



Questions for this month's clinical challenge are based on articles in this issue. The style and scope of questions is in keeping with the multiple choice questions of the RACGP Fellowship exam. The quiz is endorsed by the RACGP Quality Improvement and Continuing Professional Development Program and has been allocated 4 Category 2 points per issue. Answers to this clinical challenge are available immediately following successful completion online at [www.gplearning.com.au](http://www.gplearning.com.au). Clinical challenge quizzes may be completed at any time throughout the 2011–2013 triennium, therefore the previous months answers are not published.

**Nyoli Valentine, Carolyn O'Shea**

## Single completion items



**DIRECTIONS** Each of the questions or incomplete statements below is followed by five suggested answers or completions. Select the most appropriate statement as your answer.

### Case 1

#### Jonathon Davies

Jonathon, aged 55 years, is a long term patient of the practice. He has recently been diagnosed with prostate cancer. He has a Gleason score of 8.

#### Question 1

What does a Gleason score of 8 indicate:

- A. histology patterns of Gleason grade 3 and 5 are seen
- B. a single histology pattern of Gleason grade 8 is seen
- C. the glands on the prostate biopsy are well formed
- D. the patient is at low risk
- E. the patient has distant metastases.

#### Question 2

Jonathon's neighbour had a Gleason score of 4 and did not undergo surgery. What statement is correct regarding treatment options for patients with prostate cancer of low grade (Gleason score  $\leq 6$ ):

- A. watchful waiting is appropriate
- B. active surveillance involves yearly PSA monitoring
- C. active surveillance involves quarterly prostate biopsies
- D. treatment can usually be avoided for 5 years with active surveillance
- E. active surveillance is more appropriate in younger men.

#### Question 3

Jonathon is advised to undergo a radical prostatectomy. He is concerned about

urinary incontinence after surgery. What is the estimated risk of any urinary incontinence with radical prostatectomy:

- A. up to 30%
- B. up to 40%
- C. up to 50%
- D. up to 60%
- E. up to 70%.

#### Question 4

Jonathon does not wish to undergo a radical prostatectomy due to the high risk of erectile dysfunction. Which of the following statements is true of erectile dysfunction after radiotherapy in patients with good erectile function before radiotherapy:

- A. impotence is usual
- B. risk decreases if radiotherapy is combined with androgen deprivation therapy
- C. the rate of long term erectile dysfunction ranges from 30–70%
- D. if erectile dysfunction occurs PDE5 inhibitors are not usually useful
- E. long term haemospermia occurs in 50% of patients.

### Case 2

#### Terry Braithwaite

Terry, aged 65 years, presents with lower urinary symptoms. Terry's International Prostate Symptom Score (IPSS) score is 6 and he reports moderate 'bother' from his symptoms.

#### Question 5

Which of the following statements regard-

ing treatment is correct:

- A. small frequent voids reduce symptoms
- B. diuretic medications are best given at night
- C. restriction of caffeine should be encouraged
- D. bladder training should aim to increase time between voids to 1 hour
- E. watchful waiting is appropriate for mildly elevated PSA.

#### Question 6

Terry's symptoms worsen over the next 12 months and you decide to start him on medical therapy. Which of the following statements is true of alpha therapy:

- A. alpha blockers reduce prostate size by 25%
- B. selective alpha blockers are more efficacious than nonselective alpha blockers
- C. alpha blockers reduce IPSS score by up to 25%
- D. alpha blockers improve urine flow by 25%
- E. selective alpha blockers are listed on the Pharmaceutical Benefits Scheme (PBS).

#### Question 7

Terry is unable to tolerate alpha blockers due to troublesome adverse effects and would like to try a 5 alpha reductase inhibitor. Which of the following statements is true of 5 alpha reductase inhibitors:

- A. 5 alpha reductase inhibitors prevent testosterone formation
- B. prostate size is reduced by 50%
- C. PSA is reduced by 50%
- D. IPSS improves by 50%
- E. finasteride costs approximately \$50 per month.

**Question 8**

**Terry has minimal improvement on finasteride. You arrange referral for consideration of surgical treatment. Which of the following is considered the gold standard cavitating surgical treatment:**

- A. transurethral resection of prostate (TURP)
- B. laser prostatectomy
- C. transurethral needle ablation
- D. open prostatectomy
- E. transurethral microwave thermotherapy.

**Case 3**

**Des Thomas**

Des, 44 years of age, presents to your clinic with right-sided loin pain that started a couple of hours ago. After clinical assessment you suspect he has a urinary tract stone. He has no past medical history and takes no medications.

**Question 9**

**Which imaging test is most likely to confirm or refute your clinical diagnosis:**

- A. CT KUB (kidneys, ureters and bladder)
- B. intravenous pyelogram (IVP)
- C. magnetic resonance imaging (MRI)
- D. ultrasound renal tract
- E. X-ray KUB (kidneys, ureters and bladder).

**Question 10**

**The imaging test indicates a 5 mm stone in the upper ureter. You decide to trial conservative management. Which of the following is true of conservative management options for Des:**

- A. 90% of the time the stone will pass spontaneously
- B. he will need to increase oral fluids to assist in passing the stone
- C. if he gets a fever he should start a course of oral antibiotics
- D. repeat imaging will be required in 3 months
- E. the best analgesia choice is a non-steroidal anti-inflammatory drug (NSAID) suppository.

**Question 11**

**The stone passes and on review you check that you have arranged the appropriate investigations. Which of the following is NOT currently indicated for Des:**

- A. 24 hour urine collection
- B. serum calcium
- C. stone analysis
- D. urea, creatinine and electrolytes
- E. uric acid.

**Question 12**

**In regards to dietary advice to prevent further stones, which of the following would NOT be recommended:**

- A. increased fluid intake
- B. a low calcium diet
- C. a low salt diet
- D. a low oxalate diet
- E. a well balanced diet.

**Case 4**

**Anjana Harding**

Anjana, 62 years of age, presents to your clinic with urinary incontinence, which has slowly worsened over the past decade since she underwent menopause. On history it appeared to be urge incontinence, with no other symptoms. Examination was normal. As part of the work-up, a renal tract ultrasound was ordered. The ultrasound detected a 10 mm renal mass, but no other abnormalities.

**Question 13**

**Given this information, you recheck the history with Anjana. Which of the following symptoms is most suggestive of a paraneoplastic syndrome:**

- A. energy increase
- B. flank pain
- C. night sweats
- D. obesity
- E. palpitations.

**Question 14**

**A four phase contrasted computerised tomography (CT) scan of the kidneys is arranged to follow up the mass. Which of the following is NOT a phase of the CT:**

- A. arterial
- B. corticomedullary
- C. excretory
- D. nephrographic
- E. venous.

**Question 15**

**Which of the following is true of a CT scan for renal mass:**

- A. enhancement of the lesion on the CT scan is a good sign
- B. if it only contains fat it can be

diagnosed as an angiomyolipoma

- C. if there is any calcification and fat, the mass is benign
- D. 'indeterminate' cystic masses are usually malignant
- E. the CT scan can clearly define whether it is a malignant mass.

**Question 16**

**Anjana is found to have a renal cell carcinoma and opts for surgery. Which of the following is a benefit of a radical nephrectomy compared to a partial nephrectomy:**

- A. less chance of wound infection
- B. less chance of re-operation
- C. less long term risk of proteinuria
- D. less long term risk of renal insufficiency
- E. less long term cancer specific mortality.