

CME Posttest

FAQs on Intravesical Immunotherapy for Superficial Bladder Cancer

Release Date: July 15, 2002

CME Instructions

This activity comprises four parts to be sent to you throughout the year. To earn credit, you must read and complete all four parts. To receive documentation of your participation in this four-part CME activity for a total of 1 hour of CME credit, please complete the following steps:

1. Read each newsletter.
2. Complete the CME posttest included in each of the four parts.
3. Mail or fax each of the completed posttests to Projects In KnowledgeSM, One Harmon Plaza, Secaucus, NJ 07094; fax: 1-201-617-7333.
4. After reading the final part, complete the CME evaluation survey contained therein.
5. Mail or fax your final posttest and the CME evaluation survey to Projects In Knowledge at the address and fax number above.

At the end of the series, Projects In Knowledge will mail you an acknowledgment of your participation in this activity if your combined score for all four posttests is 70% or better. If your combined score is lower than 70%, you will be notified by mail and will be given an opportunity to take a single test covering information from all four parts.

Name: _____ Degrees/Credentials: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

E-mail: _____

Please indicate your answers below (circle one).

1. What proportion of patients previously treated with BCG therapy remain disease-free at 2 years following retreatment with BCG/interferon?
 - a. <25%
 - b. >50%
 - c. >65%
 - d. >70%

2. According to recommendations from Dr. O'Donnell, which of the following patients represents the best candidate for consideration of BCG/interferon as *first-line* therapy at the current time?
 - a. A patient with Ta, grade 1–2 disease
 - b. A patient with Ta, grade 3 disease
 - c. A patient with T1, grade 2 disease
 - d. A patient with T1, grade 3 disease or multifocal CIS

3. Which of the following statements is true regarding treatment of patients who have recurrent stage T1 grade 3 bladder cancer after initial BCG monotherapy?
 - a. Early (3–6 month) recurrence of stage T1 grade 3 disease is potentially life-threatening and patients should be told that the standard approach is still a cystectomy.
 - b. The risk for developing metastasis during another trial of “salvage” therapy after initial failure at 3 months is estimated at approximately 3%–5%.
 - c. A patient at high risk for cystectomy might be reasonably treated with complete TURBT followed by 1/3-dose BCG plus 50–100 mIU interferon especially if the tumor was relatively small and not multifocal.
 - d. A recurrence 2 or more years out from the original treatment has a greater chance to respond to repeat intravesical immunotherapy with BCG or BCG/interferon.
 - e. All of the above.

4. According to estimates by the American Society of Clinical Oncology, approximately what proportion of cancer patients receives anticancer drugs for off-label uses that are considered the standard of care?
 - a. <10%
 - b. 20%
 - c. One third
 - d. Half