1. According to Patchell’s study of patients with a solitary brain metastasis treated with RT alone vs. Surgery +RT, what percentage of them were found to have an unexpected histology after resection or biopsy, followed by WBRT?
   A) 2%
   B) 11%
   C) 18%
   D) 25%

2. Following surgery for brain metastases, the Patchell study showed that addition of whole brain radiation improved the rate of:
   A) overall survival.
   B) seizure control.
   C) death due to neurologic causes.
   D) duration of functional independence (time to KPS<70%).

3. RTOG 90-05 studied the maximum safe SRS dose based on size of brain lesion. Patients treated on this study included all of the following except:
   A) Recurrent brain metastases after surgical resection.
   B) Recurrent brain metastases after radiation.
   C) Untreated brain metastases.
   D) Primary brain tumors.

4. Brain metastases are most likely to develop from which of the following malignancies?
   A) Breast cancer
   B) Prostate cancer
   C) Melanoma
   D) Lung cancer

5. Regarding the use of dexamethasone for brain metastases, all of the following are true EXCEPT:
   A) Initial loading dose for symptomatic brain mets is 10mg IV.
   B) A recommended PO dose regimen for asymptomatic brain metastases is 4mg Q6H.
   C) PPI should be given concomitantly.
   D) The dose of dexamethasone delivered via IV and PO routes are equivalent.