

# CME/CE Post Test

Record your answers to these questions on the answer sheet on page 24.

- 1. What percentage of cancer patients experience pain:**
  - a. 50%
  - b. 70%
  - c. 80%
  - d. Nearly 100%
- 2. What best characterizes the pain of most cancer patients:**
  - a. Unifocal and severe
  - b. Subacute and incidental
  - c. Multifocal and progressive
  - d. Primarily neuropathic
- 3. Most cancer-related pain in patients with malignant disease is the result of:**
  - a. Spinal cord compression
  - b. Bone metastasis
  - c. Neuropathy related to chemotherapy
  - d. "Psychic suffering," ie, pain perception exacerbated by depression and anxiety
- 4. Corticosteroids are very useful in a number of pain scenarios, especially in:**
  - a. Reducing pain while waiting for radiation therapy to take effect
  - b. Reducing pain intensity from epidural tumor compression
  - c. Treating headaches from intracranial hypertension
  - d. All of the above
- 5. A principle for the management of cancer pain is:**
  - a. Keep patients on long-acting agents to prevent breakthrough pain
  - b. Always start opiates to get pain under control, then taper
  - c. Treat persistent pain with long-acting medications and breakthrough pain with shorter-acting agents that can be dose-titrated
  - d. Use patient-controlled analgesia whenever possible, so that patients can meet their own needs, with supervision
- 6. Which is not a risk factor for chemotherapy-induced nausea and vomiting (CINV):**
  - a. History of vomiting with prior exposure to a chemotherapeutic agent
  - b. Age > 50
  - c. Female gender
  - d. History of anxiety or motion sickness
- 7. In phase III studies, the second-generation 5-HT<sub>3</sub> receptor inhibitor palonosetron was superior to first-generation agents ondansetron or dolasetron in what ways:**
  - a. Higher rate of complete responses
  - b. Higher rates of complete responses, emesis-free patients, moderate or severe nausea over the study period, and patients without nausea
  - c. Reduced frequency of moderate or severe nausea on days 2-5
  - d. Significantly greater proportion of patients with no nausea on day 1 and days 2-5
- 8. The greatest risk factor for delayed CINV has been shown to be:**
  - a. Emetogenicity of the particular regimen
  - b. Age > 50 and female gender
  - c. Underlying tumor site
  - d. Failure to control CINV on the preceding day
- 9. The absence of emesis was achieved by combining palonosetron and the NK-1 receptor antagonist aprepitant (plus dexamethasone on day 1) in over:**
  - a. 91%
  - b. 88%
  - c. 85%
  - d. 95%
- 10. The risk for some degree of oral mucositis in patients receiving high-dose radiotherapy for head and neck cancer is estimated at:**
  - a. 5%–40%
  - b. 25%–60%
  - c. 50%–80%
  - d. 85%–100%
- 11. In a phase III trial, palifermin was associated with what improvements in patients at risk for oral mucositis:**
  - a. Reduction in severe mucositis from 62% to 20%
  - b. Better quality of life and reduction in healthcare resources
  - c. Complete avoidance of all mucositis
  - d. 1 & 2
- 12. In a phase III crossover study of the oral (swish and swallow) L-glutamine suspension AES-14, in addition to a reduction in oral mucositis risk, an additional benefit included:**
  - a. Reduction in cost of care
  - b. Improvement in nutrition
  - c. Carryover effect of the drug into the next treatment cycle
  - d. Reduction in pain

# CME/CE Answer Sheet and Evaluation

Effective Strategies for Managing Cancer Complications (#910188)  
Journal of Supportive Oncology, Vol. 4, No. 2, Supp. 1

This issue of *The Journal of Supportive Oncology* provides 1 **free AMA PRA Category 1 Credit(s)**<sup>™</sup> and 1.2 **free** nursing CE credits. **To receive CME/CE credit** for this educational activity, study the information presented in this supplement before answering each post-test question (see page 23) on the answer sheet below and complete the evaluation form. Post tests without a complete name and mailing address cannot be processed for CME/CE credit.

Mail a **photocopy** of the completed answer sheet and evaluation form by **February 15, 2007**, to:

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## CME/CE Post-Test Answer Sheet

Circle the single most appropriate answer for each question on the preceding page.

1.	A	B	C	D	5.	A	B	C	D	9.	A	B	C	D
2.	A	B	C	D	6.	A	B	C	D	10.	A	B	C	D
3.	A	B	C	D	7.	A	B	C	D	11.	A	B	C	D
4.	A	B	C	D	8.	A	B	C	D	12.	A	B	C	D

## Overall Evaluation

Did this CME/CE activity meet its stated educational objectives?  Yes  No

If no, which objectives were not met? \_\_\_\_\_

Will the content of this supplement be useful in your physician/nursing role?  Yes  No

If yes, give at least one example how: \_\_\_\_\_

Did you find the information presented to be objective, fair, balanced, and free of commercial bias?  Yes  No

Comment: \_\_\_\_\_

Please indicate the amount of time (in hours and minutes) you spent on this educational activity: \_\_\_\_\_

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