

Prostate Cancer Questions

1 . What percentage of men diagnosed with cancer will have prostate cancer?

- A) 1%
- B) 11%
- C) 20%**
- D) 41%

2 . According to an analysis of incidence data in the United States (2012–2016),

- A) roughly 1% of cases were discovered in patients between 45 to 54 years of age.
- B) the smallest percentage group diagnosed with prostate cancer was 55 to 64 years of age.
- C) the largest percentage group diagnosed with prostate cancer was 65 to 74 years of age.**
- D) roughly 10% of cases were discovered in patients older than 85 years of age.

3 . The increased risk of prostate cancer in black men is believed to be due to

- A) the environment.
- B) physiologic status.
- C) genetic background.
- D) All of the above**

4 . Which of the following is TRUE regarding the different zones of the prostate?

- A) The ejaculatory ducts pass through the transitional zone before entering the urethra.
- B) The transition zone typically constitutes about 15% of the mass of the glandular prostate.
- C) The peripheral zone comprises about 50% of the normal glandular structure of the adult prostate.
- D) The central zone accounts for approximately 20% to 25% of the mass of the normal glandular prostate.**

5 . Which zone of the prostate is the source of most cancers?

- A) Central
- B) Urethral
- C) Peripheral**
- D) Transitional

6 . Which of the following is FALSE regarding prostate-specific antigen (PSA)?

- A) PSA levels can be elevated in BPH and prostatitis.
- B) Measuring PSA levels is considered a less invasive test for screening for prostate cancer than DRE.
- C) A PSA level >2.6 ng/mL has been advocated as an abnormal level for small, organ-confined tumors.
- D) A PSA level >4.0 ng/mL has been advocated as an abnormal level for small, organ-confined tumors.**

7 . Which of the following American Urology Association (AUA) patient risk stratification schemes is correct?

- A) Low risk: PSA <10 ng/mL, a Gleason score of 6 or less, and clinical stage T1c to T2a**
- B) Intermediate risk: PSA >30 ng/mL, or a Gleason score of 5, or clinical stage T2b
- C) High risk: PSA >50 ng/mL, or a Gleason score of 7, or clinical stage T2c
- D) None of the above

8 . Which of the following is TRUE regarding the use of PSA and DRE?

- A) False-positive results are possible with PSA but not with DRE.
- B) Based on clinical evidence, PSA and DRE are best used in a complementary fashion.**
- C) The use of DRE as a screening aid for diagnosing prostate cancer only came after the development of PSA.
- D) There is no evidence that prostate cancers detected by PSA alone or DRE alone have more favorable pathologic characteristics than those found due to abnormalities in both PSA and DRE.

9 . There have been disagreements on prostate cancer screening guidelines between organizations. Which statement most correctly summarizes an organization's recommendation?

- A) The National Comprehensive Cancer Network does not recommend DRE screening.
- B) The American Cancer Society (ACS) and the AUA recommend screening for all age groups.
- C) The American College of Preventive Medicine reports insufficient evidence to recommend routine PSA- and DRE-based screening.**
- D) The U.S. Preventive Services Task Force (USPSTF) has stated there is an urgent need for prostate cancer screening in men older than 75 years of age.

10 . Which of the following is TRUE regarding the role of diet in the prevention of prostate cancer?

- A) There is a clear positive relationship between diet and prostate cancer.
- B) There is no evidence that a diet high in cruciferous vegetables can prevent prostate cancer.
- C) It is generally believed that dietary associations are modified by genetic sensitivity.**
- D) The Cancer Prevention Study II Nutrition Cohort showed increased prostate cancer rates correlating with increased red meat consumption in all groups studied.

11 . Regarding the SELECT study,

A) there was a small decrease in the number of prostate cancer cases in men taking only selenium.

B) there was a small decrease in the number of prostate cancer cases in men taking only vitamin E.

C) supplemental selenium and vitamin E, taken either alone or together for 7 to 12 years, did not prevent prostate cancer.

D) All of the above

12 . A recognized treatment option for early-stage/ low-grade prostate cancer is

A) surgery.

B) radiotherapy.

C) active surveillance.

D) All of the above

13 . Which of the following is TRUE regarding prostate cancer surgery?

A) Cryosurgery is not associated with any serious adverse effects.

B) A radical prostatectomy is more often performed in younger patients.

C) A radical prostatectomy removes the prostate gland while retaining the seminal vesicles.

D) Most surgeons will perform a radical prostatectomy even if cancer cells are detected in lymph nodes.

14 . Which of the following is TRUE regarding radiotherapy for prostate cancer?

A) Most investigators have advocated an optimal cumulative radiation dose of less than 40 Gy.

B) Retrospective series have shown adjuvant radiotherapy to reduce the risk of biochemical failure while improving local and distant disease control.

C) Studies of radiotherapy compared with observation have shown no significant improvement in biochemical-failure-free survival after adjuvant therapy.

D) None of the above

15 . Androgen deprivation therapy in prostate cancer treatment

A) has hypergonadism as its main observed effect.

B) has been shown to improve survival rates relative to observation.

C) may cause physiologic changes in bone mineral density, body composition, lipid profiles, and insulin sensitivity.

D) has not been shown to improve disease-free and overall survival in combination with radiation for locally advanced or high-risk nonmetastatic disease.

16 . Which of the following statements is FALSE regarding prostate cancer chemotherapy?

- A) Docetaxel and prednisone have shown little efficacy in treating prostate cancer.
- B) Use of bevacizumab in the treatment of hormone-resistant prostate cancer is off-label.
- C) Angiogenesis treatments have been investigated related to the theory that prostate cancer tissue overexpresses several angiogenic proteins and leads to adverse outcomes.
- D) The Cancer and Leukemia Group B (CALGB) trial in the United States found that adding bevacizumab to docetaxel and prednisone did not improve overall prostate cancer survival.**

17 . Finasteride

- A) is primarily used as an agent for prostate cancer prevention.
- B) has been found to possibly decrease rates of high-grade cancers.
- C) inhibits the conversion of testosterone to the more potent androgen dihydrotestosterone.**
- D) is an effective agent for prostate cancer prevention, although one with a high level of toxicity.

18 . The FDA recommends that 5AR inhibitors continue to be prescribed for

- A) prostate cancer treatment.
- B) prostate cancer prevention.
- C) benign prostatic hyperplasia.**
- D) All of the above

19 . Medication interventions for sexual dysfunction in men who have been treated for prostate cancer

- A) are usually effective.
- B) are not usually prescribed.
- C) are associated with no serious side effects.
- D) most commonly include a phosphodiesterase-5 inhibitor.**

20 . Depression is underdiagnosed in men, including those with prostate cancer, due to

- A) the reluctance of men to seek help.
- B) a hesitancy of men to express emotion.
- C) a lack of men's recognition of the symptoms of depression.
- D) All of the above**