CPD QUESTIONNAIRE

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AFRICAN Urology

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

8. Which is the most common criterion to access 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