Radiotherapy in Prostate Cancer

10 Questions
17th Dec 2015
Question 1

What is the mechanism of action of radiotherapy in treating prostate cancer:

a. It burns out cancer cells
b. It induces DNA damage to cancer cells
c. It induces vascular alteration
d. It breaks cell wall membrane
Question 2

Biochemical control is thought to be achieved in radiotherapy if PSA level is lower than

a. 0.2 ng/ml
b. 0.5 ng/ml
c. 1 ng/ml
d. 2 ng/ml
Salvage radiotherapy is considered after radical prostatectomy if a local recurrence is suspected with a PSA more than

a. 0.2 ng/ml
b. 0.5 ng/ml
c. 1 ng/ml
d. 2 ng/ml
Question 4

Dose escalation in 3D CRT could reach higher values compared to conventional radiotherapy, reaching levels as high as:

a. 80 Gy
b. 100 Gy
c. 120 Gy
d. 140 Gy
Question 5

Radiation dose with brachytherapy could achieve a dose of:

a. 80 Gy
b. 100 Gy
c. 120 Gy
d. 140 Gy
Question 6

What is the contra-indication for radiotherapy

a. Bladder cancer
b. Crohn’s disease
c. Urinary infection
d. Prostatic calcifications
Question 7

When does brachytherapy is considered an option in treating prostate cancer patients?

a. Low risk patients with good IPSS and a prostate volume < 50 ml. A previous TURP favors the treatment due to a smaller prostate.

b. Low risk patients with good IPSS and a prostate volume < 50 ml. A previous TURP is a contra-indication for the treatment.

c. High risk patients with good IPSS and a prostate volume < 80 ml. A previous TURP favors the treatment due to a smaller prostate.

d. Low risk patients with good IPSS. If a prostate is > 80 ml, a TURP is indicated prior to the treatment.
Question 8

Which type of radiotherapy gives more side effects concerning urinary symptoms?

a. Conventional EBRT
b. 3D CRT
c. IMRT
d. Brachytherapy
Question 9

Which type of radiotherapy gives more side effects concerning erectile dysfunction?

a. Conventional EBRT
b. 3D CRT
c. IMRT
d. Brachytherapy