Multiple Choice Assessment Questions

- 1. Malignancies associated with type 2 diabetes include which of the following?
 - a. Breast cancer
 - b. Colon cancer
 - c. Pancreatic cancer
 - d. All of the above
- 2. Endogenous insulin functions in the body in which of the following ways:
 - a. Endocrine action only
 - b. Mitogenic action only
 - c. A and B
- 3. TRUE or FALSE: Asp-B10 insulin was a form of insulin that never came to market due to a 10-fold increased occurrence of cancer in animals during premarketing studies.
- 4. The authors of the Hemkens trial concluded that:
 - a. Insulin dose is positively associated with cancer risk.
 - b. Insulin glargine is the most concerning of all of the insulin analogies, in regards to cancer risk.
 - c. The risks of uncontrolled type 2 diabetes must be weighed with the benefits of treatment.
 - d. All of the above
- 5. TRUE or FALSE: In the Jonasson trial, all groups which received any doses of insulin glargine were found to have a significantly higher risk of developing breast cancer.
- 6. The Currie trial may be more applicable to the general population than some of the other studies reviewed due to:
 - a. It compared oral medications to insulin.
 - b. It followed patients for a long time period (about 2.4 years)
 - c. It differentiated between the insulin analogues, allowing for examination of the differing effects that specific structural changes have on malignancy.
 - d. A and B
 - e. All of the above
- 7. TRUE or FALSE: Yang and colleagues concluded that hyperglycemia is associated with an increased risk of cancer, while the use of insulin to gain glycemic control is associated with a decreased risk of cancer.

8. Which of the following is FALSE regarding research trials?

- a. Retrospective trials can prove causation, for example, proving that insulin glargine causes cancer in patients with type 2 diabetes.
- b. Caution should be exercised when interpreting retrospective cohort studies because bias and confounders are more likely to be present in retrospective studies than in prospective studies.
- c. A prospective randomized clinical trial would be necessary to conclude definitively whether or not there is an association between insulin and cancer.
- d. One of the issues with the retrospective trials analyzed in this review is the short length of follow-up.
- 9. The following conclusions about therapy for diabetes and cancer risk can be drawn from the available literature at this time:
 - a. The association between insulin and cancer risk is a multifaceted issue that will require multiple research endeavors to answer fully.

- b. There may be an increased risk of cancer associated with insulin and sulfonylurea use when compared to metformin use.
- c. It appears that the association between insulin use and cancer risk does not pertain to a specific type of insulin, but insulin in general.
- d. Hyperglycemia can increase the risk of developing malignancies, thus glycemic control is paramount.
- e. All of the above
- 10. Position statements from which of the following groups concur that no changes should be made to diabetes care in regards to insulin use, taking into account the current evidence:
 - a. American Association of Endocrinologists
 - b. Food and Drug Administration
 - c. American Diabetes Association
 - d. All of the above

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(Not committed) 1 2 3 4 (Very committed)

8. Do you feel future activities on this subject matter are necessary and/or important?

Yes
No Follow-Up

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