Oncology Quiz

2/12/2019

Section 1 - Screening

Question 1 – Team Archbold

A 54 y/o F presents to her PCP to establish care and asks what you recommend for ovarian cancer screening. She denies any family history of cancer but she is worried because she has a friend recently diagnosed with ovarian cancer and wants to make sure she is checked?

Which of the following is the USPSTF recommendation for screening?

A. Annual CA 125

B. Annual transvaginal ultrasound

C. No screening

D. Annual pelvic exam

Question 1 – Team Archbold

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Which of the following is the USPSTF recommendation for screening?

A. Annual CA 125

B. Annual transvaginal ultrasound

C. No screening

D. Annual pelvic exam

Question 2 – Team Dodaro

A 75 y/o M presents for yearly follow-up. His activity is limited by NYHA class 3 HF and he is followed closely by cardiology. His last colonoscopy was at age 67 and was normal. He asks when he need to repeat the colonoscopy.

This is what you tell him:

A. Screening colonoscopy now

B. Screening colonoscopy in 2 years

C. No further screening needed

D. Check FOBT and do colonoscopy only if positive

Question 2 – Team Dodaro

A 75 y/o M presents for yearly follow-up. His activity is limited by NYHA class 3 HF and he is followed closely by cardiology. His last colonoscopy was at age 67 and was normal. He asks when he need to repeat the colonoscopy.

This is what you tell him:

A. Screening colonoscopy now

B. Screening colonoscopy in 2 years

C. No further screening needed

D. Check FOBT and do colonoscopy only if positive

Question 3 – Team Harper

An 82 y/o M active M presents for his clinic appointment. He played a round of gold that same morning and is seeing you in the afternoon. His complains of intermittent constipation and smaller caliber to his stool for the past 2-3 months. He had a normal colonoscopy 7 years ago and is asking if he needs a repeat colonoscopy. Recent lab work reveals a hgb of 11.5 g/dL. One year ago his lab work showed a hgb of 12 g/dL. Rectal exam showed brown stool and hemorrhoids are seen.

This is what you recommend:

A. No further testing as colonoscopy less than 10 years ago was normal and no need for repeat due to patient's age

B. Referral to GI for a colonoscopy

C. Bowel care and topical hemorrhoid treatment

D. Miralax and repeat CBC in 1 month

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Question 4 – Team Shinar

Which of the following patients should be screened for lung cancer with annual low dose CT chest?

A. 54 y/o M who smoked 2 PPD for 4 years when he served in the army but quit at age 35

B. 62 y/o M current smoker with a 50-PY history with refractory angina and EF 35%

C. 58 y/o M with a 40-PY history of smoking and quit on his 50th birthday

D. 52 y/o M with a 20-PY smoking history and recently switched to e-cigarettes

Question 4 – Team Shinar

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D. 52 y/o M with a 20-PY smoking history and recently switched to e-cigarettes

Question 5 – Team Archbold

A 33 y/o M diagnosed with ulcerative colitis 2 years ago who has been poorly controlled due to non-compliance establishes care in your office. You are trying to stress to him the importance of compliance also the association with colon cancer.

This is when he should begin colon cancer screening:

A. Age 50

B. It depends on his family hx of colon cancer

C. Age 39

D. Now

Question 5 – Team Archbold

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This is when he should begin colon cancer screening:

A. Age 50

B. It depends on his family hx of colon cancer

C. Age 39

D. Now

Question 1 – Team Dodaro

A 65-year-old-man with a 100 pack-year smoking history presents with headache and dyspnea for the past 6 weeks. On physical exam, vital signs are normal. His face appears swollen and ruddy and he has mild swelling in his arms bilaterally. A chest x-ray reveals a large right upper lung field opacity abutting the mediastinum. A CT scan with contrast reveals a large tumor compressing the SVC adjacent to the right mainstem bronchus.

Which of the following is the most appropriate next step in management?

A. Interventional radiology consult for urgent SVC stent placement

B. Pulmonary consult for bronchoscopy and biopsy of the mass

C. Radiation oncology consult for urgent radiation

D. Furosemide to decrease the swelling

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Question 2 – Team Harper

A 42-year-old man presents to the ED with headache, vomiting, and decreased level of consciousness. He has a history of melanoma removed from his back 2 years ago and has not seen a doctor since then. A CT scan of the brain reveals multiple metastatic lesions with vasogenic edema and 3 mm midline shift.

Which of the following is the most appropriate next step in management?

A. Decadron 10 mg IV now

B. Furosemide 40 mg IV now

C. Intubate, hyperventilate, and stat neurosurgery consult

D. Stat radiation oncology consult

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Question 3 – Team Shinar

- A 58-year- old previously healthy woman presents to the ED with 2 months of steadily worsening back pain. She saw her PCP approximately 1 month ago and was given NSAIDS and a referral to physical therapy without improvement. This morning she was unable to stand due to bilateral leg weakness and she is having urinary retention. A stat MRI with cord compression protocol reveals multiple epidural masses at the level of T10-L5 with cord compression.

Which of the following is the most appropriate next step in management?

A. Decadron 10 mg IV now

B. Stat radiation oncology consult

C. Stat neurosurgery consult

D. PET/CT scan to find the primary lesion

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D. PET/CT scan to find the primary lesion

Question 4 – Team Archbold

A 60-year-old man with a history of COPD and 50 pk/years tobacco abuse presents with dyspnea, orthopnea, and PND along with lower extremity swelling for the past 4 weeks. On physical exam, BP is 115/70, HR 90, RR 20, and he is afebrile and satting 93% on RA. He is cachectic appearing with anterior cervical adenopathy. He has prominent elevation of JVP and hepatomegaly and 2+ pitting LE edema. His lungs are clear to auscultation. CXR reveals an enlarged cardiac silhouette which was not present 3 months ago. As you are examining him, he tells you that he does not feel well, and becomes diaphoretic and bradycardic. Blood pressure is 80/40 and HR is 50.

Which of the following is the most appropriate next step in management?

A. Stat CT angiogram with PE protocol

B. Stat echocardiogram

C. Stat Atropine IV

D. Stat Saline bolus

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Question 5 – Team Dodaro

A 65- year-old woman with a 50 pack/year smoking history is admitted to the hospital for nausea and vomiting, lethargy, and dehydration. In the ED, she is started on IV fluids and her labs return showing a calcium of 14 and a creatinine of 1.8 mg/dL. A chest x-ray reveals a 1.5 cm solid mass in the right upper lobe of the lung. She is started on IV fluids and admitted to your service for management of her hypercalcemia. You order an intact PTH which returns at 35. Her calcium improves with fluids down to 11.5, and her creatinine improves to 1.0 mg/dL.

Which of the following is the most appropriate step in management of her hypercalcemia?

A. Pamidronate IV

B. Biopsy of the lung mass

C. Parathyroid scintigraphy

D. Coccidiodiomycosis serologies

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Section 3 – Paraneoplastic Syndromes

Question 1 - Team Harper

A 47 y/o M is diagnosed with metastatic non small cell lung cancer of squamous histology.

This is the most likely paraneoplastic syndrome that he would experience:

A. SIADH

B. Cushings syndrome

C. Hypercalcemia

D. Lambert Eaton Myasthenic syndrome

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This is the most likely paraneoplastic syndrome that he would experience:

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B. Cushings syndrome

C. Hypercalcemia

D. Lambert Eaton Myasthenic syndrome

Question 2 – Team Shinar

A 58 y/o women presents with an incidentally noted hgb of 18.5 g/dL on routine labs. She lives at sea level and is not a smoker.

This is the most likely solid tumor to explain the polycythemia:

A. HCC

B. Renal Cell Carcinoma

C. Gastrointestinal stromal tumor

D. Pancreatic neuroendocrine tumor

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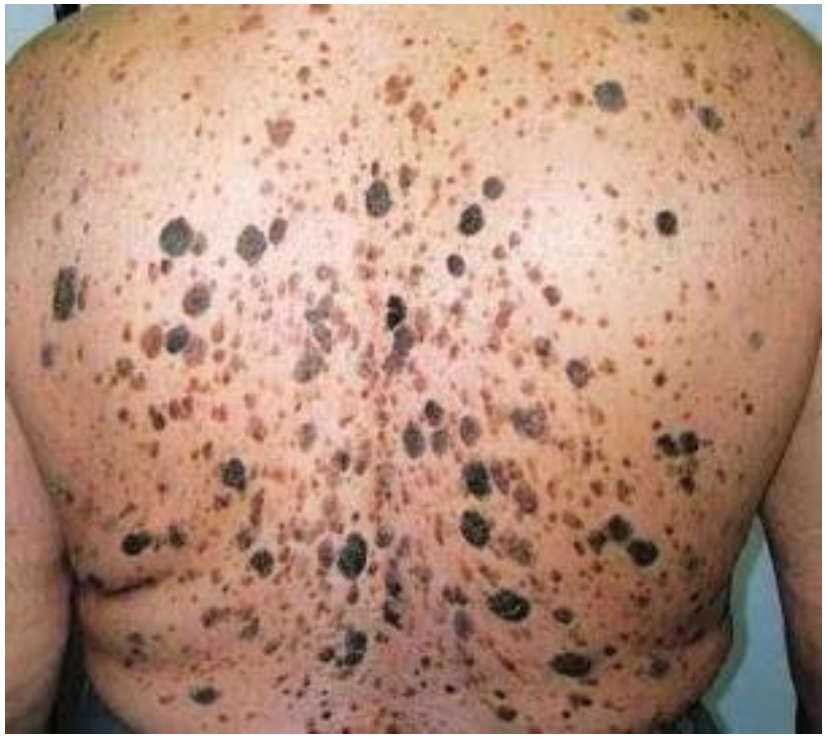
Question 3 – Team Archbold

A 62 y/o M with hx of HTN, HLP and COPD presents with a CC of development of several moles on his torso.

He states this occurred over the past 2-3 months.

This is the most likely association:

A. Malignant melanoma
B. Lung cancer
C. Benign moles
D. Gastric cancer



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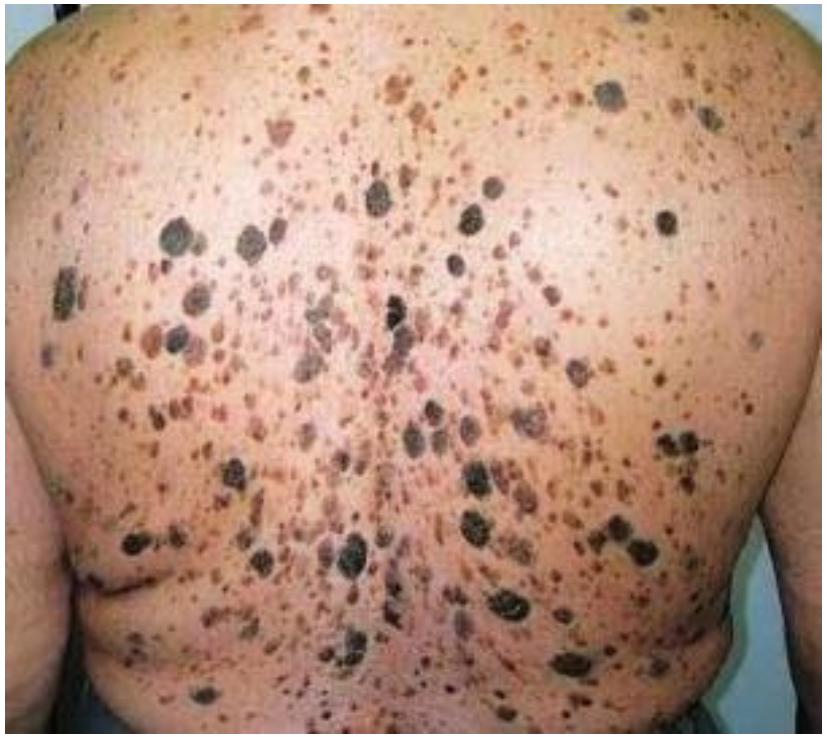


Question 4 – Team Dodaro

A 71 y/o M is seeing you for follow-up. You saw him last month for a CC of muscle weakness and he was referred to neurology. Neuro work-up included nerve conduction studies and EMG with repetitive nerve stimulation and he was found to have augmented motor response and improvement in his weakness. He was diagnosed with Lambert-Eaton Myasthenic Syndrome.

You are worried about which of the following associations:

A. Small cell lung cancer
B. Pancreatic cancer
C. Myasthenia gravis
D. Adenocarcinoma of the lung with metastatic disease

Question 4 – Team Dodaro

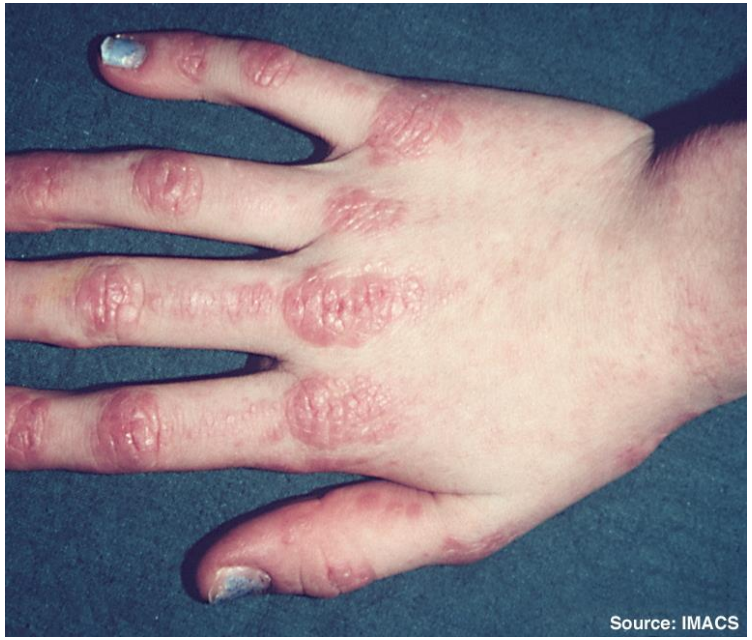
A 71 y/o M is seeing you for follow-up. You saw him last month for a CC of muscle weakness and he was referred to neurology. Neuro work-up included nerve conduction studies and EMG with repetitive nerve stimulation and he was found to have augmented motor response and improvement in his weakness with testing. He was diagnosed with Lambert-Eaton Myasthenic Syndrome.

You are worried about which of the following associations:

A. **Small cell lung cancer**
B. Pancreatic cancer
C. Myasthenia gravis
D. Adenocarcinoma of the lung with metastatic disease

Question 5 – Team Harper

A 45 y/o F with no significant pMHx presented to you last month to establish care. She explained some changes to the skin on her hands that prompted you to refer her to rheumatology. She was diagnosed with dermatomyositis and is seeing you in follow up. She has no family history of cancer and herself had a normal mammogram last year. She is up to date on pap smear screening.



You recommend the following:

A. Repeat mammogram now
B. Colonoscopy now
C. CT C/A/P
D. Age-appropriate cancer screening

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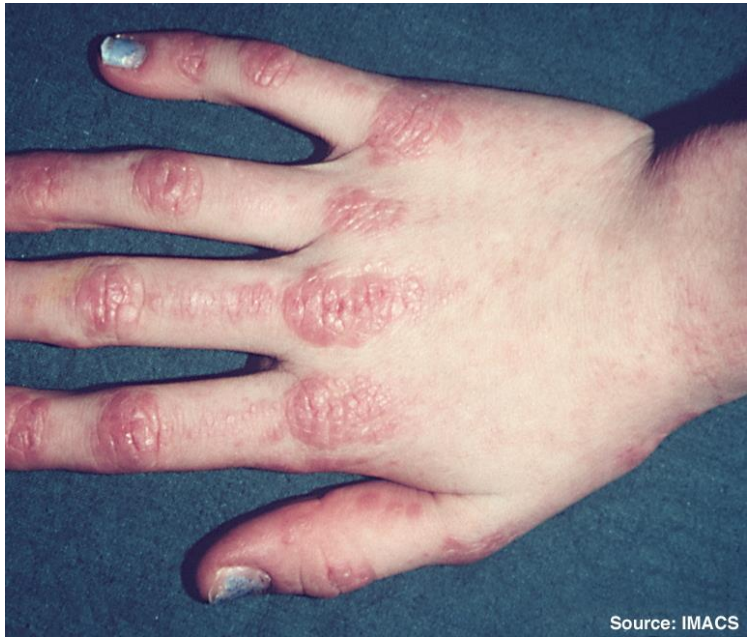

You recommend the following:

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B. Colonoscopy now
C. CT C/A/P
D. Age-appropriate cancer screening

Section 4 – Side effects of Treatment

Question 1 – Team Shinar

A 52- year-old man who was recently diagnosed with non-small cell lung cancer that is unresectable. The cancer is histologically an adenocarcinoma, and testing for molecular alterations is done. His cancer is found to be positive for the EGFR mutation, and initial treatment with erlotinib is recommended. He asks you what he can expect in terms of the most common side effects of the drug.

Which of the following is the most common side effect associated with small molecule tyrosine kinase inhibitors such as erlotinib?

A. Acneiform rash

B. Severe diarrhea

C. Pulmonary fibrosis

D. Anterior uveitis and corneal erosions

Question 1 – Team Shinar

A 52- year-old man who was recently diagnosed with non-small cell lung cancer that is unresectable. The cancer is histologically an adenocarcinoma, and testing for molecular alterations is done. His cancer is found to be positive for the EGFR mutation, and initial treatment with erlotinib is recommended. He asks you what he can expect in terms of the most common side effects of the drug.

Which of the following is the most common side effect associated with small molecule tyrosine kinase inhibitors such as erlotinib?

A. Acneiform rash (80%) may indicate improved survival

B. Severe diarrhea (90% get mild diarrhea, but only 15% is severe)

C. Pulmonary fibrosis (1-3%)

D. Anterior uveitis and corneal erosions

Question 2 – Team Archbold

A 39- year-old woman presents to your clinic with complaints of dyspnea with exertion and lower extremity edema. She has a history of early-stage invasive breast cancer and was treated with breast conserving surgery (wide excision and radiation therapy) and adjuvant chemotherapy. Her tumor was triple negative.

An echocardiogram now reveals an EF of 35%.

Which of the following drugs is the most likely culprit for this new finding?

A. Trastuzumab

B. Doxarubicin

C. Cyclophosphamide

D. Paclitaxel

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Question 3 – Team Dodaro

A 27- year-old woman with a history of stage IIB Hodgkins lymphoma at age 19 was treated with mantle and para-aortic radiation and is seeing you for a new patient visit. She has had no recurrence of her previous cancer. You identify her as high risk for breast cancer due to her chest radiation.

Which of the following is the correct time that this patient should begin screening for breast cancer?

A. At age 30

B. At age 40

C. At age 50

D. Now

Question 3 – Team Dodaro

A 27- year-old woman with a history of stage IIB Hodgkins lymphoma at age 19 was treated with mantle and para-aortic radiation and is seeing you for a new patient visit. She has had no recurrence of her previous cancer. You identify her as high risk for breast cancer due to her chest radiation.

Which of the following is the correct time that this patient should begin screening for breast cancer?

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Question 4 – Team Harper

A 45- year -old woman with stage 3 cervical cancer is undergoing chemotherapy with cisplatin and radiation therapy. She initially presented with acute kidney injury due to bilateral hydronephrosis that improved with nephrostomy tube placement. Her kidney function is now normal.

Which of the following neurologic toxicity is both dose and duration dependent from platinum based therapies?

A. Sensorineural hearing loss

B. Demyelinating polyneuropathy

C. Cerebellar toxicity

D. Color blindness

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Question 5 – Team Shinar

A 69 -year-old woman is diagnosed with stage 4 malignant melanoma with metastasis to the lung and brain. She is started on combination therapy with ipilimumab (CTLA-4) and nivolumab (PD-1) immunotherapy. She presents to the ED with abdominal pain and bloody loose stools for the past 2 days. A CT scan of the abdomen reveals pancolitis and she is admitted to your service. A C diff toxin ordered in the ED is negative.

Which of the following is the most appropriate next step in management?

A. IV Cipro and IV Flagyl

B. PO vancomycin and IV flagyl

C. IV methylprednisolone

D. Infliximab

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Section 5 – Potpurri

Question 1 – Team Archbold

This genetic mutation has the highest associated risk of ovarian cancer:

A. BRCA 1
B. BRCA 2
C. PTEN
D. Mismatch repair genes

Question 1 – Team Archbold

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Question 2 - Team Dodaro

Which of the following has not been implicated as a RF for pancreatic cancer?

A. Chronic pancreatitis
B. Type 1 DM
C. Family History
D. Tobacco use

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B. Type 1 DM
C. Family History
D. Tobacco use

Question 3 – Team Harper

A 23 y/o F is evaluated for 6 weeks of swollen glands on her neck. She has not had fevers, night sweats or weight loss. FNA performed 1 week ago was negative for malignancy on cytologic evaluation and flow cytometry. Physical exam reveals multiple cervical and supraclavicular LNs, up to 3 cm in size. CBC is normal.

Which of the following is the most appropriate next step?

A. Core lymph node biopsy
B. PET/CT scan
C. Surgical lymph node biopsy
D. Observation

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Question 4 – Team Shinar

A 42 y/o F is seen in the office following new-onset seizure. She has a hx of malignant melanoma resected 7 years ago. It had 3.2 mm depth of invasion by Breslow microstaging. Her only medications are dexamethasone and leviteracetam. On PE, VS are normal, there is no lymphadenopathy and neuro exam is nml. Brain MRI shows a 3.5 cm left frontal lesions consistent with metastatic disease. CT C/A/P is negative.

Which of the following is the most appropriate treatment?

A. Ipilimumab and nivolumab
B. Stereotactic radiosurgery to the brain lesion
C. Surgical resection of the brain lesion
D. Whole brain radiation therapy

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Team 5 – Team Archbold

A 69 y/o F is evaluated for 6 months of progressive dysphagia. She has been previously healthy and takes no medications. Physical exam is unremarkable. Results of upper endoscopy and biopsy indicate adenocarcinoma of the GE junction. The staging reveals a T3 tumor on u/s and no evidence of distant metastatic disease. The patient's tumor is resectable.

Which of the following is the most reasonable treatment strategy?

A. Adjuvant radiation therapy

B. Neoadjuvant chemotherapy plus radiation therapy

C. Palliative chemotherapy

D. Surgery alone

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