



Ovarian Cancer

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1. Which of the following is a risk factor for ovarian cancer?
 - a. Parity
 - b. Oral contraceptive use
 - c. Personal history of breast cancer
 - d. Use of talcum powder in the perineal area
2. Mrs. Clark is a 60-year-old woman being seen for her annual examination and Pap test. She is concerned about a friend, who recently was diagnosed with ovarian cancer at age 58, and asks about the early symptoms of ovarian cancer. Which of the following is the nurse's most appropriate response?
 - a. "Dyspepsia is an early sign of ovarian cancer."
 - b. "Abdominal bloating is an under-recognized early sign of ovarian cancer."
 - c. "Ovarian cancer usually has no distinct early signs or symptoms."
 - d. "Having a sudden strong urge to urinate and not being able to get to the toilet fast enough is a sign of early ovarian cancer."
3. In educating Mrs. Clark about the American Cancer Society (ACS) recommendations for ovarian cancer screening, the nurse advises her to have an annual pelvic examination and
 - a. No further testing.
 - b. An intravaginal ultrasound.
 - c. A serum cancer antigen 125 (CA125) level drawn.
 - d. A serum carcinoembryonic antigen (CEA) level drawn.
4. Which of the following is the most common type of ovarian cancer?
 - a. Brenner
 - b. Epithelial
 - c. Germ cell
 - d. Sex cord-stromal
5. According to International Federation of Gynecology and Obstetrics criteria, stage III ovarian cancer is classified as
 - a. Growth limited to one or both ovaries.
 - b. Growth involving the ovaries with pelvic extension to the uterus and/or fallopian tubes.
 - c. Growth involving the ovaries with pelvic metastases and positive retroperitoneal and inguinal nodes.
 - d. Growth involving the ovaries with distant metastases to the lung and/or liver.
6. Ms. Jones has been diagnosed with stage III epithelial ovarian cancer. The nurse prepares her to undergo which of the following treatments?
 - a. Total abdominal hysterectomy and bilateral salpingo-oophorectomy with surgical cytoreduction
 - b. Total abdominal hysterectomy and bilateral salpingo-oophorectomy with surgical cytoreduction followed by external beam radiation
 - c. Total abdominal hysterectomy and bilateral salpingo-oophorectomy with surgical cytoreduction followed by IV chemotherapy
 - d. Total abdominal hysterectomy and bilateral salpingo-oophorectomy with surgical cytoreduction followed by intraperitoneal (IP) chemotherapy
7. Ms. Jones is in the infusion room for her first cycle of chemotherapy for stage IIIC epithelial ovarian cancer. She has premedicated herself with oral dexamethasone as instructed and receives IV premedications consisting of diphenhydramine and an H₂ antagonist. Five minutes after the start of the paclitaxel infusion, she develops facial flushing and her blood pressure drops from 140/70 to 100/40. What is the nurse's most appropriate response?
 - a. Stop the infusion and administer an IV bolus of 0.9 normal saline at 200 cc per hour and 50 mg of IV diphenhydramine
 - b. Stop the infusion for 30 minutes and then restart, assessing vital signs every 15 minutes throughout the remainder of the infusion
 - c. Continue the infusion and monitor vital signs every 15 minutes throughout the remainder of the infusion
 - d. Continue the infusion and administer 125 mg of IV Solu-Medrol® (methylprednisolone sodium succinate for injection, USP, Pfizer Inc., New York, NY)
8. An early symptom of paclitaxel-induced neurotoxicity is
 - a. Ototoxicity.
 - b. Orthostatic hypotension.
 - c. Loss of deep tendon reflexes.
 - d. Numbness and tingling in the fingers and toes.
9. Mrs. Evans is experiencing paclitaxel-induced neurotoxicity and asks the nurse about the medication that her physician has prescribed for her. The nurse teaches the patient about the side effects associated with
 - a. Opioid analgesics.
 - b. Corticosteroids.
 - c. Anticonvulsants.
 - d. Nonsteroidal anti-inflammatory drugs (NSAIDs).

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