

Chapter 99, Self-Assessment Questions

1. A patient has been prescribed crizotinib 250 mg twice daily for anaplastic lymphoma kinase (ALK)-positive NSCLC. This oral anticancer agent has a moderate/high risk for causing emesis. This patient does not have any additional risk factors for CINV. Which of the following is the best approach to manage CINV for this patient?
 - A. NK1 antagonist, 5HT₃ antagonist, and dexamethasone on the first 3 days of each cycle
 - B. Prochlorperazine every 4 to 6 hours as needed
 - C. Ondansetron daily before each dose of crizotinib
 - D. Olanzapine and dexamethasone for the first 5 days of each cycle
2. Which of the following ingredients should be part of a mouth rinse recommended for any patient who is at risk for developing mucositis to lessen its severity if it occurs?
 - A. Chlorhexidine
 - B. Hydrogen peroxide
 - C. Salt water
 - D. Alcohol
3. Which of the following patients is at *low* risk for developing febrile neutropenia?
 - A. A 45-year-old woman with depression, anxiety, and stage 2 breast cancer receiving adjuvant therapy with doxorubicin and cyclophosphamide who has temperature of 99.3°F (37.4 °C)
 - B. A 75-year-old man with COPD and stage 4 esophageal cancer treated with cisplatin and fluorouracil who develops oral candidiasis from concurrent radiation and has temperature of 100.6°F (38.1 °C)
 - C. A 65-year-old man with diabetes and blast phase CML treated with nilotinib for the past 4 months who has temperature 99°F (37.2 °C)
 - D. A 73-year-old man with CHF and stage 4 prostate cancer treated with docetaxel who required pegfilgrastim 24 hours after each dose for the last three cycles 99.9°F (37.7 °C).
4. How should a chemotherapy patient with ANC 1250/mm³ ($1.25 \times 10^9/L$) and temperature 100°F (37.8°C) with adequate renal and hepatic function who is determined to be at low risk for infection according to the MAASC assessment tool be treated?
 - A. Hospitalized for immediate parenteral administration of broad-spectrum antibacterials before culture results are obtained
 - B. Treated as an outpatient with fluoroquinolones and granulocyte colony-stimulating factors
 - C. Hospitalized and treated with granulocyte colony-stimulating factors while culture results are pending
 - D. Treated as an outpatient with alternating acetaminophen and ibuprofen and monitored closely for worsening neutropenia

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5. A 54-year-old man with SCLC develops superior vena cava syndrome (SVCS) and has symptoms despite high-dose glucocorticoids. Which of the following is the most reasonable approach to manage his SVCS?

- A. Refer the patient to immediate surgery
- B. Administer high-dose glucocorticoids for an additional 3 days
- C. Start aggressive hydration
- D. Refer the patient to the anticoagulation clinic

6. A 63-year-old woman is being treated with the MVAC (methotrexate, vinblastine, doxorubicin, and cisplatin) chemotherapy for stage IV bladder cancer. This regimen has a risk of FN that is at least 20%. Which of the following is the best strategy to prevent infection in MT?

- A. Filgrastim
- B. Levofloxacin
- C. Dexamethasone
- D. Amoxicillin/clavulanic acid

7. A 66-year-old woman with stage IV adenocarcinoma NSCLC is receiving pemetrexed and cisplatin chemotherapy. She is considered low risk for infection by MASCC despite her temperature today of 100°F (37.8°C) and ANC 1200/mm³ ($1.2 \times 10^9/L$). Which of the following is the best strategy to prevent infection in this patient?

- A. Vigilant hand hygiene
- B. Pegfilgrastim 6 mg subcutaneously 24 hours postchemotherapy
- C. Ciprofloxacin 500 mg orally twice daily for 14 days
- D. SMX-TMP double-strength orally twice daily for 10 days

8. A 72-year-old man with extensive stage SCLC presents to his oncologist today to discuss his treatment plan. Which of the following is the best approach to prevent brain metastases for this patient?

- A. Cisplatin and etoposide
- B. Amifostine
- C. Prophylactic cranial irradiation
- D. High-dose glucocorticoids

9. Which of the following patients is *least* likely to develop hemorrhagic cystitis?

- A. A 24-year-old man with Hodgkin lymphoma receiving ICE chemotherapy that includes ifosfamide 5 g/m²
- B. A 42-year-old woman with non-Hodgkin lymphoma being treated with cyclophosphamide 750 mg/m² IV every 12 hours for 4 days (total dose 6 g/m²) as part of a transplant regimen.
- C. A 34-year-old woman with nephrotic syndrome being treated with cyclophosphamide 200 mg orally once daily

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D. A 57-year-old woman with stage IIa breast cancer treated with doxorubicin 60 mg/m² and cyclophosphamide 600 mg/m²

10. Which of the following is an appropriate management strategy for a patient experiencing mucositis from oral capecitabine for stage IV colon cancer?

- A. Amifostine
- B. Ice chips
- C. Palifermin
- D. Leucovorin

11. What is the role of olanzapine in CINV?

- A. It is an alternative to a neurokinin-1–based regimen for highly emetogenic chemotherapy.
- B. It is an alternative to a neurokinin-1–based regimen for highly and moderately emetogenic chemotherapy.
- C. It is an alternative to a neurokinin-1–based regimen for moderately emetogenic chemotherapy.
- D. It is only effective as an as-needed medication for anticipatory nausea and vomiting.

12. A 54-year-old woman presents to the clinic with stage IV rectal cancer for treatment with cycle 2 of fluorouracil continuous IV infusion over 4 days. This regimen has low emetic risk but she reports two episodes of vomiting with cycle 1 relieved by three doses of as needed prochlorperazine. She has a history of motion sickness and has not slept well this last week because of anxiety about her prognosis. Which of the following is the most appropriate CINV regimen for this patient for cycle 2?

- A. 5HT₃-antagonist and dexamethasone days 1–3
- B. Prochlorperazine as needed
- C. Aprepitant, 5HT₃-antagonist, and dexamethasone days 1–3
- D. Olanzapine and dronabinol days 1–3

13. A 69-year-old man with extensive stage small cell lung cancer presents with a corrected calcium level of 11.5 mg/dL (2.88 mmol/L) but denies feeling fatigued, confused, or having headaches. Which of the following is the best treatment for the immediate treatment of HJ's hypercalcemia?

- A. Cisplatin 100 mg/m² IV on day 1 and etoposide 100 mg/m² IV on days 1, 2, and 3
- B. Calcitonin 4 units/kg IM every 4 to 6 hours
- C. Normal saline 500 mL/hour for 24 to 48 hours
- D. Zoledronic acid 4 mg IV

14. The main difference between allopurinol and ruboxistat in the management of tumor lysis syndrome (TLS) is:

- A. Allopurinol is effective for both prevention and treatment of TLS but ruboxistat is only effective for prevention.

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B. Ruboxistat is effective for both prevention and treatment of TLS but allopurinol is only effective for prevention.

C. Allopurinol is only effective for prevention of TLS and ruboxistat is only effective for treatment.

D. Ruboxistat is only effective for prevention of TLS and allopurinol is only effective for treatment.

15. Dexrazoxane is an antidote to extravasation caused by:

A. Taxanes

B. Anthracyclines

C. Platinum

D. Fluoropyrimidines

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Answers

1. D

2. C

3. A

4. D

5. A

6. A

7. A

8. C

9. C

10. B

11. A

12. A

13. A

14. B

15. B