Continuing Education Exam
Pediatric Tumor Boards, Volume II

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This exam covers the material presented in the Pediatric Tumor Boards, Volume II. The test consists of 34 questions. You must answer 24 of the 34 questions correctly to receive Category 1 CME credit for viewing the program. Payment along with the evaluation form must be included with your completed examination in order for it to be processed. Please mail your check or money order for $30.00 payable to: The M. D. Anderson Cancer Center. After processing this form, a certificate of participation will be mailed to you. If you have any questions regarding this CME accredited series, please contact Shirley Roy at (713) 792-5357.

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Print the Test. Select the correct answer from the following questions by circling the answer that best completes the phrase.

Questions	Answers (circle one)
1. All of the following are reasonable interventions that may reduce the metabolic complications during the reduction phase of chemotherapy for patients with B-cell NHL or ALL except: a. high IV fluid rate with alkalinization of the urine b. reduction of uric acid with allopurinol or uricolytic agents c. oral calcium or aluminum-containing compounds to bind phosphate d. dialysis when hypokalemia becomes severe e. a and d only	1. a. b. c. d. e.
2. With modern, very intense but short chemotherapy treatment strategies for patients with small non-cleaved Burkitt (or non-Burkitt) B-cell tumors, cure is expected for this percent of patients that present with extensive bone marrow replacement and CNS disease (CNS-positive B-cell ALL): a. zero b. 10–20% c. 25–35% d. 50-65% e. 80-90%	2. a. b. c. d. e.

Continuing Education Exam (continued)

Questions	Answers (circle one)
3. Lymph node mapping with sentinel node biopsy is most likely to be beneficial in patients with: a. a primary lesion 0.45 mm thick with no palpable lymph nodes b. a primary lesion 2.2 mm thick with a 3 cm lymph node palpated c. a primary lesion 1.3 mm thick with palpable lymph nodes d. a primary lesion 4.5 mm thick with no palpable lymph nodes e. none of the above	3. a. b. c. d. e.
4. Interferon is most likely to be of benefit in treatment of a patient presenting with this form of melanoma: a. widely metastatic disease b. an intermediate thickness lesion with palpable adenopathy at presentation c. a thin primary lesion removed with adequate margins d. an intermediate thickness lesion with no palpable adenopathy e. none of the above	4. a. b. c. d. e.
5. The purpose of elective regional lymph node dissection in treatment of pediatric patients with melanomas is: a. staging b. removal of nodal metastasis c. prevention of further spread of tumor d. all of the above e. b and c only	5. a. b. c. d. e.
6. Indications for surgical resection of neurofibromas include: a. intractable pain b. functional compromise c. cosmesis d. rapid growth suggestive of malignancy e. all of the above	6. a. b. c. d. e.
7. Techniques which may be useful in resection of neurofibromas include: a. intraoperative nerve conduction studies b. nerve mapping c. flap reconstruction d. a, b, and c e. a and b only	7. a. b. c. d. e.
8. In patients with von Recklinghausen neurofibromatosis 1, the severity of disease is predicted by: a. the specificity of the mutation b. the severity of the disease in the family c. inheritance from mother or father d. the number of café-au-lait spots e. none of the above	8. a. b. c. d. e.
9. Most juvenile granulosa cell tumors present at stage: a. IA b. IC c. II d. III e. IV	9. a. b. c. d. e.

Continuing Education Exam (continued)

Questions	Answers (circle one)
10. Markers that are used to monitor juvenile granulosa cell tumors are: a. alphafetoprotein and beta-HCG b. beta-HCG and calcitonin c. inhibin and luteinizing hormone d. CA125 and CEA e. CA125 and inhibin	10. a. b. c. d. e.
11. The most effective treatment of hemophagocytic lymphohistiocytosis is: a. chemotherapy b. antiviral therapy c. immunosuppression d. allogeneic stem-cell transplantation e. autologous stem-cell transplantation	11. a. b. c. d. e.
12. The following are features of hemophagocytic lymphohistiocytosis except: a. pancytopenia b. elevated triglyceride level c. low serum fibrinogen level d. prolonged PT and PTT e. low serum ferritin level	12. a. b. c. d. e.
13. Burkitt's lymphoma has the following immunophenotype: a. T-cell b. B- or T-cell c. B-cell d. indeterminate because the tumor is usually infiltrated with reactive normal T-cells e. indeterminate because the tumor is always infiltrated with reactive abnormal T-cells	13. a. b. c. d. e.
14. The likelihood of disease-free survival in this patient, treated with multiple courses of the French protocol, is: a. 100% b. 62 ± 5% c. 30 ± 10% d. 87 ± 5% e. none of the above	14. a. b. c. d. e.
15. The "starry sky" histologic appearance of Burkitt's lymphoma results from: a. necrosis b. large macrophages among sheets of small lymphocytes c. blood vessels d. anaplastic tumor cells with abundant cytoplasm e. nuclear variation in the abnormal cells	15. a. b. c. d. e.
16. Multiple endocrine neoplasia type 2 is caused by: a. mutations of neurofibromin (NF1) gene b. calcitonin c. mutations of the c-RET proto-oncogene d. abnormal production of catecholamines e. none of the above	16. a. b. c. d. e.

Continuing Education Exam (continued)

Questions	Answers (circle one)
17. Medullary thyroid carcinoma (MTC) greater than 1 cm in size is frequently associated with lymph node metastasis. Patients with a palpable MTC should have: a. a unilateral thyroid lobectomy b. a total thyroidectomy and extensive lymph node dissection c. no surgery because the carcinoma has likely metastasized d. treatment with chemotherapy e. radiation therapy	17. a. b. c. d. e.
18. Lymphomatoid papulosis is: a. an unusual cutaneous condition b. more frequent in adults c. associated with systemic lymphomas d. a condition with involuting and recurring papules e. all of the above	18. a. b. c. d. e.
19. Lymphomatoid papulosis has been associated with all of the following conditions except: a. Hodgkin's disease b. B large-cell lymphoma c. mycosis fungoides d. anaplastic large-cell lymphoma e. none of the above	19. a. b. c. d. e.
20. The lesion of lymphomatoid papulosis: a. is a histologically malignant lymphoid proliferation b. has molecular characteristics of a malignant B-cell process c. is characterized by a dense dermal filtrate d. rarely has mitotic figures present e. a and c only	20. a. b. c. d. e.
21. Renal cell carcinoma is staged according to: a. National Wilms' Tumor Study Staging System (NWTS) b. American Joint Committee Staging System for Renal Cell Carcinoma (TNM) c. The Robson staging system d. a and b only e. b and c only	21. a. b. c. d. e.
22. Therapy for renal cell carcinoma comprises: a. Wilms' tumor chemotherapy b. biologic therapy with cytokines c. hormonal therapy d. cytokines and chemotherapy e. b and d only	22. a. b. c. d. e.

Continuing Education Exam (continued)

Questions	Answers (circle one)
23. Optimum therapy for localized RCC is: a. complete surgical resection b. radiation therapy c. a combination of both modalities d. hormone therapy e. 5-fluorouracil	23. a. b. c. d. e.
24. All of the statements below are true for renal cell carcinoma in childhood except: a. it is a rare tumor consisting of less than 10% of all renal cancers in children b. children with RCC are usually older than children with Wilms' tumor c. paraneoplastic syndromes such as hypercalcemia, polycytemia, and liver dysfunctions can occur d. calcification in the tumor is less common than in Wilms' tumor e. the classical triad of abdominal pain, palpable mass and gross hematuria is uncommon in children	24. a. b. c. d. e.
25. The test that is not helpful in the diagnostic work-up of renal cell carcinoma is: a. chest radiograph b. bone marrow biopsy c. bone scan d. computerized tomography of the abdomen e. computerized tomograpy of the brain	25. a. b. c. d. e.
26. A recently recognized complication of autologous stem cell transplantation in Hodgkin's disease patients is: a. breast cancer b. interstitial pneumonitis c. myelodysplastic syndrome d. lymphoproliferative disorder associated with EBV e. none of the above	26. a. b. c. d. e.
27. The best candidates for transplantation have: a. sensitive disease b. minimal tumor burden c. good performance status d. prolonged initial remissions e. all of the above	27. a. b. c. d. e.
28. Primary treatment of patients with newly diagnosed advanced Hodgkin's disease includes: a. conventional chemotherapy b. surgery c. radiotherapy d. high-dose chemotherapy/autologous bone marrow transplant e. a and c only	28. a. b. c. d. e.

Continuing Education Exam (continued)

Questions	Answers (circle one)
29. The most common paraspinal tumor in young children is: a. peripheral primitive neuroectodermal tumor (pPNET) b. rhabdomyosarcoma c. neuroblastoma d. neurofibroma e. none of the above	29. a. b. c. d. e.
30. Tests used to differentiate between neuroblastoma and peripheral neuroectodermal tumors include: a. N-MYC amplification b. cytogenetics c. MIC-2 gene immunocytochemistry d. FISH for t(11;22) e. all of the above	30. a. b. c. d. e.
31. Peripheral neuroectodermal tumors and neuroblastoma differ in: a. HBA-71 positivity b. histological and radiographic appearance c. dose of radiation required to control tumor d. all of the above e. a and c only	31. a. b. c. d. e.
32. Which one of the following choices distinguishes central DI from nephrogenic DI? s a. severity of dehydration b. response to vasopressin c. response to water deprivation d. urinary osmolarity e. none of the above	32. a. b. c. d. e.
33. Which of the following serve as a diagnostic test for central DI? a. serum sodium response to hypertonic saline infusion b. response to vasopressin administration c. response to vasopressin after water deprivation d. changes in urine osmolarity during water deprivation e. fall in blood pressure during water deprivation	33. a. b. c. d. e.
34. Central DI may be caused by: a. antidiuretic hormone resistance b. interruption of hypothalamic-pituitary flow of antidiuretic hormone c. destruction of the posterior pituitary d. all of the above e. b and c only	34. a. b. c. d. e.