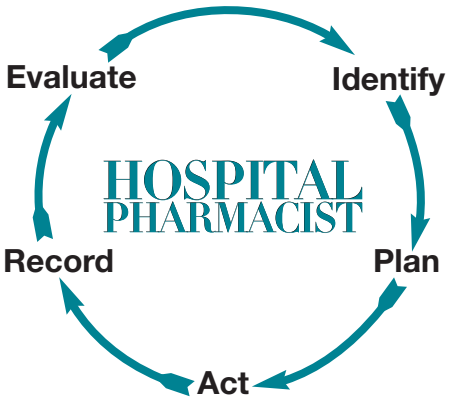
Lung cancer

This issue's special feature, on which these questions are based, was commissioned from independent authors. The Life-long Learning scheme is supported by an educational grant from Mayne Pharma but the company has no editorial input. The scheme is open to all pharmacists. The information in the box below (right) should help readers to identify knowledge gaps and undertake continuing professional development. Readers are also invited to complete the questions overleaf on lung cancer, to test their knowledge of the articles, and send their answers, together with a stamped and addressed A5 envelope, to:

Life-long Learning — Lung cancer
Hospital Pharmacist
1 Lambeth High Street
London SE1 7JN

Entries must be received by Monday, 23 May. Results will be returned with a certificate of completion.

Mayne Pharma is offering a place as part of its delegation to the European Association of Hospital Pharmacists conference in Geneva in spring 2006 to the entrant who achieves the highest marks overall in this series of exercises. The best six scores from the eight exercises in the series (November 2004 – July/August 2005) will be taken into consideration. This is the fifth set of questions.



The runner-up will receive registration and expenses for the *Hospital Pharmacist* conference this autumn. Third and fourth place, respectively, will receive Pharmaceutical Press vouchers and British Society for the History of Pharmacy china mugs. Further details on this scheme can be found in *Hospital Pharmacist* (2004;11:436) and at **www.pjonline.com/noticeboard/lifelong**.

Your name, address and scores will be held on a database for the purpose of awarding prizes. Should you wish your details not to be held in this way, please tick the box. If you do this, you will be sent a certificate, but you will be ineligible for a prize. ❑

Name

College member: Yes ❑ No ❑

RPSGB registration number:

Address:

Post code:

Continuing education

This article is accredited as suitable for continuing education (CE) by the College of Pharmacy Practice. Completion of the questions will count towards the CE requirements of College members. Should you wish us to pass your scores to the College for this purpose, please tick the box (top right) showing that you are a College member.

Completion of the questions entitles undergraduates to one point towards the Professional Development Certificate, a joint initiative between the British Pharmaceutical Students' Association and the College.

Continuing professional development

Identify knowledge gaps
- To understand the features and diagnosis of lung cancer
- To have an appreciation of the drug and non-drug treatment in current use for lung cancer

Act
- Read the articles in this issue
- Test your knowledge by answering the multiple-choice questions on lung cancer overleaf

Evaluate
- What have you learnt?
- How has it added value to your practice?
- What will you do now and how will this be achieved?

The Royal Pharmaceutical Society's areas of competence for pharmacists are listed in "Plan and record", (available at **www.rpsgb.org/education**).

The assistance of the College of Pharmacy Practice is acknowledged in producing the CPD elements of this month's special feature. Further information on how hospital pharmacists are approaching the challenges of CPD can be found in articles in the February issue of *Hospital Pharmacist* (2005;12:65–72).

To answer the questions, tick either the True or False column

	True	False
1. Risk factors for lung cancer include:		
a) Asbestos		
b) High consumption of green vegetables		
c) Smoking		
d) Arsenic		
e) Radon		
2. Regarding the different types of lung cancer:		
a) Alveolar cell carcinoma develops from Kulchitsky cells		
b) Squamous carcinoma usually presents as an obstructive lesion of the bronchus		
c) Large-cell carcinoma accounts for 15 per cent of lung cancers		
d) Time from initial malignant change to presentation is longer for squamous carcinoma than small-cell carcinoma		
e) Asbestos is most closely linked with small-cell carcinoma		
3. The following treatments are recommended by the National Institute for Clinical Excellence (NICE) as routine practice in non-small-cell lung cancer:		
a) Surgery in stage IV disease		
b) Chemotherapy alone in stage IIIb disease		
c) Radical radiotherapy in stage IV disease		
d) Preoperative chemotherapy and surgery in stage I disease		
e) Chemotherapy and radical radiotherapy in stage IIIa disease		
4. In the staging of non-small-cell lung cancer:		
a) Magnetic resonance imaging should always be used		
b) Patients with stage IIIa disease have metastases		
c) A patient with cancer in the lymph node of the opposite side from the affected lung could be classified as having stage IIIa disease		
d) Computed tomography scanning can be useful		
e) Patients with tumours of less than 3cm can be staged at Ib		
5. In the treatment of advanced lung cancer:		
a) The NICE guidelines do not recommend palliative radiotherapy		
b) Brachytherapy is a first-line treatment for intraluminal tumours		
c) Laser treatment can be offered to vapourise inoperable tumours		
d) A photosensitising drug can be injected directly into the tumour		
e) A stent can be inserted to prevent collapse of the tracho-bronchial wall		

	True	False
6. The mode of action of the following agent is:		
a) Docetaxel — inhibits enzyme thymidylate synthase		
b) Gemcitabine — kills cells during the S phase of DNA synthesis		
c) Cisplatin — interferes with cell division by binding to DNA		
d) Trastuzumab — disrupts microtubular network		
e) Gefitinib — inhibits tyrosine kinase		
7. The following regimens can be administered entirely in an outpatient clinic:		
a) Gemcitabine and carboplatin		
b) Mitomycin, vinblastine and cisplatin		
c) Gemcitabine and cisplatin		
d) Docetaxel monotherapy		
e) Mitmoycin, ifosfamide and cisplatin		
8. Regarding the use of chemotherapy to treat small-cell lung cancer:		
a) Patients with extensive disease who receive chemotherapy live for a median of 24 months		
b) Patients with limited disease who do not receive treatment live for a median of 6–12 weeks		
c) 40 per cent of patients who receive treatment for limited disease can live beyond two years		
d) The standard chemotherapy regimen for extensive disease is gemcitabine and docetaxel		
e) "Manchester score" is often used as a factor in determining type of treatment		
9. Dose-limiting side effects include:		
a) Myelosuppression for carboplatin		
b) Neutropenia for docetaxel		
c) Nephrotoxicity for carboplatin		
d) Ototoxicity for cisplatin		
e) Nephrotoxicity for cisplatin		
10. Regarding the use of chemotherapy to treat non-small-cell lung cancer:		
a) Gemcitabine is licensed for monotherapy as first-line treatment		
b) Cisplatin is often given in combination with mitomycin and vinblastine		
c) Pemetrexed is licensed for monotherapy in patients with locally advanced disease who have already received chemotherapy		
d) Carboplatin and docetaxel is a standard regimen in advanced disease		
e) Patients receiving docetaxel should be premedicated with corticosteroids		

Answers will appear in the June 2005 issue