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CPC/Qualicare George Open Day Related Reading Material.

1. BPH update 2025

Introduction: [\(BPH update 2025\) FDA Update in urology.pdf](#)

Link to article1 : [\(BPH update 2025\) Rezūm Procedure.pdf](#)

Link to article 2: [\(BPH update 2025\) The FDA approved darolutamide.pdf](#)

Link to article 3: [\(BPH update 2025\)FDA accepts new drug application for zoliflodacin for uncomplicated gonorrhea.pdf](#)

Link to article 4: [What is Aquablation® therapy \(FDA Update in urology\).pdf](#)

Benign Prostatic Hyperplasia (BPH) treatment options have expanded significantly in 2025. Here are five questions with multiple-choice answers related to BPH:

Questions and Answers

Question 1: What is the primary goal of BPH treatment?

- a) To reduce prostate size
- b) To alleviate symptoms
- c) To prevent prostate cancer
- d) To improve fertility
- e) To reduce mortality rates

Question 2: Which BPH treatment uses water vapor to ablate excess prostate tissue?

- a) Aquablation
- b) Rezūm Water Vapor Thermal Therapy
- c) UroLift
- d) Prostatectomy
- e) Medication

Question 3: What is a key benefit of Aquablation therapy?

- a) Reduced risk of bleeding
- b) Preservation of normal ejaculation
- c) Shorter hospital stay
- d) Improved fertility
- e) Reduced risk of prostate cancer

Question 4: What is the typical duration of hospital stay after Aquablation therapy?

- a) 1-2 days
- b) 1.4-1.6 days
- c) 3-5 days

- d) 1 week
- e) 2 weeks

Question 5: Which organization recently discussed updates on BPH treatment?

- a) American Urological Association (AUA)
- b) Urological Society of India (USI)
- c) Harvard Medical School
- d) FDA
- e) All of the above

2. Renal Replacement

Link to info: [Renal Replacement Info.pdf](#)

Renal Replacement Therapy (RRT) Questions:

Question 1: What is the primary goal of Renal Replacement Therapy?

- a) To remove waste products from the blood
- b) To regulate blood pressure
- c) To manage electrolyte imbalances
- d) To improve kidney function
- e) To reduce mortality rates

Question 2: Which of the following is a type of RRT used for critically ill patients?

- a) Hemodialysis
- b) Peritoneal Dialysis
- c) Continuous Renal Replacement Therapy (CRRT)
- d) Kidney Transplantation
- e) All of the above

Question 3: What is the role of a Renal Replacement Therapy Professional Instructor in Japan?

- a) To perform RRT procedures
- b) To educate healthcare professionals on RRT best practices
- c) To develop new RRT technologies
- d) To manage RRT facilities
- e) To conduct RRT research

Question 4: What is a key benefit of Continuous Renal Replacement Therapy (CRRT)?

- a) It provides rapid fluid removal
- b) It is suitable for hemodynamically unstable patients
- c) It requires less anticoagulation

- d) It is less expensive than other RRT options
- e) It can only be used for short periods

Question 5: What is the future direction of Renal Replacement Therapy?

- a) Developing more portable RRT devices
- b) Improving RRT protocols for better patient outcomes
- c) Increasing accessibility to RRT worldwide
- d) Enhancing patient education on RRT options
- e) All of the above

3. Evolving Management of Low- Density Lipoprotein Cholesterol: A Personalized Approach to Preventing Atherosclerotic Cardiovascular Disease Across the Risk Continuum

Link to article: [Evolving Management of Low- Density Lipoprotein Cholesterol.pdf](#)

1. What is the primary goal of LDL-C management in cardiovascular disease prevention?

- a) To increase HDL-C levels
- b) To reduce triglycerides
- c) To prevent atherosclerotic cardiovascular events
- d) To eliminate cholesterol entirely
- e) To avoid medication use

2. Which medication class is considered first-line therapy for LDL-C reduction?

- a) PCSK9 inhibitors
- b) Ezetimibe
- c) Statins
- d) Bempedoic acid
- e) Inclisiran

3. What concept does the article introduce to replace the binary “primary vs secondary prevention” model?

- a) Risk ladder
- b) Genetic profiling
- c) Continuum of risk
- d) Lifestyle-only model
- e) Medication-free zones

4. Which combination of nonstatin therapies is commonly used in high-risk patients?

- a) Omega-3 fatty acids and niacin
- b) Ezetimibe and PCSK9 inhibitors
- c) Aspirin and beta-blockers
- d) Calcium supplements and vitamin D
- e) Fibrates and bile acid sequestrants

5. What is a major barrier to achieving LDL-C targets in high-risk populations?

- a) Lack of available medications
- b) Overuse of imaging
- c) Poor long-term adherence to statins
- d) Excessive LDL-C lowering
- e) High HDL-C levels

4. Obesity and Weight Management for the Prevention and Treatment of Type 2 Diabetes

[Link to article: Obesity and Weight Management for the Prevention and Treatment of Type 2 Diabetes Standards of Care in Diabetes.pdf](#)

Question 1: What is the primary goal of weight management in type 2 diabetes mellitus (T2DM)?

- a) To improve insulin sensitivity
- b) To reduce the risk of cardiovascular disease
- c) To achieve significant weight loss
- d) To improve glycemic control
- e) All of the above

Question 2: Which class of medications is recommended for weight management in T2DM due to its beneficial effects on weight?

- a) Sulfonylureas
- b) GLP-1 receptor agonists
- c) Thiazolidinediones
- d) Meglitinides
- e) DPP-4 inhibitors

Question 3: What is the recommended duration of physical activity per week for patients with T2DM?

- a) At least 30 minutes of moderate-intensity exercise
- b) At least 75 minutes of vigorous-intensity aerobic exercise
- c) At least 150 minutes of moderate-intensity aerobic exercise or 75 minutes of vigorous-intensity aerobic exercise
- d) At least 300 minutes of moderate-intensity exercise
- e) None of the above

Question 4: Which of the following is a key principle of weight management in T2DM?

- a) One-size-fits-all approach
- b) Focus solely on pharmacotherapy
- c) Individualized care
- d) Ignore behavioral therapy
- e) None of the above

Question 5: What is the BMI threshold for considering metabolic surgery in patients with T2DM?

- a) $\geq 25 \text{ kg/m}^2$
- b) $\geq 27.5 \text{ kg/m}^2$ in Asian Americans and $\geq 30 \text{ kg/m}^2$ in others
- c) $\geq 30 \text{ kg/m}^2$
- d) $\geq 35 \text{ kg/m}^2$
- e) $\geq 40 \text{ kg/m}^2$

5. Treatment of Menopause Symptoms With Hormone Therapy

Link to article: [Treatment of Menopause Symptoms With Hormone Therapy.pdf](#)

1. What is the most common symptom treated by menopausal hormone therapy?

- a) Weight gain
- b) Insomnia
- c) Hot flashes
- d) Hair loss
- e) Joint pain

2. Why is progesterone added to estrogen therapy in women with a uterus?

- a) To improve mood
- b) To enhance estrogen absorption
- c) To reduce risk of uterine cancer
- d) To prevent osteoporosis
- e) To regulate menstrual cycles

3. Which form of hormone therapy is recommended for vaginal symptoms without hot flashes?

- a) Oral estrogen
- b) Transdermal patch
- c) Low-dose vaginal estrogen

- d) Progesterone-only pills
- e) Injectable estrogen

4. What is a key risk associated with systemic hormone therapy in older women?

- a) Diabetes
- b) Kidney failure
- c) Breast cancer
- d) Asthma
- e) Liver disease

5. Who is generally considered a good candidate for systemic hormone therapy?

- a) Women over 70 with no symptoms
- b) Women under 60 within 10 years of menopause onset
- c) Women with a history of breast cancer
- d) Women with severe osteoporosis
- e) Women with irregular periods

6. Cigarette smoking and other possible risk factors for lung cancer

Link to article: [CIGARETTE SMOKING AND OTHER POSSIBLE RISK.pdf](#)

Give the correct answer (True)

1. What is the leading cause of lung cancer in industrialized countries?

- a) Air pollution
- b) Genetic mutations
- c) Occupational exposure
- d) Cigarette smoking
- e) Viral infections

2. Which population group shows the highest incidence of lung cancer globally?

- a) Children under 10
- b) Women in rural areas
- c) Men worldwide
- d) Elderly women
- e) Athletes

3. What is a major contributing factor to lung cancer in resource-limited areas?

- a) Lack of exercise
- b) Poor diet

- c) Smoke and air pollution
- d) Excessive alcohol use
- e) Genetic disorders

4. What trend is expected in lung cancer mortality due to tobacco control efforts?

- a) Increase by 50%
- b) No change
- c) Decrease by 79% by 2065
- d) Stabilize at current levels
- e) Rise in women only

5. What explains the variation in lung cancer incidence between countries?

- a) Differences in healthcare systems
- b) Differences in tobacco smoking prevalence
- c) Differences in diet
- d) Differences in climate
- e) Differences in education levels

7. New insights into the role of mast cells as a therapeutic target in cancer through the blockade of immune checkpoint inhibitors.

Link to article: [New insights into the role of mast cells as a therapeutic target in cancer.pdf](#)

1. What dual role do mast cells play in cancer?

- a) Only promote tumor growth
- b) Only suppress immune response
- c) Can be both anti-tumorigenic and pro-tumorigenic
- d) Only involved in allergic reactions
- e) Only regulate blood pressure

2. What is one proposed strategy to enhance cancer immunotherapy involving mast cells?

- a) Stimulating mast cell migration
- b) Blocking PD-1/PD-L1 interaction
- c) Increasing histamine release
- d) Promoting mast cell proliferation
- e) Enhancing IgE production

3. What type of molecules do mast cells release that influence tumor progression?

- a) Insulin and glucagon
- b) Histamine, TNF, and tryptase
- c) Dopamine and serotonin
- d) Cortisol and adrenaline
- e) Interferons and antibodies

4. Why are mast cells considered a novel therapeutic target in cancer?

- a) They are easy to eliminate
- b) They only exist in tumors
- c) They influence tumor microenvironment and immune response
- d) They produce antibodies
- e) They regulate heart rate

5. What is the significance of immune checkpoint inhibitors in this context?

- a) They activate mast cells
- b) They suppress mast cell migration
- c) They improve survival by modulating immune response
- d) They increase allergic reactions
- e) They block histamine receptors

Ethic Points

8. Ethics of Dealing with difficult patients

Link to article: [Ethics of Dealing with difficult patients \(Ethics\).pdf](#)

1. What is a common reason a doctor may be perceived as difficult?

- a) Lack of medical knowledge
- b) Poor communication skills
- c) Inability to prescribe medication
- d) Refusal to work overtime
- e) Wearing casual clothing

2. Which strategy is most effective when communicating with a difficult doctor?

- a) Avoiding all interaction
- b) Matching their tone aggressively
- c) Using clear, respectful language
- d) Ignoring their instructions
- e) Reporting them immediately without context

3. What role does emotional intelligence play in handling difficult doctors?

- a) It helps suppress emotions completely
- b) It allows manipulation of others
- c) It improves empathy and self-regulation
- d) It encourages passive behavior
- e) It eliminates the need for communication

4. When should you escalate issues with a difficult doctor to management?

- a) After one minor disagreement
- b) When patient safety is at risk
- c) If they forget your name
- d) When they disagree with your opinion
- e) If they work in a different department

5. What is a constructive way to give feedback to a difficult doctor?

- a) Publicly criticize their behavior
- b) Use vague and general comments
- c) Provide specific examples privately
- d) Avoid giving feedback altogether
- e) Send anonymous complaints

9. Update on Ethics behind National Health Insurance (NHI), plus Draft Exemption Bill

Link to article: [Health equity and distributive justice views - NHI Article \(Ethics\).pdf](#)

1. Which of the theories below are used when discussing Health Equity?

- a) Rawl's Theory of Justice
- b) Einsteins theory of relativity
- c) Newtons theory of motion
- d) Archemedes theory of displacement
- e) None of the above

2. Health Equity can be investigated by ?

- a) Measuring maternal mortality in rural populations
- b) Checking HBA1c randomly in a defined community
- c) Targeting a specific sub group measuring defined goals against a wider population group
- d) Measuring disposable income of a group
- e) None of the above

3. What is Distributive Justice?

- a) It is a method of ensuring everyone pays tax on time
- b) It is a method of ensuring that medication prices are reduced annually
- c) It ensures that taxpayers receive the best medical care available
- d) It ensures that society allocates its scarce resources amongst all individuals with different competing needs.
- e) All of the above.

4. Which of the choices below represent a theory of Distributive Justice?

- a) Libertarianism
- b) Utilitarianism
- c) Individualism
- d) Ubuntu
- e) None of the above

5. Which of the following statements on Rawl's Theory of Justice and egalitarianism are correct?

- a) Justice should concentrate on the provision and guarantee of rights and resources
- b) Rawl's theory of Justice is a form of Egalitarianism
- c) Distribution of resources and materials should be distributed mostly to the least advantage.
- d) Lifetime QALY (Quality Adjusted Life Years) measurements are used in valuing welfare of populations
- e) None of the above

Yours sincerely,

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