Understanding Cancer - Brain Tumors

1. Benign brain tumors
   a. are typically fast-growing.
   b. rarely spread to other areas of the body.
   c. often metastasize to other parts of the body.
   d. are never malignant.

2. Metastatic brain tumors
   a. are less common than primary brain tumors.
   b. originate in the brain.
   c. are also known as secondary brain tumors.
   d. are more common than secondary brain tumors.

3. Malignant brain tumors
   a. tend to grow faster.
   b. share all of the characteristics of cancers generally.
   c. is characterized by its ability to spread to other organs.
   d. are rarely life-threatening.

4. The classification of brain tumors is based on the premise that each type of tumor results from the abnormal growth of
   a. a specific brain cell.
   b. a specific region of the brain.
   c. a specific organ.
   d. a specific cell type.

5. Grading a tumor specifically helps a clinician know
   a. whether a tumor is a primary or secondary tumor.
   b. the origin of the tumor.
   c. how aggressive or malignant a tumor is.
   d. how far a tumor has spread.
6. The patient’s tumor is slow-growing and it has an almost normal appearance when viewed through a microscope: this tumor is classified under WHO grading system as

   a. Grade I.
   b. Grade II.
   c. Grade III.
   d. Grade IV.

7. _______________ tumors form new blood vessels so they can maintain their rapid growth.

   a. Pilocytic astrocytoma
   b. Gangliocytoma
   c. Grade IV
   d. Grade III

8. Under WHO grading system, _______________ tumors are malignant and the cells of the tumor are actively reproducing abnormal cells, which grow into nearby normal brain tissue.

   a. Grade I
   b. Grade II
   c. Grade III
   d. Grade IV

9. Staging is important to healthcare providers for several reasons, which include:

   a. it helps a doctor plan the appropriate treatment.
   b. it helps providers and researchers exchange information about patients.
   c. it helps providers understand the way the cancer has progressed.
   d. All of the above
10. *Pathologic* Staging determines how much cancer is present based on

   a. post-treatment evaluations.
   b. hormone therapy results.
   c. the surgical removal of a tumor only.
   d. a physical exam and imaging tests.

11. The common elements considered in most staging systems include:

   a. Site and cell type of the primary tumor.
   b. Tumor size and/or extent (reach).
   c. Number of tumors and tumor grade.
   d. All of the above.

12. Astrocytomas are tumors that arise from astrocytes—star-shaped cells and these tumors

   a. are always high-grade, rapid growth tumors.
   b. are high-grade, rapid growth in children.
   c. are high-grade, rapid growth in adults.
   d. arise on the 8th cranial nerve leading to the inner ear.

13. Debulking is the surgical removal of as much of a malignant tumor as possible

   a. to avoid the necessity of radiation or chemotherapy.
   b. when partial removal of a tumor is considered.
   c. to enhance the effectiveness of radiation or chemotherapy.
   d. and is used only with fast-growing tumors.
14. _______________ uses a moving X Ray beam to capture the images; the beam circles around the body, thereby capturing a number of different views of the same body part.

   a. The Positron Emission Tomography  
   b. The standard X-Ray  
   c. A CT scan  
   d. The Magnetic Resonance Imaging (MRI)

15. _______________ is the initial treatment for most benign and many malignant tumors.

   a. A biopsy  
   b. Chemotherapy  
   c. Surgery  
   d. Radiation therapy

16. The insertion of a drainage system designed to move excess fluid from the brain to another part of the body is called

   a. a shunt.  
   b. an Ommaya reservoir.  
   c. cytoreduction.  
   d. hydrocephaly.

17. Transsphenoidal surgery is an approach often used to operate on

   a. oligodendrogliomas and meningiomas.  
   b. the hypothalamus and optic chiasm.  
   c. brain stem meningiomas.  
   d. pituitary adenomas and craniopharyngiomas.
18. ____________________, also known as computer interactive surgery or image-guided surgery, provides the surgeon with extensive visual information to optimize localization of the patient’s anatomy and assist in surgical planning.

   a. Frameless stereotaxy
   b. Magnetic Resonance Imaging (MRI)
   c. Frame-based stereotaxy
   d. Endoscopic Endonasal Approach (EEA)

19. There are risks associated with stereotactic biopsy:

   a. it is possible to miss the tumor entirely.
   b. removed tissue may not be representative of the tumor.
   c. it may produce local bleeding.
   d. All of the above

20. Risk factors associated with a craniotomy may include

   a. memory impairment.
   b. deafness, double vision.
   c. numbness, paralysis, or blindness.
   d. All of the above.