

Localized Prostate Cancer

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This month's quiz is based on the article "Localized Prostate Cancer," which begins on page 9 of this issue. Choose the single best answer for each question.

- 1. What is the positive predictive value of the prostate-specific antigen (PSA) test for prostate cancer at the traditional cutoff for "normal" of 4.0 ng/mL?**
(A) 15% (C) 50% (E) 80%
(B) 30% (D) 65%
- 2. Which of the following best describes the prostate cancer screening recommendations of the American Urologic Association and the American Cancer Society?**
(A) Begin at age 50 years and continue yearly until 70 years of age or as long as life expectancy is greater than 10 years; begin earlier in African American men and men with a family history of prostate cancer
(B) Begin screening at 50 years and continue yearly until death; begin earlier in African American men and men with a family history of prostate cancer
(C) Discuss screening with all patients beginning at age 50 years and base decision on patient preference
(D) Discuss screening with men at age 50 years or earlier if African American or if there is a family history, but do not begin screening unless life expectancy is 10 years
(E) Do not perform screening as there is insufficient evidence to support it
- 3. All of the following side effects have been associated with androgen-deprivation therapy EXCEPT:**
(A) Bone density loss (D) Hot flashes
(B) Erectile dysfunction (E) Urinary incontinence
(C) Fatigue (F) Nausea
- 4. At his yearly physical examination, a 73-year-old man with a past medical history of diet-controlled diabetes and a distant 3-vessel coronary artery bypass graft procedure has a normal digital rectal examination and a PSA level of 6.2 ng/mL. Following referral to a urologist, prostate biopsy reveals Gleason 6 prostate cancer in 10% of 1/12 cores. Which of the following best describes his treatment options?**
(A) Given his age and comorbidities, active surveillance (watchful waiting) is the only option
(B) He should undergo radical prostatectomy (RP) or external beam radiation therapy (XRT)
(C) His only chance for cure is with RP
(D) Reasonable options are external beam XRT, brachytherapy, active surveillance, and hormonal therapy
- 5. What was the conclusion of the Scandinavian Prostate Cancer Group Study 4 trial?**
(A) PSA screening is associated with a significant prostate cancer-specific survival benefit
(B) Those randomized to RP had improved 10-year survival compared with those randomized to watchful waiting
(C) Time to metastasis was equal in both RP and watchful waiting arms
(D) 10 RPs must be performed to save 1 life
- 6. Which of the following are the most common long-term side effects of external beam XRT?**
(A) Diarrhea and fecal incontinence
(B) Erectile dysfunction and hematospermia
(C) Erectile dysfunction and short-term cystitis
(D) Hematospermia and hematuria
(E) Pelvic pain and urinary incontinence
- 7. An active surveillance (watchful waiting) protocol should include which of the following?**
(A) PSA test every 6 months for 2 years and yearly thereafter
(B) PSA test every 3 months and yearly computed tomography and bone scan
(C) PSA test every 3 months and repeat prostate biopsy every 1 to 2 years
(D) PSA test and digital rectal exam every 3 months

For answers, see page 35.

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Answers to the Clinical Review Quiz, which appears on page 8. The article on localized prostate cancer begins on page 9.

1. (B) 30% XRT, brachytherapy, active surveillance, and hormonal therapy
2. (A) Begin at age 50 years and continue yearly until 70 years of age or as long as life expectancy is greater than 10 years; begin earlier in African American men and men with a family history of prostate cancer
3. (E) Urinary incontinence
4. (D) Reasonable options are external beam
5. (B) Those randomized to RP had improved 10-year survival compared with those randomized to watchful waiting
6. (C) Erectile dysfunction and short-term cystitis
7. (C) PSA test every 3 months and repeat prostate biopsy every 1 to 2 years

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