CME

CME POST-TEST

All post-tests must be completed and submitted online.

EXPIRATION DATE: JANUARY 2022

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TUMOR LYSIS SYNDROME

1. **TLS can occur spontaneously in patients with which high-risk malignancies?**
   a. prostate cancer
   b. breast cancer
   c. acute leukemia and high-grade lymphoma
   d. squamous cell carcinoma

2. **According to the Cairo and Bishop classification system, a diagnosis of laboratory TLS can be made by which of the following metabolic abnormalities occurring within 3 days before or up to 7 days after initiation of cancer treatment?**
   a. hyperkalemia and hypercalcemia
   b. hyperkalemia and hypocalcemia
   c. hyperphosphatemia and hypokalemia
   d. hyperuricemia and hypercalcemia

3. **According to the Cairo and Bishop classification system, a diagnosis of clinical TLS can be made with the presence of laboratory TLS plus which of the following findings?**
   a. deteriorating mental status
   b. tachycardia with tachypnea
   c. renal insufficiency
   d. jaundice

4. **Which statement is correct about risk factors for developing TLS?**
   a. Patients with preexisting renal disease are at high risk for TLS.
   b. Patients with solid tumors are at higher risk for TLS than those with hematologic malignancies.
   c. Larger tumor size is not associated with TLS risk.
   d. Women are at greater risk of TLS than men.

5. **In TLS, massive tumor cell death leads to the release of intracellular components into the bloodstream. Which laboratory findings are likely to be found in a patient with TLS?**
   a. hyperuricemia, hyperphosphatemia, hypocalcemia, hyperkalemia
   b. hyperuricemia, hyperphosphatemia, hypercalcemia, hyperkalemia
   c. hyperuricemia, hyperphosphatemia, hypocalcemia, hypokalemia
   d. hyperuricemia, hypophosphatemia, hypocalcemia, hyperkalemia

HYPERTENSION IN CHILDREN

6. **According to the 2017 AAP guidelines, what percentage of children and adolescents ages 1 to 18 years living in the United States are hypertensive?**
   a. 0.5% to 1.5%
   b. 2% to 4%
   c. 10.5%
   d. 16.3%

7. **What is the most common cause of high BP in children and adolescents?**
   a. renal disease
   b. coarctation of the aorta
   c. obesity
   d. primary hypertension

8. **Which statement is correct about high BP in children and adolescents?**
   a. High BP is less likely among Hispanic children and adolescents than among non-Hispanic Whites.
   b. The rate of high BP among adolescents is similar to the rate for younger children.
   c. High BP affects boys more than girls.
   d. High BP is more prevalent among non-Hispanic White children and adolescents than among Blacks.

9. **In a patient with an abnormal BP noted during a clinic visit, which of the following would be the recommended next step according to the 2017 AAP guidelines?**
   a. Take oscillometric or auscultatory measurements twice during the same visit.
   b. Repeat the BP measurements in 12 months.
   c. Begin treatment with a diuretic if two measurements taken during the same visit are both elevated.
   d. Diagnose hypertension if the patient's BP is elevated at two separate visits.

10. **Which statement is correct about pediatric secondary hypertension?**
    a. Secondary hypertension is more likely in obese children and adolescents.
    b. All children age 6 years and older should be thoroughly evaluated for secondary causes of hypertension if they have a positive family history of hypertension and are overweight or obese.
    c. If secondary hypertension is strongly suspected, the workup and initial treatment should be completed by the primary care provider before referral to a specialist is considered.
    d. Renal disease and renovascular disease are among the most common secondary causes of hypertension in children, particularly those younger than age 6 years.