Combined robot-assisted radical prostatectomy and anterior resection for synchronous prostate and colorectal carcinoma: a case series

1. What percentage of new cancers do prostate cancer (PCa) and colorectal cancer (CRC) contribute to, respectively, in males, according to the article?

a. PCa: 9%, CRC: 15%
b. PCa: 15%, CRC: 9%
c. PCa: 5%, CRC: 20%
d. PCa: 20%, CRC: 5%

2. How long did Case 2 spend in high care postoperatively?

a. 1.5 days
b. 3 days
c. 5 days
d. 10 days

3. In Case 3, what type of cancer was detected in the prostate?

a. Gleason 3 + 4 adenocarcinoma
b. Tubulovillous colorectal carcinoma
c. Carcinoma in situ of the colon
d. Gleason 4 + 5 adenocarcinoma

4. According to the article's conclusion, what is the key need related to the surgical management of synchronous prostate and colorectal cancer?

a. More research on neoadjuvant chemotherapy.
b. Improving patient outcomes with radiation therapy.
c. Developing new surgical techniques.
d. Standardizing the surgical approach and gathering long-term data.

A post-hysteroscopy insertion of an intrauterine device leading to a bladder stone

5. All the following factors can promote an IUD migration except one

a. Fresh endo-uterine surgery
b. Scarry uterus
c. Sexual intercourse
d. IUD's rigidity

6. According to the article, all the following precautions are suitable to prevent an IUD migration except one

a. Avoid inserting an IUD immediately after an endo-uterine surgery
b. Insert a hormone-releasing IUD instead of a copper IUD
c. Perform a non-traumatic insertion of IUD into the uterus
d. Prefer subcutaneous hormonal implant contraception in women with a history of an IUD migration

7. What is the best treatment option for a migrated IUD-induced bladder stone?

a. Cystolitholapaxy
b. Bladder irrigation with sodium bicarbonate
c. Cystolithotomy
d. Extracorporeal shock wave lithotripsy

8. Which is false among the following?

a. An inserted IUD can migrate only into the bladder
b. An IUD can migrate in less than three months after it is inserted
c. The care provider should perform an abdominal and pelvic computed tomography to rule out an IUD migration when he cannot find it at removal time
d. A woman should report to her care provider any absence of IUD's string at daily vaginal douching

Impact of simple prostatectomy on erectile function and lower urinary tract symptoms

9. The likely risk factor for erectile dysfunction in patients with benign prostate enlargement is:

a. PSA
b. LUTS
c. Dysuria
d. IPSS OF 34

10. Which of the following procedures may significantly worsen erectile function?

a. Radical prostatectomy
b. Simple prostatectomy
c. Prostate biopsy
d. DRE

11. I P S S of 33 is an indication for:

a. Watchful waiting
b. Tamsulosin
c. Dutasteride
d. Simple prostatectomy

12. Which of the following SHIM scores indicate MILD TO MODERATE Erectile Dysfunction?

a. 0–7
b. 8–11
c. 12–16
d. 17–22

13. Which of the following medication may cause retrograde ejaculation?

a. Tamsulosin
b. Tadalafil
c. Dutasteride
d. Zoladex

Evaluating the role of 99mTc HYNIC PSMA SPECT scan following a negative bone scan in men with prostate cancer: a single-centre, retrospective cohort study

14. As per the 2022 NCCN guidelines, Next Generation Imaging should be performed if conventional imaging modalities are negative or equivocal in which risk group of patients?

a. Favorable Intermediate Risk
b. High Risk
c. Low Risk
d. Unfavorable intermediate Risk

15. What percentage of patients in the study were understaged by bone scan alone?

a. 20%
b. 50%
c. 90%
d. 5%

16. Previous studies have shown that a bone scan can be avoided below which PSA value due to relatively poor pick-up rates?

a. 100 ng/ml
b. 20 ng/ml
c. 50 ng/ml
d. 10 ng/ml

17. The major advantages of ^{99m}Tc-PSMA SPECT over ^{68}Ga-PSMA PET/CT are

a. Sensitivity
b. Radiation exposure
c. Specificity
d. Cost and availability

Ipsilateral ureteroureterostomy versus upper moiety heminephrectomy (and proximal ureterectomy) for a complete duplex system of the kidney: a mini-review

18. How is the upper pole ureter anastomosed to the lower pole ureter in ipsilateral ureteroureterostomy?

a. End-to-end
b. End-to-side
c. Side-to-side
d. Anastomosis is done at a later stage

19. What are the risks associated with performing upper moiety heminephrectomy?

a. "Yo-yo" reflux
b. Hypertension and anastomotic strictures
c. Lower moiety loss
d. Retained urethral stump

20. What contributes to lower moiety loss?

a. Unrecognised segmental renal artery ligation or vasospasm
b. Ectopic ureteroceles
c. Using a Pfannenstiel or Gibson incision
d. A large diameter of the upper moiety ureter

21. A distal approach using a Pfannenstiel or Gibson incision has the following benefits:

a. It prevents "yo-yo" reflux from happening
b. Decreased risk of hypertension
c. It allows for more complete excision of the ectopic ureteral stump
d. It reduces hydronephrosis and anastomotic stricture rates

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