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. Pipercillan/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. Zolendronic 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