

1-An invasive TCC is diagnosed in the left proximal ureter .The primary site of potential nodal metastases from this lesion will be the

A-left para-aortic LN

B-interaortocaval LN

C-left common iliac LN

D-All the above

2-On a ct scan ,a male was found to have enlarged LN along the abdominal aorta between the left renal hilum and the inferior mesenteric artery .Sites of malignancy that would commonly drain directly to these lymph nodes would NOT include the:

A-Bladder

B-Left kidney

C-Left testis

D-Left renal pelvis

3-what percentage of lymph node density carry a prognostic significance in bladder and prostate cancer:

A-10%

B-20%

C-30%

D-40%

4-Lymphadenectomy in conjunction with radical nephroureterectomy:

A-Should not be performed

B-is helpful for determining prognosis

C-is associated with high morbidity rate

D-is therapeutic

5-what is the % of patient with cN0 will have pathologic LN metastases at the time of cystectomy:

A-5%

B-15%

C-25%

D-35%

6-According to Briganti nomogram, patient with prostate cancer might be safely spared eLND if the risk of lymph node invasion is below:

A-5%

B-10%

C-15%

D-20%

7-Laparoscopic pelvic lymph node dissection (correct answer):

A-is difficult to perform using robotic radical prostatectomy

B-should always be performed transperitoneally

C-has an increased risk of thromboembolic complication compared with open approaches

D-has the same nodal yield as open surgery

8-Lymphatic drainage of the bladder is:

A-External iliac LN

B-obturator and internal iliac LN

C-internal and common iliac LN

D-All of the above



9-Which of the histologic features of RCC is NOT a risk factor of regional LN metastasis:

A-Histologic subtypes

B-Vascular invasion

C-Invasion of perinephric or renal sinus fat

D-Histologic tumor necrosis.

1-A

2-B

3-A

4-B

5-C

6-A

7-D

8-D

9-D

10-B