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# Lymphatic malignancies

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 lymphatic malignancies, to test their knowledge of the articles, and send their answers, together with a stamped and addressed A5 envelope, to:

**LLL — Lymphatic malignancies  
Hospital Pharmacist  
1 Lambeth High Street  
London SE1 7JN**

Entries must be received by Monday, 21 November. 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 spring 2007 to the entrant who achieves the highest marks overall in this series of exercises. The best eight scores from the ten exercises in the series (September 2005 – July/August 2006) will



be taken into consideration. This is the second set of questions.

The runner-up will receive registration and expenses for the *Hospital Pharmacist* conference in autumn 2006. 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](http://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: \_\_\_\_\_

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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 have an appreciation of the nature of both Hodgkin's and non-Hodgkin's lymphoma
- ◆ To have an understanding of current therapies (standard and developmental)

### Act

- ◆ Read the articles in this issue
- ◆ Test your knowledge by answering the multiple-choice questions on lymphatic malignancies 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](http://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		True	False
<b>1. Regarding the epidemiology of Hodgkin's lymphoma:</b>			<b>6. Regarding the epidemiology of non-Hodgkin's lymphoma (NHL):</b>		
a) It is diagnosed in over 3,000 people in the UK each year			a) About 9,000 patients are diagnosed with the disease each year in the UK		
b) The incidence is two per 100,000 females in the UK			b) The mortality rate in the general female population is 7.3 per 100,000		
c) Five year survival in female patients between 15 and 49 years is 27 per cent			c) Survival rates have improved over the last 30 years		
d) Five year survival in female patients over 70 years is 32 per cent			d) The survival rate is 35 per cent at five years for those diagnosed aged 15–44		
e) The incidence is highest for people aged 30–39			e) The survival rate is 13 per cent at five years for those diagnosed over 85 years		
<b>2. In the classification of Hodgkin's lymphoma using Cotswolds staging:</b>			<b>7. Signs and symptoms of NHL include:</b>		
a) Localised contiguous involvement of only one extra-nodal site indicates stage III disease			a) Painless lump in the neck		
b) Hilar nodes on both sides of the diaphragm indicates stage II disease			b) Raised intracranial pressure		
c) Involvement of lymph nodes on both sides of the diaphragm indicates stage I disease			c) Backache		
d) Disseminated involvement of extra-nodal organs indicates stage IV disease			d) Rash		
e) Involvement of a single lymph node region indicates stage I disease			e) Weight gain		
<b>3. In the treatment of early-stage Hodgkin's lymphoma:</b>			<b>8. In the treatment of follicular lymphoma:</b>		
a) Combining radiotherapy and chemotherapy has been shown to improve survival in "favourable risk disease"			a) Interventions may be delayed until symptoms develop		
b) Combining radiotherapy and chemotherapy has been shown to reduce the risk of relapse in "favourable risk disease"			b) Combination chemotherapy given at initial therapy of advanced stage disease improves survival compared with a single alkylator agent		
c) Six cycles of chemotherapy are more effective than four in "unfavourable risk disease"			c) Chemotherapy is the standard of care in early stage disease		
d) BEACOPP escalated is currently regarded as standard treatment			d) Rituximab is approved by the NICE as a third-line treatment for follicular lymphoma		
e) Irradiation alone is no longer regarded as standard therapy			e) Patients are likely to respond to further treatment with the CVP regimen if their disease relapses after one year		
<b>4. Negative prognostic factors for advanced Hodgkin's lymphoma include:</b>			<b>9. In the treatment of diffuse large B-cell lymphoma:</b>		
a) Stage II disease			a) Overall survival is unchanged in patients with localised disease who receive chemotherapy alone and chemotherapy with radiotherapy		
b) Being male			b) Radiotherapy alone is the standard of care in localised disease		
c) Being under 20 years			c) Chemotherapy is the treatment of choice for patients with low-risk advanced stage disease		
d) White cell count less than $15 \times 10^9/L$			d) Vincristine alone can be recommended in elderly patients whose disease relapses		
e) Haemoglobin concentration of less than 10.5g/dL			e) New drug treatment may target the Bcl-2 gene because it is under expressed in most follicular B-cell lymphomas		
<b>5. Regarding the use of chemotherapy to treat Hodgkin's lymphoma:</b>			<b>10. In the non-chemotherapy treatment of non-Hodgkin's lymphoma:</b>		
a) Doxorubicin can cause dose-related cardiotoxic effects			a) Ibritumomab tiuxetan is a first-line treatment of CD20 positive follicular B-cell disease		
b) The ABVD regimen contains vincristine			b) Epratuzumab is licensed as an adjunct to standard therapy in diffuse large B-cell disease		
c) Patients receiving ABVD are more likely to become infertile than those receiving MOPP			c) G3139 (oblimersen sodium) is under investigation		
d) The BEACOPP regimen contains doxorubicin			d) Radioimmunotherapy is an established treatment of early stage follicular disease		
e) Patients who receive the escalated BEACOPP regimen have a lower risk of developing acute myeloid leukaemia			e) CCI-779, which is a drug under development, is related to the macrolide rapamycin		

