Update on endometrial carcinoma: treatment

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1. Which of the following is true regarding the use of adjuvant endocrine therapy in patients with endometrial carcinoma?
   a. It is indicated for patients in early-stage disease.
   b. Survival is higher in patients submitted to endocrine therapy.
   c. This form of therapy has few adverse effects.
   d. It is not indicated for patients in early-stage disease.

2. Which of the following is true regarding patients with early-stage endometrial carcinoma treated surgically?
   a. Adjuvant radiotherapy increases survival.
   b. Adjuvant radiotherapy does not alter locoregional recurrence.
   c. Adjuvant radiotherapy is indicated when there is risk of metastasis.
   d. Adjuvant radiotherapy has local recurrence rates of 90%.

3. Is laparoscopic surgery safe and effective for the treatment of endometrial carcinoma?
   a. There is no difference in survival between laparoscopy and laparotomy.
   b. Its indication for patients in early-stage disease is absolute.
   c. Laparoscopy increases recurrence when compared to laparotomy.
   d. Survival is higher in patients treated with laparoscopy.

4. The association between radiotherapy and chemotherapy in patients with high-risk endometrial carcinoma determines:
   a. Decrease in local recurrence rates.
   b. No alteration in survival.
   c. Decrease in mortality.
   d. Decrease in metastases.

5. Regarding the monitoring of patients with endometrial carcinoma considered to be disease-free, the following is true:
   a. Consultations every three years.
   b. The performance of subsidiary examinations reduces mortality.
   c. Annual consultations.
   d. Consultations every three months in the first three years.

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1. Depressive symptoms are common (Alternative C).
2. Disulfiram is not beneficial (Alternative B).
4. Hair analysis can help in the monitoring of abstinence (Alternative A).
5. Religiousness (Alternative D).