

Chapter 96, Self-Assessment Questions

1. First-line treatment options for newly diagnosed Ph positive chronic phase CML include:
 - A. Bosutinib, dasatinib, and imatinib
 - B. Bosutinib, imatinib, and ponatinib
 - C. Dasatinib, imatinib, and nilotinib
 - D. Imatinib, ponatinib, and omacetaxine
 - E. Imatinib, ibrutinib, and omacetaxine
2. Bosulif is in the class of drugs known as:
 - A. Antimetabolites
 - B. Immunomodulatory agents
 - C. Monoclonal antibodies
 - D. Proteasome inhibitors
 - E. Tyrosine kinase inhibitors
3. Patient counseling points for dasatinib include:
 - A. Avoiding iron preparations
 - B. Avoiding proton pump inhibitors
 - C. Discussing hand-foot syndrome
 - D. Discussing peripheral neuropathy
 - E. Taking with food
4. JH is a 42-year-old man with chronic phase CML who is being treated with imatinib. He fails to achieve a complete cytogenetic response by 12 months. Which is the most appropriate treatment option?
 - A. Continue imatinib
 - B. Switch to dasatinib
 - C. Switch to ponatinib
 - D. Switch to omacetaxine
 - E. Switch to ibrutinib
5. CP has chronic phase CML and has not achieved a complete hematologic and cytogenetic response on first-line therapy. Mutational analysis shows the T315I mutations. Which is the most appropriate treatment option?
 - A. Bosutinib
 - B. Dasatinib
 - C. Ibrutinib
 - D. Nilotinib
 - E. Ponatinib
6. The tyrosine kinase inhibitors used in CML inhibit:
 - A. BCR-ABL
 - B. Bruton pathway
 - C. Nuclear factor kappa B
 - D. Phosphatidylinositol-3
 - E. Vascular endothelial growth factor
7. Ponatinib has been associated with an increase in:
 - A. Arterial thrombotic events
 - B. Peripheral neuropathy
 - C. Pulmonary hypertension

- D. Seizures
 - E. Secondary malignancies
8. LH is an 82-year-old man who was diagnosed with chronic lymphocytic leukemia through a routine blood examination. Which statement is correct regarding his cancer?
- A. Allogeneic stem cell transplantation should be considered for curative potential.
 - B. Combination therapy with FCR should be initiated because it is easily tolerated.
 - C. Observation is preferred because delaying therapy does not affect overall survival.
 - D. Oral chemotherapy such as chlorambucil should be initiated because it has been shown to improve overall survival when started early in the disease course.
 - E. Rituximab therapy should be given as maintenance therapy to further eradicate the disease.
9. Which regimen is most appropriate for a newly diagnosed 45 year old with symptomatic CLL?
- A. Alemtuzumab, bendamustine, and rituximab
 - B. Chlorambucil and prednisone
 - C. Fludarabine, cyclophosphamide, and rituximab
 - D. Ofatumumab and ibrutinib
 - E. Thalidomide, dexamethasone, and bortezomib
10. Black-box warnings for idelalisib's include:
- A. Arterial thromboembolism and pneumonitis
 - B. Hepatotoxicity and pneumonitis
 - C. Hepatotoxicity and progressive multifocal encephalopathy
 - D. Progressive multifocal encephalopathy and gastrointestinal perforation
 - E. Reactivation of hepatitis B and tumor lysis syndrome
11. Which prophylactic antimicrobial is recommended with alemtuzumab therapy?
- A. Acyclovir
 - B. Ciprofloxacin
 - C. Metronidazole
 - D. Piperacillin/tazobactam
 - E. Vancomycin
12. Disease characteristics of multiple myeloma include the following:
- A. Anemia, cardiac complication and renal insufficiency
 - B. Anemia, hypercalcemia and renal insufficiency
 - C. Renal insufficiency, hypocalcemia and cardiac complications
 - D. Renal insufficiency, osteolytic lesions and pulmonary toxicity
 - E. Osteolytic lesions, renal insufficiency and cardiac complications
13. Which multiple myeloma maintenance therapy has been associated with an increase in secondary malignancies following stem cell transplantation?
- A. Bortezomib
 - B. Lenalidomide
 - C. Pamidronate
 - D. Thalidomide

- E. Zoledronic acid
14. Which drugs increase the risk of thrombotic events?
- A. Bortezomib, thalidomide, and lenalidomide
 - B. Bortezomib, carfilzomib, and thalidomide
 - C. Bortezomib, melphalan, and prednisone
 - D. Carfilzomib, melphalan, and lenalidomide
 - E. Lenalidomide, thalidomide, and dexamethasone
15. The most appropriate induction regimen for a transplant eligible patient with MM is:
- A. Bortezomib, lenalidomide, and dexamethasone
 - B. Bortezomib, melphalan, and thalidomide
 - C. Carfilzomib, pomalidomide, and dexamethasone
 - D. Melphalan, prednisone, and thalidomide
 - E. Melphalan, prednisone, and bortezomib

Answers

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

