Intermediate-Risk Prostate Cancer – QUESTIONS

Clinical Case Conference
UCSD Radiation Oncology
SA-CME

1. Which of the following is true concerning epidemiology of prostate cancer in the U.S.?
   A) Prostate cancer represents <10% of new male cancers.
   B) Prostate cancer is less common than cancer of the lung or bronchus.
   C) Prostate cancer incidence in the early 1990s reached nearly double the incidence in 1980.
   D) Prostate cancer represents >50% of new male cancers.

2. Which of the following would be categorized as intermediate-risk prostate cancer by NCCN?
   A) T2a, Gleason score 6, PSA 9 ng/mL
   B) T3a, Gleason score 7, PSA 9 ng/mL
   C) T3a, Gleason score 6, PSA 3 ng/mL
   D) T1c, Gleason score 6, PSA 12 ng/mL

3. Which statement is true regarding androgen deprivation therapy (ADT) for intermediate-risk prostate cancer?
   A) ADT has minimal side effects.
   B) ADT has been shown to have a survival benefit for intermediate-risk prostate cancer patients.
   C) NCCN Guidelines recommend at least 2 years of ADT for intermediate-risk prostate cancer.
   D) Late GI toxicity after external beam radiation therapy is lower with concurrent ADT.

4. What did the GETUG-01 randomized clinical trial show?
   A) No benefit to pelvic lymph node irradiation.
   B) Increased survival after pelvic lymph node irradiation.
   C) Decreased distant metastasis after pelvic lymph node irradiation.
   D) Increased biochemical progression-free survival after pelvic lymph node irradiation.

5. What is a recommended external beam radiation therapy dose to treat intermediate-risk prostate cancer, according to NCCN Guidelines?
   A) 66.0 Gy
   B) 59.4 Gy
   C) 70.2 Gy
   D) 81.0 Gy