

Castration-Resistant Prostate Cancer: Addressing Treatment Challenges, Managed Care Aspects, and Integration of Existing and New Therapies Into Practice

Instructions for Obtaining Credit

Participants must read each article in this supplement, complete the online posttest achieving a passing score of 70% or higher, and complete an online evaluation and request for credit. Detailed instructions on obtaining CE credit are included following the sample online posttest.

Physician Credit

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Pharmacist Credit

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Sample of Online Posttest

Choose the best answer for each of the following:

1. For men in the United States, which of the following accurately reflects the lifetime probability of developing prostate cancer (PrCa)?
 - a. 1 in every 2 men
 - b. 1 in every 4 men
 - c. 1 in every 6 men
 - d. 1 in every 8 men
2. According to a retrospective analysis of patients who had undergone prostatectomy after an initial instance of PrCa, approximately what percentage of patients developed metastatic disease after a median of 5.4 years of follow-up?
 - a. 34%
 - b. 44%
 - c. 54%
 - d. 64%

3. **Castration-resistant prostate cancer (CRPC) is detected by which of the following parameters?**
 - a. Development of bone metastases
 - b. Identified progression of soft tissue disease
 - c. Rise in prostate-specific antigen (PSA) levels
 - d. All of the above
4. **All of the following statements regarding androgen receptor (AR) signaling in PrCa are true, EXCEPT:**
 - a. Androgens mediate their effects by activating the AR in cancerous prostate cells
 - b. ARs in PrCa can be activated by androgen amplification/overexpression
 - c. Castration-resistant tumor cells adapt only to high levels of circulating androgens
 - d. Castration-resistant tumor cells adapt only to high levels of circulating androgens
5. **Androgen amplification/overexpression in PrCa is attributable to which of the following?**
 - a. Gene weakening
 - b. Increased degradation
 - c. Translational downregulation
 - d. Transcriptional up-regulation
6. **Advanced PrCa is a target for immunotherapy because of all of the following reasons, EXCEPT**
 - a. Immunotherapy does not depend on high cell proliferation
 - b. Potential targets may include any gene product expressed by PrCa cells
 - c. The body does not mount an immune response when prostate tissue is affected by nonmalignant disease
 - d. The disease progresses slowly, allowing time for immunotherapy to induce and potentiate immunity against the tumor
7. **Which of the following statements is true about the mechanisms behind the development of bone metastases in patients with PrCa?**
 - a. The equilibrium between the opposing actions of RANK and OPG is interrupted
 - b. The equilibrium between the opposing actions of RANK-L and OPG is interrupted
 - c. The equilibrium between the opposing actions of RANK and RANK-L is interrupted
 - d. None of the above
8. **All of the following answer choices describe the American Urology Association Index Patient 3 classification for a patient with advanced PrCa, EXCEPT:**
 - a. Documented metastases on bone imaging
 - b. Need for opioid pain medications to control pain from bone metastases
 - c. Previous docetaxel chemotherapy
 - d. Rising PSA levels despite castrate levels of testosterone
9. **Before docetaxel-based combinations became the evidence-based standard in chemotherapy for CRPC, which combination was the only chemotherapeutic option available for patients at that time?**
 - a. Carboplatin plus prednisone
 - b. Cyclophosphamide plus prednisone
 - c. Doxorubicin plus prednisone
 - d. Mitoxantrone plus prednisone
10. **Approximately what percentage of men with PrCa have metastases at initial presentation?**
 - a. <5%
 - b. 7%
 - c. 10%
 - d. 12%
11. **Long-term analysis of docetaxel therapy in the TAX 327 study demonstrated a median survival of nearly _____ months in the patients who received docetaxel every 3 weeks versus the other treatment cohorts.**
 - a. 10 months
 - b. 15 months
 - c. 20 months
 - d. 25 months
12. **Sipuleucel-T immunotherapy is based on using which of the following types of cells to treat PrCa?**
 - a. Autologous hematopoietic stem cells
 - b. Autologous peripheral blood mononuclear cells
 - c. Autologous platelets
 - d. None of the above

Posttest

13. Abiraterone functions as a potent inhibitor of:
 - a. CYP17
 - b. CYP21
 - c. CYP2R1
 - d. CYP3A4

14. Enzalutamide has demonstrated all of the following actions in human PrCa cell lines, EXCEPT:
 - a. Induction of cellular apoptosis
 - b. Lowering of PSA level
 - c. Stimulation of DNA binding
 - d. Suppression of tumor growth

15. Bisphosphonates and monoclonal antibodies have demonstrated which of the following capabilities in the treatment of bone metastases?
 - a. Improvement in overall survival
 - b. Improvement in progression-free survival
 - c. Reduction of skeletal-related events
 - d. All of the above

16. Patients who had received radium chloride (Ra-223) for bone metastases related to PrCa experienced a median survival of ____ compared with those who had received placebo in the ALSYMPCA trial.
 - a. 6 months
 - b. 10 months
 - c. 14 months
 - d. 18 months

17. As a whole, medical expenditures for cancer have been projected to increase in 2020 by approximately ____ over levels seen in 2010.
 - a. 10%
 - b. 17%
 - c. 20%
 - d. 27%

18. According to a study published in 2011 by Yabroff et al, the estimated prevalence cost of care for PrCa in 2010 was nearly _____.
 - a. \$10 billion
 - b. \$12 billion
 - c. \$14 billion
 - d. \$16 billion

19. Between 2010 and 2020, in which phase of care for PrCa were the greatest increases in cost estimated to have occurred?
 - a. Continuing phase of care
 - b. End-of-life phase of care
 - c. Evidence of metastatic spread phase of care
 - d. Initial phase of care

20. Total per patient costs related to PrCa account for approximately what percentage of the total healthcare costs for patients with confirmed or likely CRPC?
 - a. 10%
 - b. 25%
 - c. 50%
 - d. 75%

Physician Credit

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