

Self-Assessment Test

Assuring the Safe and Appropriate Management of Anemia in Two Patient Populations: Cancer and Chronic Kidney Disease

This program is located at <http://ashpmedia.org/symposia/anemia>



This self-assessment test has been provided as a study aid only. At the conclusion of the internet-based program, click on "Take CE Test" to proceed to the ASHP Learning Center and take the on-line program post-test. You may print your CE statement immediately after successful completion of the post-test.

There are 20 questions associated with this self-assessment test.

1. According to the National Cancer Institute and World Health Organization, a hemoglobin (Hgb) value of 12.0 g/dL in a man is considered:
 - a. Normal.
 - b. Mild anemia.
 - c. Moderate anemia.
 - d. Severe anemia.

2. Which of the following is a measure of immediately-available iron stores?
 - a. Serum ferritin.
 - b. Serum iron.
 - c. Total iron binding capacity.
 - d. Transferrin saturation (TSAT).

3. Which of the following oral iron preparations has the highest elemental iron content per tablet?
 - a. Iron polysaccharide.
 - b. Ferrous fumarate.
 - c. Ferrous gluconate.
 - d. Ferrous sulfate.

4. In the serious hazards of transfusion initiative, the most common cause of death or major complications from blood transfusions was:
 - a. Acute transfusion reaction.
 - b. Graft vs. host disease.
 - c. Incorrect blood/component transfused.
 - d. Transfusion-transmitted infection.



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5. Which of the following outcomes has been conclusively demonstrated in controlled clinical trials of erythropoiesis-stimulating agents (ESAs) in patients with chemotherapy-induced anemia?
 - a. Reduced red blood cell transfusion requirements.
 - b. Improvement in anemia symptoms.
 - c. Improved well-being.
 - d. Improved quality of life.

6. Which of the following statements about the use of epoetin alfa and darbepoetin alfa is consistent with current National Comprehensive Cancer Network Practice Guidelines in Oncology on Cancer- and Chemotherapy-Induced Anemia?
 - a. Either agent can be used for ESA therapy.
 - b. Epoetin alfa is preferred because more data are available for its use than for darbepoetin alfa use.
 - c. Darbepoetin alfa is preferred because more data are available for its use than for epoetin alfa use.
 - d. Neither agent should be used unless patients have anemia from chronic kidney disease (CKD) as well as cancer- or chemotherapy-induced anemia.

7. Which of the following are therapeutic goals for iron therapy in a hemodialysis patient with anemia and CKD?
 - a. Serum ferritin >100 ng/mL and TSAT >50%.
 - b. Serum ferritin >200 ng/mL and TSAT >50%.
 - c. Serum ferritin >100 ng/mL and TSAT >20%.
 - d. Serum ferritin >200 ng/mL and TSAT >20%.

8. Which of the following outcomes is associated with early ESA therapy in patients with CKD and anemia?
 - a. Improved survival and quality and life and delayed progression of renal disease.
 - b. Improved survival with no impact on quality of life or progression of renal disease.



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- c. Improved quality of life with no impact on survival or progression of renal disease.
 - d. Delayed progression of renal disease with no impact on survival or quality of life.
9. Malignancy may contribute to anemia by:
- a. Causing hemolysis and occult blood loss.
 - b. Causing inflammation and hemolysis.
 - c. Impairing oral iron absorption and iron storage as ferritin.
 - d. Inhibiting oral iron absorption and erythropoiesis.
10. Which of the following types of oncology patients was specifically excluded from the indications for use in the labeling for ESAs in August 2008?
- a. Patients with malignancy receiving radiation therapy.
 - b. Patients with malignancy receiving neither chemotherapy nor radiation therapy.
 - c. Patients with malignancy receiving chemotherapy with curative intent.
 - d. Patients with malignancy receiving chemotherapy with palliative intent.
11. Initiation of ESA therapy is indicated in oncology patients receiving myelosuppressive chemotherapy:
- a. Regardless of the Hgb value.
 - b. When the Hgb <8 g/dL.
 - c. When the Hgb <10 g/dL.
 - d. When the Hgb <12 g/dL.
12. Which of the following is an appropriate therapeutic target for ESA therapy in patients with chemotherapy-induced anemia?
- a. Avoidance of red blood cell transfusion (there is no safe Hgb target).
 - b. Hgb <10 g/dL.
 - c. Hgb <12 g/dL.
 - d. Hgb <14 g/dL.



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13. Which of the following actions should be taken if the Hgb concentration increases by more than 1 g/dL in a 2-week period during ESA therapy in a patient with chemotherapy-induced anemia?
 - a. Discontinue ESA therapy.
 - b. Reduce the ESA dose by 25%.
 - c. Reduce the ESA dose by 75%.
 - d. Withhold ESA therapy until the Hgb concentration decreases to a level where transfusions may be required.

14. Which of the following statements about the use of iron supplementation in conjunction with ESA therapy for chemotherapy-induced anemia is correct?
 - a. Most patients receiving ESA therapy require iron supplementation, and the oral route is preferred because it results in a more rapid and profound Hgb response and reduction in transfusion requirements than the intravenous (i.v.) route.
 - b. Most patients receiving ESA therapy require iron supplementation, and the i.v. route is preferred because it results in a more rapid and profound Hgb response than the oral route, although a difference in impact on transfusion requirements has not been demonstrated.
 - c. Most patients receiving ESA therapy require iron supplementation, but neither the oral route nor the i.v. route is preferred because they result in a comparable Hgb response and impact on transfusion requirements.
 - d. Iron supplementation is unnecessary for most patients receiving ESA therapy because iron stores are sufficient.

15. Rapid increases in Hgb in patients with chemotherapy-induced anemia should be avoided because rapid increases may be associated with:
 - a. Pure red cell aplasia and loss of ESA response.
 - b. Shortened time to tumor progression.
 - c. Thromboembolic events.
 - d. Uncontrolled hypertension and seizures.

16. Anemia associated with CKD typically first manifests in which of the following stages and corresponding estimated glomerular filtration rate (GFR) values?



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- a. Stage 2 (60-89 mL/min/1.73 m²).
 - b. Stage 3 (GFR 30-59 mL/min/1.73 m²).
 - c. Stage 4 (GFR 15-29 mL/min/1.73 m²).
 - d. Stage 5 (GFR <15 mL/min/1.73 m²).
17. Which of the following is the preferred method of iron supplementation for patients with CKD requiring hemodialysis?
- a. Oral.
 - b. i.v.
 - c. Either oral or i.v. may be used.
 - d. Neither oral nor i.v. should be used.
18. Which of the following is the most appropriate target Hgb for ESA therapy in patients with CKD?
- a. <10 g/dL.
 - b. 10-11 g/dL.
 - c. 11-12 g/dL.
 - d. >12 g/dL.
19. Which of the following is the minimum recommended frequency for monitoring Hgb concentrations in a patient with stage 3 CKD who is not receiving an ESA?
- a. Every year.
 - b. Every 3 months.
 - c. Every month.
 - d. Every week.
20. Which of the following is the appropriate time frame after which the need for ESA therapy should be reevaluated in a patient with CKD who fails to achieve the target Hgb despite appropriate dosage titration?
- a. 6 weeks.
 - b. 12 weeks.
 - c. 6 months.
 - d. 12 months.
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