CPD QUESTIONNAIRE

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AFRICAN Urology

A retrospective chart review of the management and outcomes of penile cancer patients who underwent penectomy over a five-year period at St. Aidan's Hospital, Durban

1. What percentage of patients with squamous cell carcinoma (SCC) penis present with palpable nodes at diagnosis?

a. 10%
b. 20%
c. 50%
d. 75%

2. Which of the following human papillomavirus (HPV) types are closely associated with penile cancer?

a. 6, 11
b. 1, 2
c. 16, 18
d. 13, 32

3. Which of the following is *not* a recognised risk factor for penile cancer?

a. Smoking
b. Phimosis
c. HPV infection
d. Dietary factors

4. What is the standard of care for clinically palpable inguinal lymph nodes?

a. Watchful waiting
b. Antibiotic therapy
c. Radical inguinal lymphadenectomy
d. Topical agents

Describing postoperative complications and the perioperative associations of curative surgery for renal cell carcinoma at a South African centre

5. Where does renal cell carcinoma (RCC) rank among urological cancers in terms of incidence?

a. First
b. Second
c. Third
d. Fourth

6. What is the most common pathological subtype of RCC?

a. Chromophobe
b. Papillary cell
c. Clear cell
d. Mixed type 1 and 2

7. What was the total number of patients experiencing high-grade complications in this study?

a. 2
b. 5
c. 4
d. 8

8. Which of these perioperative comorbidities were most significant in affecting postoperative outcome after regression analysis?

a. Blood loss (> 1000 ml)
b. Open surgical approach
c. Moderate renal failure
d. Smoking

Body mass index and waist circumference in patients with benign prostatic hyperplasia at the Tamale Teaching Hospital, Ghana

9. In benign prostatic hyperplasia (BPH), the proliferation of prostatic cells is usually in which zone of the prostate?

a. Peripheral zone
b. Transition zone
c. Central zone
d. All the above

10. Regarding lower urinary tract symptoms secondary to BPH and obesity, which of the following is *not* true?

a. Obesity increases the oestrogen:testosterone ratio, which promotes hyperplasia of the prostate gland.
b. In obesity, there is increased production of cytokines and growth factors, which promote prostatic epithelial and stromal proliferation.
c. Obesity may increase intra-vesical pressure, which can worsen lower urinary tract symptoms secondary to BPH.
d. Obese patients are less likely to have surgical treatment for BPH than non-obese patients.

11. Which of the following has a statistically significant correlation with prostate volume?

a. Waist circumference
b. Height
c. Body mass index (BMI)
d. Weight

12. Which of the following statements is *false*?

a. A large waist circumference is associated with a large prostate volume.
b. A high BMI is associated with a large prostate volume.
c. A large waist circumference is associated with a lower international prostate symptom score (IPSS).
d. Both large BMI and large waist circumference are associated with a higher IPSS.

Managing hypospadias in a tertiary hospital in northern Ghana: a retrospective study

13. Managing hypospadias in Northern Ghana was a

a. prospective study.
b. randomised control trial.
c. retrospective study.
d. qualitative study.

14. In this study, the sample size

a. was 200.
b. was not stated.
c. was 500.
d. was less than 100.

15. The study revealed that

a. secondary procedures were not required to improve success.
b. dartos fascia was an important waterproof layer.
c. residual chordee and penile torsion were the commonest complications.
d. the type of hypospadias and tissue used for coverage did not predict complication rate.

16. In this study:

a. Postoperative complications were considered as primary outcome.
b. All patients, irrespective of status of urine culture, were included
c. Logistic regression was employed to predict the risk factors for complications.
d. Five consultants performed the surgeries.

Circumcision – ancillary to surgery for abdominal wall, groin, scrotal and allied conditions

17. The following are medical indications for circumcision *except*:

a. Pathological phimosis
b. Paraphimosis
c. Recurrent urinary tract infections
d. Nocturnal enuresis
e. Lichen sclerosus atrophicans

18. Which of the below is *not* a contraindication to circumcision?

a. Micropenis
b. Curvature of the penis
c. Inconspicuous penis
d. Sickle cell disease
e. Prematurity

19. Meatal stenosis is a condition that almost always results from?

a. Phimosis
b. Paraphimosis
c. Circumcision
d. Balanoposthitis
e. Urinary tract infection

20. Which statement on circumcision is *incorrect*?

a. It is the world's oldest surgical procedure.
b. The main indications are cultural and religious reasons.
c. It is associated with reduced rates of HPV-related penile cancer.
d. It has a negative impact on sexual function.
e. The benefits outweigh the risks.

21. The most common complication of circumcision is

a. penile torsion.
b. urethral fistula.
c. urine retention.
d. wound sepsis.
e. bleeding.

Cutaneous ureterostomy versus ileal conduit – outcomes and cost implications post-cystectomy

22. Which of the following is considered the standard of treatment for muscle-invasive bladder cancer?

a. Trimodal therapy
b. Transurethral resection of bladder tumour (TURBT) with BCG after complete resection
c. TURBT with mitomycin after complete resection
d. Radical cystectomy with pelvic lymph node dissection and neoadjuvant chemotherapy

23. According to current practice in most centres, which form of urinary diversion is most commonly used?

a. Ileal conduit
b. Cutaneous ureterostomies
c. Orthotopic neobladder
d. Cutaneous catherisable pouch

24. What is the incidence of ureter and stomal stenosis in cutaneous ureterostomy?

a. The true incidence is unknown due to high variability in surgical technique and no recent evidence
b. 60%
c. 20%
d. 10%

25. Which of the following is *not* a proposed method of increasing ureter and stomal patency after cutaneous ureterostomy?

a. Stoma site modification with an exaggerated smiley incision
b. Extreme lateralisation of stoma site to anterior axillary line
c. Always placing two stoma sites, one for each ureter
d. Keeping parietal peritoneum when mobilising ureter