately.
7. A 27-year-old woman that presented with unilateral ovarian mass on her left ovary presents to clinic. She underwent TAH-BSO tumor optimal debulking surgery with negative peritoneal washings. She was diagnosed with stage IA epithelial ovarian cancer. Which of the following would be the best adjuvant treatment for DS to receive after surgery?
- A. Observation with routine 3-month follow-up examinations
- B. External-beam one-shot radiation
- C. Tamoxifen 20 mg twice daily for 5 years

- D. Carboplatin AUC = 5 IV every 21 days for six cycles
- E. Six cycles of paclitaxel 175 mg/m² IV plus carboplatin AUC = 5 IV every 21 days
8. In a 54-year-old patient with diabetic neuropathy, what chemotherapy regimen would you recommend for first-line treatment of stage IIb epithelial ovarian cancer?
- A. Paclitaxel 175 mg/m² over 3 hours + carboplatin AUC = 5 over 1 hour
- B. Paclitaxel 135 mg/m² over 24 hours + cisplatin 75 mg/m² over 4 hours
- C. Paclitaxel 80 mg/m² IV over 1 hour every week + carboplatin AUC = 6 over 1 hour on day 1 only
- D. Docetaxel 75 mg/m² over 1 hour + carboplatin AUC = 5 over 1 hour
- E. Docetaxel 75 mg/m² over 1 hour + cisplatin 75 mg/m² over 4 hours
9. A 49-year-old woman with newly diagnosed ovarian cancer will receive paclitaxel IV/cisplatin IP on day 1 and paclitaxel IP on day 8 after surgery. What surgical complication may exclude her from receiving IP chemotherapy?
- A. Blood clot in her left leg diagnosed 2 weeks postsurgery
- B. Bowel resection resulting in temporary ostomy
- C. Hypersensitivity reaction to anesthesia
- D. Wound infection at incision site 2 days postsurgery
10. A 58-year-old woman diagnosed with stage IIc ovarian cancer, underwent TAH-BSO and optimal tumor debulking. She has completed six cycles of taxane-platinum chemotherapy with her local gynecologic oncologist. Her CT scan results are negative and CA-125 was within normal limits after completion of two cycles and has remained normal since that time. She would like continue with maintenance chemotherapy to improve her chances of long term CR. Which of the following would be best option to recommend in her treatment planning visit?
- A. Additional 3 cycles of carboplatin every 21 days
- B. Additional 3 cycles of paclitaxel every 21 days
- C. Additional 3 cycles of paclitaxel and carboplatin every 21 days
- D. Additional 12 cycles of carboplatin every 28 days

- E. Additional 12 cycles of paclitaxel every 28 days
11. A 47-year-old woman with stage IIIb recurrent ovarian cancer presents for follow-up. At her chemotherapy clearance appointment, she learns she has recurrence 7 months after completion of her primary treatment with paclitaxel and carboplatin. Her CBC is within normal limits, her CrCl is 85 mL/min (1.42 mL/s), total bilirubin is 2.5 mg/dL (42.8 μ mol/L), and AST is 94 IU/L (1.57 μ kat/L). Which of the following would be the best chemotherapy regimen for DR to receive for her next course of treatment?
- A. Bevacizumab + cyclophosphamide
 - B. Liposomal doxorubicin
 - C. Gemcitabine + cisplatin
 - D. Docetaxel
 - E. Vinorelbine
12. A 71-year-old patient with recurrent platinum-sensitive ovarian cancer that is still experiencing residual neuropathy and struggled with neutropenia with her primary treatment that she completed over 18 months ago. Which of the following would be best combination chemotherapy regimen?
- A. Liposomal doxorubicin + carboplatin
 - B. Paclitaxel + carboplatin
 - C. Gemcitabine + carboplatin
 - D. Docetaxel + cisplatin
13. A 67-year-old woman with recurrent platinum-resistant ovarian cancer presents to clinic. She is currently receiving topotecan 3 mg/m² once a week for 3 weeks followed by a week of rest. However, during the third cycle, she was unable to receive her dose on week 3 because she was neutropenic, requiring the dose to be held. She returns to the clinic today for consideration of cycle 4 of weekly topotecan. Her CT scan from yesterday showed a slight progression of disease. Which of the following would be the best option to proceed with her chemotherapy treatment?
- A. Gemcitabine 800 mg/m² on days 1, 8, and 15 every 21 days

- B. Docetaxel 75 mg/m² IV once every 21 days
 - C. Vinorelbine 30 mg/m² on days 1, 8, and 15 every 28 days
 - D. Letrozole 2.5 mg PO once daily every 28 days
14. A 58-year-old woman who just completed her primary treatment for stage IIIa ovarian cancer and returns for her first 3-month follow up examination. Her CT results are negative for disease, and CA-125 is undetectable. She reports she has recovered well from the side effects of chemotherapy, but she is still struggling with hot flashes and insomnia. Which of the following would be the best option for the management of PR's surgical menopause?
- A. Hormone replacement with progesterone alone
 - B. Hormone replacement with both progesterone and estrogen
 - C. Venlafaxine
 - D. Black cohosh
15. Which of the following would be best management options to relieve constipation in an ovarian cancer patient with a newly diagnosed small bowel obstruction?
- A. Palliative surgery
 - B. Stool softeners and hydration
 - C. Enema
 - D. Natural stimulant laxative

Answers

1. C

2. A

3. C

4. A

5. D

6. D.

7. A

8. D

9. B

10. E.

11. C

12. A

13. D

14. C

15. A