1. According to the NCCN, what is the preferred first step in therapy for a patient who has symptomatic brain metastases at diagnosis?
   A) Chemotherapy and concurrent radiotherapy to the thorax
   B) Whole brain radiation therapy
   C) Chemotherapy alone
   D) Concurrent radiotherapy to the thorax and the brain

2. What was the result of the thoracic radiotherapy trial published by Slotman et al in the Lancet in 2014?
   A) There was no benefit to thoracic radiotherapy in extensive stage SCLC.
   B) Thoracic irradiation should not be done in patients who get prophylactic cranial irradiation.
   C) There was a survival benefit to thoracic radiotherapy given concurrently with chemotherapy.
   D) There was a survival benefit to thoracic radiotherapy given after 4-6 cycles of chemotherapy.

3. What was true of toxicity with thoracic radiotherapy in the trial published by Slotman et al in the Lancet in 2014?
   A) 15% of patients had grade 3 or higher esophagitis
   B) 15% of patients had grade 3 or higher dysphagia
   C) Grade 3 or higher toxicity was significantly more common in the thoracic radiotherapy group?
   D) Less than 5% of patients had grade 3 or higher toxicity of any kind

4. What is true for prophylactic cranial irradiation in ES-SCLC?
   A) All patients should receive PCI up front
   B) All patients should receive PCI if they have a complete response to chemotherapy
   C) There was an overall survival benefit for PCI in a randomized trial of patients with ES-SCLC
   D) Brain MRI is not helpful prior to PCI

5. A patient is found to have extensive-stage SCLC on CT chest. What other imaging workup is still indicated for all patients under normal circumstances?
   A) PET/CT
   B) Bone scan
   C) Brain CT or MRI
   D) CT abdomen/pelvis