

Self-assessment questions

1. In genetic profiling in CLL, the techniques of karyotype analysis and fluorescence in situ hybridization:
 - a. Provide conflicting results for numbers of chromosomal abnormalities present in individual patients
 - b. Provide concordant results for types of chromosomal abnormalities present
 - c. Permit accurate measurement of ZAP70 expression
 - d. Show high concordance for ZAP70 and CD28 expression in populations
2. Abnormalities associated with more rapid progression of CLL include:
 - a. 12q+ and 13q deletion
 - b. 6q trisomy and 12q deletion
 - c. 17p deletion and 11q deletion
 - d. 17p deletion and 13q trisomy
3. Favorable prognostic factors in CLL include:
 - a. Absence of IgV_H mutation and low ZAP70 expression
 - b. IgV_H mutation and low ZAP70 expression
 - c. High CD38 and high ZAP70 expression
 - d. All of the above
4. A clinical trial of first-line fludarabine, cyclophosphamide, and rituximab in CLL showed:
 - a. Overall RR of 95% and CR of ~70%
 - b. CR of 95% and PCR-negative rate of ~70% in patients with CR
 - c. Overall RR of 73%
 - d. PCR-negative rate of 95% in patients with CR
5. Options in treatment of CLL include:
 - a. FCR in younger patients
 - b. Chlorambucil/prednisone in older patients
 - c. Lenalidomide or alemtuzumab in relapsing disease
 - d. All of the above
6. In recent trials in first-line treatment of FL, the addition of rituximab has been shown to improve survival compared with:
 - a. CHOP but not CVP
 - b. CVP and CHVP but not CHOP
 - c. CHOP, CVP, CHVP, and MCP
 - d. CHOP and MCP but not CVP
7. The ECOG 4402/RESORT trial is evaluating:
 - a. Rituximab re-treatment in patients with high tumor burden
 - b. The addition of rituximab maintenance to CHOP in high tumor burden
 - c. The addition of rituximab maintenance to CHOP in low tumor burden
 - d. Rituximab re-treatment or maintenance following single-agent rituximab in low tumor burden
8. The GELA PRIMA trial is examining:
 - a. Rituximab maintenance in patients with low tumor burden
 - b. The addition of rituximab to CHOP, CVP, and FCM in low tumor burden
 - c. Rituximab maintenance after CHOP, CVP, or FCM plus rituximab in high tumor burden
 - d. None of the above
9. The SWOG 0016 trial is evaluating:
 - a. ¹³¹I tositumomab and tositumomab compared with rituximab added to first-line CHOP
 - b. ¹³¹I tositumomab versus rituximab as salvage therapy
 - c. Rituximab plus tositumomab in heavy tumor burden
 - d. Tositumomab maintenance
10. In a phase II trial in relapsed/refractory FL/MZL, bortezomib plus rituximab produced:
 - a. Similar response rates when given weekly or twice weekly
 - b. Greater toxicity when given weekly at a higher dosage compared with twice weekly
 - c. Better response rates when given weekly at a higher dose compared with twice weekly
 - d. None of the above
11. A phase II trial in pretreated rituximab-refractory NHL showed that bendamustine treatment produced:
 - a. RR of 54%
 - b. CR of 21%
 - c. RR of 74% and CR of 35%
 - d. RR of 35% and CR of 17%
12. Good response rates in rituximab-refractory NHL have been achieved with:
 - a. Bendamustine
 - b. ⁹⁰Y ibritumomab
 - c. ¹³¹I tositumomab
 - d. All of the above