

Unravelling bladder cancer in Uganda: insights from the discrepancies in *TP53* assessment between immunohistochemistry and whole exome sequencing

1. What was the main finding of the study regarding *TP53* immunohistochemistry (IHC) and whole exome sequencing (WES) in muscle-invasive urothelial carcinoma (MIUC) samples?
 - a. *TP53* mutations were detected in all samples that showed positive *TP53* staining on IHC.
 - b. *TP53* IHC was a reliable surrogate marker for *TP53* mutations in MIUC.
 - c. A high proportion of *TP53* IHC-positive samples did not have *TP53* gene mutations on WES.
 - d. *TP53* mutations were more prevalent in female patients than male patients.

2. Why is IHC commonly used instead of WES in many bladder cancer treatment centres in sub-Saharan Africa?

- a. IHC is more sensitive in detecting *TP53* mutations than WES.
- b. WES is expensive and not readily available in many treatment centres.
- c. IHC provides direct genetic information about *TP53* mutations.
- d. WES is considered unreliable for detecting *TP53* mutations in African populations.

3. According to the study, what is a possible explanation for the discrepancy between *TP53* IHC positivity and WES findings?

- a. Wild-type *TP53* protein can be stabilised by exogenous factors, leading to overexpression in IHC.
- b. The WES method used in the study was not accurate in detecting *TP53* mutations.
- c. All *TP53* mutations are always detected by IHC but not by WES.
- d. Bladder cancer in Uganda is not associated with *TP53* overexpression.

4. What clinical implication does the study suggest regarding the use of *TP53* IHC as a surrogate marker for *TP53* mutations in MIUC?

- a. *TP53* IHC should replace WES as the primary diagnostic tool for MIUC.
- b. *TP53* IHC is not a reliable surrogate marker for predicting *TP53* gene mutations in MIUC.
- c. *TP53* IHC is highly effective in distinguishing wild-type *TP53* from mutant *TP53*.
- d. *TP53* IHC should only be used in male patients due to differences in mutation patterns.

Five-year review of laparoscopic radical nephrectomies: initial experience with en bloc hilar ligation using an Endo GIA stapler

5. The standard of care for localised RCC not amenable to partial nephrectomy is:

- a. Chemotherapy
- b. Radiotherapy
- c. Immunotherapy
- d. Radical nephrectomy

6. The following are contraindications to laparoscopic radical nephrectomy except:

- a. Peritonitis
- b. Sepsis
- c. Severe cardiopulmonary disease
- d. Correctable coagulopathy
- e. Hypovolaemic shock

7. The commonest histopathological finding at radical nephrectomy is:

- a. Papillary cancer
- b. Oncocytoma
- c. Chromophobe
- d. Clear-cell carcinoma
- e. Other malignant types

8. Which is the most common criterion to assess postoperative complications?

- a. APACHE scoring
- b. Clavien-Dindo
- c. Ranson's
- d. Surgical risk score
- e. Surgical APGAR score

Penile fracture injury: diagnosis, outcome and long-term follow-up in a Cameroon-based population

9. What is the most common sexual intercourse position that causes penile injury?

- a. Woman on top
- b. Missionary
- c. Rear entry
- d. All of the above

10. Which of the following is associated with penile injury?

- a. Cracking sound
- b. Penile detumescence
- c. Eggplant deformity
- d. All of the above

11. The major complications following penile fracture include:

- a. Erectile dysfunction
- b. Penile curvature
- c. A and B are correct
- d. None of the above

12. According to the study, what is the predominant cause of penile fracture?

- a. Micturition
- b. Vigorous sexual intercourse
- c. Sleep
- d. Road traffic accident

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