

CONTINUING EDUCATION TEST

Iodine-131 as an Oncology Agent

For each of the following questions, select the best answer. Then circle the number on the CE Tests Answer Sheet that corresponds to the answer you have selected. Keep a record of your responses so that you can compare them with the correct answers, which will be published in the next issue of the *Journal*. Answers to these test questions should be returned on the Answer Sheet no later than December 1, 1993. Supply your name, address, and VOICE number in the spaces provided on the Answer Sheet. Your VOICE number appears on the upper left hand corner of your *Journal* mailing label. No credit can be recorded without it. A 70% correct response rate is required to receive 0.1 CEU credit for this article. Members participating in the continuing education activity will receive documentation on their VOICE transcript, which is issued in March of each year. Nonmembers may request verification of their participation but do not receive transcripts.

A. *Thyroid cancer is a relatively rare malignancy.*

- 142. true
 - 143. false
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B. *Follicular cancer of the thyroid occurs in 10%–20% of all cases. It tends to be a _____.*

- 144. solitary encapsulated tumor metastasizing to lung and bone
 - 145. multifocal, unencapsulated neoplasm, metastasizing to local lymph nodes
 - 146. tumor occurring in a younger age group
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C. *Once thyroid cancer is diagnosed, _____.*

- 147. a 5-yr evaluation is recommended
- 148. there is no follow up for the patient
- 149. surgical removal is mandatory
- 150. ^{123}I therapy is administered

D. *Prior to ^{131}I ablation therapy, the patient must undergo an extensive workup, including _____.*

- 151. discontinuing exogenous thyroxine-containing hormone for 6 wk and a low iodine diet
 - 152. a chest X-ray, BETA HCG (for women), serum calcium, urinalysis, serum BUN/creatinine, CBC, thyroglobulin, and TSH
 - 153. a 24–48-hr ^{131}I uptake and scan
 - 154. all of the above
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E. *The Beierwaltes protocol advises _____.*

- 155. not <100 mCi to treat thyroid bed tissue, 150–175 mCi to treat cervical nodes, and 175–200 mCi for distant metastases
- 156. not <10 mCi to treat thyroid bed tissue, 15–17 mCi to treat cervical nodes, and 17–20 mCi for distant metastases
- 157. not <100 MBq to treat thyroid bed tissue, 150–175 MBq to treat cervical nodes, and 175–200 MBq for distant metastases

F. *The maximum amount of radioiodine that may be administered is that which will deliver no more than _____ to the whole blood.*

- 158. 30 mCi
 - 159. 2 mCi
 - 160. 2 MBq
 - 161. 2 Gy
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G. *Sodium iodide ^{131}I is available _____.*

- 162. in liquid preparations only
 - 163. in capsule and liquid preparations
 - 164. in capsules only
 - 165. in tablets
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H. *After oral administration, ^{131}I is absorbed from the gastrointestinal tract _____.*

- 166. and trapped within residual functional thyroid tissue
 - 167. and absorbed into residual functional thyroid tissue
 - 168. and trapped and organified within residual functional thyroid tissue
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I. *There are no reported side effects with ^{131}I ablation therapy.*

- 169. true
- 170. false