Lung cancer

**1 Lung cancer:**
- a) Is the most common cancer in the UK
- b) Incidence among women is falling
- c) Is rare under the age of 40 years
- d) Can be divided into two main types — small cell and non-small cell
- e) Is the most common cause of death from cancer in the UK

**2 Regarding smoking:**
- a) It is the most significant risk factor for the development of lung cancer
- b) Stopping smoking will not benefit patients who have been diagnosed with lung cancer
- c) The risk of lung cancer is related to the duration of smoking and the number of cigarettes smoked
- d) At age 75 years, the risk of a lifelong male smoker developing lung cancer is 9.9%
- e) Around two-thirds of smokers would like to quit

**3 People should be referred for a chest X-ray if they have the following symptoms suggestive of lung cancer:**
- a) Coughing that produces blood
- b) Weight gain
- c) Shoulder pain that lasts more than one week
- d) Finger clubbing
- e) Worsening of a long-standing cough

**4 Regarding non-small cell lung cancer (NSCLC):**
- a) Surgery provides the best chance of cure for patients with stage I disease
- b) Pathological subtypes should all be treated in the same way
- c) Radiotherapy is the treatment of choice for patients with stage II disease who are unsuitable for surgery
- d) Disease staging is based on the “TNM” system
- e) The rate of response to chemotherapy is about 60%

**5 Small cell lung cancer (SCLC):**
- a) Accounts for about 80% of all lung cancers
- b) Has usually metastasised by the time of diagnosis
- c) Should never be treated with radiotherapy
- d) Is staged as either limited-stage or extensive-stage disease
- e) Is not associated with paraneoplastic syndromes

**6 Concerning the treatment of SCLC:**
- a) SCLC responds well to targeted therapies such as erlotinib
- b) Topotecan can be used for treatment of patients who relapse
- c) Oral topotecan tends to be less effective than intravenous topotecan
- d) Cisplatin is easier to administer and less toxic than carboplatin
- e) Patients can experience good initial treatment responses but will usually relapse

**7 Regarding supportive therapies for patients with lung cancer:**
- a) Dexamethasone is used to prevent chemotherapy-induced nausea
- b) Non-steroidal anti-inflammatory drugs should never be used for patients with lung cancer
- c) Neutropenia is always treated with granulocyte-colony stimulating factor
- d) Aprepitant has been shown to reduce the incidence of delayed nausea and vomiting associated with cisplatin-based chemotherapy regimens
- e) Topical corticosteroids are inappropriate for treating rash associated with erlotinib or gefitinib

**8 About targeted therapies:**
- a) Erlotinib inhibits epidermal growth factor receptor tyrosine kinase (EGFR-TK)
- b) Erlotinib is the first-line choice for treating advanced NSCLC
- c) Gefitinib improves progression-free survival for patients with NSCLC and EGFR-TK mutations
- d) The AVAiL study demonstrated that bevacizumab, in combination with gemcitabine and cisplatin, improves overall survival for patients with NSCLC
- e) The toxicities associated with erlotinib and gefitinib are often idiosyncratic

**9 Adverse effects of erlotinib typically include:**
- a) Myelotoxicity
- b) Skin toxicity
- c) Diarrhoea
- d) Neutropenia
- e) Pulmonary haemorrhage

**10 Regarding surgical treatment of lung cancer:**
- a) For SCLC there is little chance of surgical cure
- b) Stage II NSCLC can be treated surgically
- c) The postoperative mortality rate is about 50%
- d) Complications include haemorrhage, respiratory failure and infection
- e) Only the most unwell patients should be considered for surgery