Credit for Learning

• LEUKAEMIA •

THE QUESTIONS

1. In acute leukaemia, patients may have:

a) A raised white cell count ..... T F
b) Thrombocytopenia ..... T F
c) Evidence of renal impairment ..... T F
d) A decreased number of platelets in the cerebrospinal fluid ..... T F
e) Abdominal distension ..... T F

2. The aetiology of acute leukaemias is associated with:

a) Human T-cell lymphotropic virus ..... T F
b) Cytotoxic drugs ..... T F
c) Genetic factors ..... T F
d) Exposure to radiation ..... T F
e) A much lower risk in identical twins ..... T F

3. Acute myeloid leukaemia (AML):

a) Is the most common leukaemia in adults ..... T F
b) Of the AML M3 type is the most curable ..... T F
c) Has a remission rate of 70 to 80 per cent ..... T F
d) Is treated with etoposide and methotrexate in induction regimens ..... T F
e) Has a relapse rate of 55 per cent despite complete remission after induction therapy ..... T F

4. Acute lymphoblastic leukaemia (ALL):

a) Is predominantly a disease of childhood ..... T F
b) Is potentially curable ..... T F
c) Has a leukaemia-free survival rate of 65 per cent in adults with the disease ..... T F
d) Is usually treated with drugs such as vincristine and anthracyclines ..... T F
e) Is usually treated for long-term maintenance, with a regimen including weekly oral methotrexate ..... T F

5. Good prognostic markers for ALL include:

a) Patient is male ..... T F
b) A low white cell count ..... T F
c) Patient has B-ALL ..... T F
d) The presence of CNS disease at presentation ..... T F
e) Achievement of remission in less than four weeks ..... T F

Questions continue overleaf

THE COLLEGE OF PHARMACY PRACTICE

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6. In chronic myeloid leukaemia (CML):

a) There are three classic phases termed chronic, accelerated and blast phases ..... T F
b) 50 per cent of patients have a genetic translocation forming the Philadelphia (Ph) chromosome ..... T F
c) The presence of the bcr-abl transcript on the Ph chromosome is diagnostic of CML ..... T F
d) The median age of onset is 20 to 30 years ..... T F
e) The majority of patients will transform to the blast phase and will die of their disease ..... T F

7. In considering treatments for CML:

a) Interferon-alfa provides a significant survival advantage compared with hydroxyurea and busulphan ..... T F
b) Chlorambucil is the drug of choice ..... T F
c) Busulphan 0.5mg/kg/day is given for 10 days ..... T F
d) Imatinib is used in the chronic phase of Ph-positive disease ..... T F
e) Hydroxyurea achieves a complete haematological response in 30 per cent of patients ..... T F

8. Interferon-alfa therapy:

a) Induces a complete haematological remission in up to 80 per cent of patients with CML ..... T F
b) Has been shown to prolong survival in patients with CML by 10 to 12 years ..... T F
c) Can produce a variety of dose-dependent side effects ..... T F
d) Is associated with a median time to respond of three months ..... T F
e) Induces a complete cytogenetic response in 10 to 30 per cent of patients with CML ..... T F

9. In the treatment of CLL:

a) Therapy is started immediately in the early phase ..... T F
b) Chlorambucil is regarded as the standard first-line treatment ..... T F
c) Monoclonal antibodies, such as rituximab and alemtuzumab, are being studied currently and have shown high response rates ..... T F
d) Fludarabine has been shown to produce high response rates in the Binet B and C stages ..... T F
e) The aim is to put the disease back into remission and control any symptoms ..... T F

10. In the diagnosis and pathology of CLL:

a) Approximately 50 per cent of patients have a genetic abnormality ..... T F
b) The majority of patients are symptomatic when diagnosed ..... T F
c) The lymphoid cells affected are CD5+ cells found in lymphoid follicles and peripheral blood ..... T F
d) Patients have a 90 per cent increased risk of developing a secondary cancer ..... T F
e) The patient has a raised white cell count (WCC greater than 5 x 10^9/L), with the cells appearing as small lymphocytes with round nuclei, clumped chromatin and scanty cytoplasm ..... T F