

LS-SCLC – QUESTIONS

Clinical Case Conference
UCSD Radiation Oncology
SA-CME

Your Name: _____

Date of completion: _____

1. What is true regarding chemotherapy and radiation in LS-SCLC?
 - A) Meta-analysis by Pignon et al, NEJM 1992 showed a survival benefit to combined modality treatment over radiation alone.
 - B) Takada et al, JCO 2002 showed statistically significant survival benefit of concurrent chemotherapy with radiation.
 - C) Randomized trials have shown a survival benefit for surgery over radiation.
 - D) Murray et al, JCO 1993 showed that chemotherapy has the greatest benefit when given after radiation therapy is completed.
2. What was the result of the Intergroup 0096 study published by Turrisi et al, NEJM 1999?
 - A) BID radiotherapy was equivalent to daily radiotherapy for local control.
 - B) BID radiotherapy gave a 10% survival advantage at 5 years versus daily radiotherapy.
 - C) BID radiotherapy gave a 10% survival advantage at 2 years versus daily radiotherapy.
 - D) BID radiotherapy was less toxic than daily radiotherapy.
3. What is NOT true of prophylactic cranial irradiation (PCI) for LS-SCLC according to a meta-analysis by Auperin et al. (NEJM 1999)?
 - A) There was an absolute survival benefit of 5.4% at 3 years for PCI for patients in complete remission
 - B) There was an absolute disease-free survival benefit of 8.8% at 3 years for PCI for patients in complete remission
 - C) There was an absolute reduction in risk of brain metastases after PCI of 25.3% at 3 years
 - D) Most patients included in the meta-analysis received 25 Gy in 10 fractions
4. Which of the following patients would be most appropriate to offer whole brain radiotherapy 25 Gy in 10 fractions?
 - A) A patient who presents at time of diagnosis with 2 small (<1 cm), asymptomatic brain metastases
 - B) A patient with complete response in the thorax to chemotherapy and radiation and who has no evidence of brain metastases
 - C) A patient who presents at time of diagnosis with a 4 cm, symptomatic brain lesion
 - D) A patient with partial response in the thorax to chemotherapy and radiation and ECOG performance status of 3
5. According to NCCN Guidelines, what is the most appropriate chemotherapy regimen for LS-SCLC when given with concurrent radiotherapy?
 - A) Weekly cisplatin
 - B) Cisplatin alone in 3-week cycles
 - C) Etoposide and cisplatin in 3-week cycles
 - D) Etoposide and carboplatin in 3-week cycles