

AYP
PROVISIONAL ANSWER KEY (CBRT)

Name of the post	Assistant Professor, Urology, General State Service, Class-1
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Instructions / સૂચન

Candidate must ensure compliance to the instructions mentioned below, else objections shall not be considered: -

- (1) All the suggestion should be submitted through **ONLINE OBJECTION SUBMISSION SYSTEM** only. Physical submission of suggestions will not be considered.
- (2) Question wise suggestion to be submitted in the prescribed format (proforma) published on the website / online objection submission system.
- (3) All suggestions are to be submitted with reference to the Master Question Paper with provisional answer key (Master Question Paper), published herewith on the website / online objection submission system. Objections should be sent referring to the Question, Question No. & options of the Master Question Paper.
- (4) Suggestions regarding question nos. and options other than provisional answer key (Master Question Paper) shall not be considered.
- (5) Objections and answers suggested by the candidate should be in compliance with the responses given by him in his answer sheet. Objections shall not be considered, in case, if responses given in the answer sheet /response sheet and submitted suggestions are differed.
- (6) Objection for each question should be made on separate sheet. Objection for more than one question in single sheet shall not be considered.

ઉમેદવારે નીચેની સૂચનાઓનું પાલન કરવાની તકેદારી રાખવી, અન્યથા વાંધા-સૂચન અંગે કરેલ રજૂઆતો ધ્યાને લેવાશે નહીં

- (1) ઉમેદવારે વાંધા-સૂચનો ફક્ત ઓનલાઇન ઓબ્જેક્શન સબમીશન સીસ્ટમ દ્વારા જ સબમીટ કરવાના રહેશે. રૂબરૂ અથવા ટપાલ દ્વારા આયોગની કચેરીએ મોકલવા આવેલ વાંધા-સૂચનો ધ્યાને લેવામા આવશે નહીં જેની ખાસ નોંધ લેવી.
- (2) ઉમેદવારે વાંધા-સૂચનો રજૂ કરવા વેબસાઇટ / ઓનલાઇન ઓબ્જેક્શન સબમીશન સીસ્ટમ પર પ્રસિધ્ધ થયેલ નિયત નમૂનાનો જ ઉપયોગ કરવો.
- (3) ઉમેદવારે પોતાને પરીક્ષામાં મળેલ પ્રશ્નપુસ્તિકામાં છપાયેલ પ્રશ્નક્રમાંક મુજબ વાંધા-સૂચનો રજૂ કરતા તમામ વાંધા-સૂચનો વેબસાઇટ પર પ્રસિધ્ધ થયેલ પ્રોવિઝનલ આન્સર કી (માસ્ટર પ્રશ્નપત્ર)ના પ્રશ્ન ક્રમાંક મુજબ અને તે સંદર્ભમાં રજૂ કરવા.
- (4) માસ્ટર પ્રશ્નપત્રમાં નિર્દિષ્ટ પ્રશ્ન અને વિકલ્પ સિવાયના વાંધા-સૂચનો ધ્યાને લેવામાં આવશે નહીં.
- (5) ઉમેદવારે પ્રશ્નના વિકલ્પ પર વાંધો રજૂ કરેલ છે અને વિકલ્પ રૂપે જે જવાબ સૂચવેલ છે એ જવાબ ઉમેદવારે પોતાની ઉત્તરવહીમાં આપેલ હોવો જોઈએ. ઉમેદવારે સૂચવેલ જવાબ અને ઉત્તરવહીનો જવાબ ભિન્ન હશે તો ઉમેદવારે રજૂ કરેલ વાંધા-સૂચનો ધ્યાનમા લેવાશે નહીં.
- (6) એક પ્રશ્ન માટે એક જ વાંધા-સૂચન પત્રક વાપરવું. એક જ વાંધા-સૂચનો પત્રકમાં એકથી વધારે પ્રશ્નોની રજૂઆત કરેલ હશે તો તે અંગેના વાંધા-સૂચનો ધ્યાને લેવાશે નહીં.

Website link for online objection submission system : www.safevaults.in/login

001. Which of the following disorders may commonly lead to irritative voiding symptoms?
 (A) Parkinson disease (B) Renal cell carcinoma
(C) Bladder diverticula (D) Prostate cancer
002. All of the following in the medical history suggest that erectile dysfunction is more likely due to organic rather than psychogenic causes EXCEPT:
 (A) sudden onset. (B) peripheral vascular disease.
(C) absence of nocturnal erections. (D) diabetes mellitus.
003. The definition of IC proposed by the National Institute of Arthritis, Diabetes, Digestive and Kidney Diseases (NIDDK) is best considered a:
(A) de facto definition of the disease.
(B) diagnostic pathway.
 (C) definition applicable mainly to clinical research studies.
(D) historic document of no current value.
004. HPV vaccines are indicated for which groups?
(A) All sexually active women
(B) All sexually active men who have sex with men (MSMs)
 (C) Men and women up to age 26 years
(D) Only women up to age 26 years
005. New onset of abdominal pain and distention after antegrade instillation of fluid in a child with a cecostomy tube in place for more than 6 months should alert the physician about:
(A) spontaneous cecal perforation.
(B) use of hypotonic fluid for irrigations.
 (C) presence of a large fecal load in the rectum and descending colon.
(D) an incompetent ileocecal valve with retrograde irrigation into the terminal ileum.
006. Normal bladder compliance is based on:
(A) ample collagen type II.
(B) inverse relationship of bladder volume and bladder pressure.
 (C) bladder unfolding, elasticity, and viscoelasticity.
(D) subepithelial matrix bridges associated with collagen.
007. Chronically elevated bladder filling pressures may cause hydronephrosis, vesicoureteral reflux, and impaired renal function. The lowest pressure threshold most often reported to cause problems is:
(A) 20 cm H₂O. (B) 30 cm H₂O.
 (C) 40 cm H₂O. (D) 50 cm H₂O.
008. Creating an antireflux mechanism is most difficult with anastomosis to the:
(A) stomach. (B) ileum.
(C) cecum. (D) transverse colon.
009. The renal segment with the most variable blood supply is the:
 (A) apex. (B) upper.
(C) middle. (D) lower.

010. The definition of IC proposed by the National Institute of Arthritis, Diabetes, Digestive and Kidney Diseases (NIDDK) is best considered a:
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012. In patients with occult renal artery stenosis, angiotensin-converting enzyme (ACE) inhibitors cause acute renal failure (ARF) due to:
- (A) sodium retention.
 - (B) increased antidiuretic hormone.
 - (C) afferent arteriolar vasoconstriction.
 - (D) efferent arteriolar vasodilation.
013. Which class of antihypertensives is contraindicated during the evaluation of primary aldosteronism?
- (A) Calcium channel blockers
 - (B) Alpha blockers
 - (C) Aldosterone-receptor blockers
 - (D) Angiotensin-converting enzyme inhibitors
014. Which of the following statements is TRUE regarding cystography for diagnosis of bladder injury?
- (A) If the patient is already undergoing computed tomography (CT) for evaluation of associated injuries, CT cystography should be performed via antegrade filling of the bladder after intravenous administration of radiographic contrast material and clamping the Foley catheter.
 - (B) If plain film cystograms are obtained, the study is considered negative and complete if there is no extravasation of contrast agent seen on the filling film.
 - (C) An absolute indication for immediate cystography is the presence of pelvic fracture and microhematuria.
 - (D) None of the above.
015. Which of the following criteria is an accepted indication for two cycles of adjuvant chemotherapy after primary RPLND?
- (A) Number of positive nodes relative to the number removed
 - (B) Teratoma only nodal metastases
 - (C) Extranodal extension of GCT
 - (D) pN2 disease or higher
016. Which of the following statements is TRUE regarding the natural history of penile cancer?
- (A) Metastases from the primary tumor often involve lung, liver, or bone as initial sites.
 - (B) Lymphatic drainage from the primary tumor is ipsilateral alone in most cases.
 - (C) Metastasis initially involves inguinal lymph nodes beneath the fascia lata.
 - (D) Metastasis initially involves inguinal lymph nodes above the fascia lata.

017. Which of the following statements is true regarding dynamic sentinel node biopsy (DSNB)?
- (A) After a positive DSNB, patients should undergo strict active vigilance with PET scans and repeated biopsies every 6 months.
 - (B) DSNB has a relatively short learning curve that helped this procedure to be widely adopted in several centers around the world, avoiding unnecessary ILND.
 - (C) When properly done, DSNB can achieve more than 80% of sensitivity for lymph node metastases in patients with penile cancer.
 - (D) On the DSNB, there is only the use of technetium nanocolloid the day before the procedure described.
018. All of the following statements are true about nocturia EXCEPT:
- (A) nocturia is voiding that is preceded and followed by sleep.
 - (B) the prevalence of nocturia increases with age.
 - (C) nocturia impairs sleep efficiency, sleep latency, and slow-wave sleep and is associated with increased mortality.
 - (D) one or more voids per night appear to be clinically significant.
019. A 75-year-old obese man (100 kg) with a short neck reports frequent urination during the nighttime and completes a voiding diary. His 24-hour voided volume is 2000 mL, and his NUV is 1000 mL. Based on these diary findings, this man has:
- (A) global polyuria.
 - (B) nocturnal polyuria.
 - (C) diminished nocturnal bladder capacity.
 - (D) diminished global bladder capacity.
020. Which of the following is least consistent with a diagnosis of vanishing testis?
- (A) Patent processus vaginalis
 - (B) Contralateral testicular hypertrophy
 - (C) Palpable nubbin in scrotum
 - (D) Increased serum follicle-stimulating hormone
021. Each of the following is more common in association with cryptorchid testes, EXCEPT:
- (A) atrophy.
 - (B) microlithiasis.
 - (C) mature teratoma.
 - (D) ectasia of the rete testis.
022. Which of the following statements is TRUE regarding dihydrotestosterone (DHT)?
- (A) It produces virilization of Wolffian duct structures.
 - (B) It is converted by 5 α -reductase to testosterone in the liver.
 - (C) It induces virilization of the urogenital sinus.
 - (D) It acts locally to produce regression of Müllerian structures.
023. The most common finding in cloacal anomalies that have been diagnosed by antenatal ultrasonography is:
- (A) ascites.
 - (B) distended rectum.
 - (C) distended bladder.
 - (D) distended vagina
024. In boys with posterior urethral valves:
- (A) intervention in utero will prevent the need for renal transplant in adulthood.
 - (B) fertility will likely be normal.
 - (C) 60% will have urinary incontinence.
 - (D) bladder function will be normal if valves are incised in the first month of life.

025. The contraindications to simple prostatectomy include:
- (A) multiple cores of Gleason 8 prostate cancer.
 - (B) bladder diverticulum.
 - (C) large bladder calculi secondary to obstruction.
 - (D) recurrent urinary tract infection.
026. Compared with a man with no family history of prostate cancer, the risk of developing prostate cancer in a man with one affected first degree relative is:
- (A) unchanged.
 - (B) 1.5 times higher.
 - (C) 2 to 3 times higher.
 - (D) 5 times higher.
027. Most detectable PSA in sera is bound to:
- (A) albumin.
 - (B) α 1-antichymotrypsin (ACT).
 - (C) α 2-macroglobulin.
 - (D) human kallikrein.
028. Compared with men without prostate cancer, the fraction of free or unbound PSA in serum from men with prostate cancer:
- (A) is equal.
 - (B) is lower.
 - (C) is greater.
 - (D) is undetectable by current assays.
029. Prostatic corpora amylacea are calcifications:
- (A) always associated with prostate infection.
 - (B) pathognomonic for acute prostatitis.
 - (C) most commonly seen between the transition and peripheral zone of the prostate.
 - (D) associated with hypoechoic lesions and prostate cancer.
030. Compared with reusable flexible ureteroscopes, single-use flexible ureteroscopes have been shown to have:
- (A) decreased active deflection.
 - (B) comparable visibility.
 - (C) well-established cost savings.
 - (D) decreased durability.
031. Techniques to minimize staff radiation exposure include all of the following except:
- (A) using "last image hold" setting.
 - (B) using fixed fluoroscopy units.
 - (C) surgeon control of the foot pedal.
 - (D) using image collimation.
032. Which of the following pneumoperitoneum pressures is associated with the least perturbation in cardiac parameters (i.e., change in stroke volume)?
- (A) 12 mm Hg
 - (B) 15 mm Hg
 - (C) 18 mm Hg
 - (D) 21 mm Hg
033. When the patient is positioned in the modified flank position, the risk of developing rhabdomyolysis from flank pressure is increased by all of the following EXCEPT:
- (A) body mass index (BMI) greater than 25.
 - (B) elevation of the kidney rest.
 - (C) age less than 45 years.
 - (D) male gender.

034. Stone fragmentation via Ho:YAG lasers occurs by:
- (A) cavitation bubble collapse and resulting shock waves.
 - (B) fluid jets created by rapid heating of the surrounding fluid.
 - (C) pneumatic activity of the laser tip against the stone.
 - (D) direct energy absorption
035. IC/BPS symptom and problem indices have been validated to:
- (A) monitor disease progression or regression with or without treatment.
 - (B) correctly choose who should undergo cystectomy and diversion.
 - (C) determine on whom to perform diagnostic testing.
 - (D) accurately diagnose IC/BPS.
036. The only phenotype of IC/BPS currently shown to have a unique response to therapy and different natural history is:
- (A) nocturia.
 - (B) daytime frequency.
 - (C) absence of bladder pain.
 - (D) HL.
037. Which of the following is a not a late complication of genitourinary tuberculosis?
- (A) Infertility
 - (B) Scrotal fistula
 - (C) Autonephrectomy
 - (D) Papulonecrotictuberculid
038. Which of the following results most specifically diagnoses genitourinary tuberculosis?
- (A) A positive interferon γ release assay
 - (B) A positive urine polymerase chain reaction (PCR) for *Mycobacterium tuberculosis* complex
 - (C) A TST reaction of 25 mm
 - (D) A positive urine acid-fast bacilli (AFB) culture
039. The major function of B cells is to:
- (A) kill bacterially infected cells.
 - (B) generate antibodies which help macrophages to phagocytose and destroy pathogens.
 - (C) differentiate into memory cells that provide a secondary immune response about equal in magnitude to a primary response.
 - (D) ingest pathogens.
040. 18F-FDG PET is recommended for which application in men with testicular cancer?
- (A) Initial cancer staging of patients with elevated post orchiectomy tumor markers
 - (B) Initial cancer staging of patients with negative post orchiectomy tumor markers
 - (C) Post chemotherapy imaging of a residual retroperitoneal mass in men with a seminomatous germ cell tumor
 - (D) Post chemotherapy imaging of a residual retroperitoneal mass in men with a non-seminomatous germ cell tumors.
041. Which superficial muscles are NOT encountered during a dorsal lumbotomy approach?
- (A) Internal oblique
 - (B) External oblique
 - (C) Latissimus dorsi
 - (D) Sacrospinalis

042. The incidence of bladder cancer in spinal cord patients with chronic catheters is
 (A) 1% (B) 2%
(C) 3% (D) 4%
043. Irrigation fluid during percutaneous renal surgery:
(A) is not absorbed systemically unless there is significant venous injury.
(B) should be normal saline except during percutaneous nephrolithotomy.
 (C) can have fatal consequences.
(D) should not be glycine.
044. Following percutaneous renal surgery, loss of renal function is:
(A) approximately 5% of ipsilateral function per access site.
 (B) minimal in the absence of vascular injury.
(C) greater than after shock wave lithotripsy.
(D) less in pelvic compared with orthotopic kidneys.
045. The most common cause of pediatric renal allograft loss is:
(A) primary anastomotic failure. (B) recurrent obstructive uropathy.
(C) antibody mediated rejection. (D) chronic allograft nephropathy.
046. In newborns with ambiguous genitalia, palpation of a gonad rules out which difference of sexual development (DSD/intersex)?
(A) Ovotesticular disorder (B) Mixed gonadal dysgenesis
(C) Partial androgen insensitivity (D) Pure gonadal dysgenesis
047. Secondary urinary incontinence is defined as:
(A) diurnal and nocturnal enuresis.
(B) incontinence associated with urinary tract infection.
(C) urinary incontinence associated with constipation.
 (D) urinary incontinence after a dry interval greater than 6 months.
048. A 9-year-old female presents with fevers, nausea, vomiting, and flank pain and is shown to have a culture-proven UTI. If she underwent a DMSA scan, how likely is it that the scan would show changes associated with pyelonephritis?
(A) 95% to 100% (B) 50% to 66%
(C) 60% to 75% (D) 70% to 85%
049. What is an appropriate fill rate on cystometrogram for a pediatric patient?
(A) 5 mL/min
(B) 10 mL/min
(C) 15 mL/min
 (D) 5% to 10% of expected bladder capacity per minute
050. The use of efferent nipple valves for continence in children:
(A) has not approached the results achieved in adults.
 (B) has a higher complication and reoperation rate than a flap valve.
(C) is equivalent to any other continence mechanism.
(D) is often associated with difficulty in catheterization.

051. **Bilateral megacalycosis:**
- (A) occurs more frequently in females.
 - (B) has an increased number of dilated calyces.
 - (C) is associated with ureteral dilation.
 - (D) is autosomal recessive in inheritance pattern.
052. **A 50-year-old man with known von Hippel-Lindau disease presents with a single episode of gross hematuria. CT scan reveals a 3-cm enhancing mass in the upper pole of each kidney. Metastatic evaluation is negative. He is otherwise healthy. Appropriate treatment at this point would be:**
- (A) bilateral radical nephrectomy with the placement of a peritoneal dialysis catheter.
 - (B) bilateral upper pole partial nephrectomy.
 - (C) right radical nephrectomy with left upper pole partial nephrectomy.
 - (D) observation with serial CT every 4 months.
053. **The principal effects of congenital renal obstruction are:**
- (A) glomerulosclerosis, interstitial fibrosis, and atrophy.
 - (B) hypoplasia and increased epithelial-mesenchymal transformation.
 - (C) altered growth regulation, renal differentiation, and functional integration.
 - (D) glomerulosclerosis, renin down regulation, and tubular hypertrophy.
054. **Failure of atrophy of which vessel leads to the formation of a preureteral vena cava?**
- (A) Posterior cardinal vein
 - (B) Subcardinal vein
 - (C) Supracardinal vein
 - (D) Umbilical artery
055. **In boys with posterior urethral valves:**
- (A) intervention in utero will prevent the need for renal transplant in adulthood.
 - (B) fertility will likely be normal.
 - (C) 60% will have urinary incontinence.
 - (D) there is no increased risk of proteinuria.
056. **Which of the following is not an acceptable option for initial management of urethral disruption?**
- (A) Gentle attempt at blind catheter placement in suspected partial urethral disruption by retrograde urethrogram
 - (B) Suprapubic tube placement in complete urethral disruption
 - (C) Cystoscopy per urethra in emergency room (ER) for catheter placement in complete urethral disruption
 - (D) Dual cystoscopy in operating room (OR) retrograde from urethra and antegrade from bladder in complete urethral disruption.
057. **Current thinking is that desmopressin is most appropriate to treat:**
- (A) nocturnal polyuria.
 - (B) global polyuria.
 - (C) decreased global bladder capacity.
 - (D) decreased nocturnal bladder capacity.

058. Adrenergically induced smooth muscle contraction in the human lower urinary tract is mediated primarily by which receptor?
 (A) $\alpha 1D$ (B) $\beta 3$
 (C) $\beta 2$ (D) $\alpha 1A$
059. When attempting to identify dietary bladder irritants, the patient should:
 (A) avoid spicy foods, tomatoes, and citric fruits
 (B) eliminate caffeine
 (C) keep a diary to see which foods or beverages increase urgency
 (D) all of the above
060. A 6-year-old boy who had a tubularized preputial flap hypospadias repair as an infant presents with a slow urinary stream and stranguria worsening over the past year. Physical examination is unremarkable, but the peak flow is 3 mL/s with a postvoid residual of 75 mL (estimated bladder capacity of 240 mL). At surgery cystoscopy shows a 5-mm stricture near the original meatus. This stricture is best corrected by:
 (A) urethral dilation. (B) direct vision internal urethrotomy (DVIU).
 (C) DVIU with CIC for 3 months. (D) inlay buccal urethroplasty.
061. Which of the following is not a late complication of genitourinary tuberculosis?
 (A) Infertility (B) Autonephrectomy
 (C) Thimble bladder (D) Papulonecrotic tuberculid
062. Which drug should not be given to patients infected with *O. volvulus* or to those infected with high-grade *Loa loa* microfilaremia?
 (A) Diethylcarbamazine (DEC) (B) Albendazole
 (C) Doxycycline (D) Azithromycin
063. A 20-year-old man with clinical stage I NSGCT undergoes laparoscopic RPLND. During surgery, a 2-cm lymph node is encountered. Which of the following is the most appropriate next step?
 (A) Abort the procedure and administer chemotherapy.
 (B) Convert to an open procedure.
 (C) Perform a unilateral template dissection and administer chemotherapy.
 (D) Continue the procedure and perform a full bilateral dissection.
064. In performing a psoas hitch, additional bladder mobility can be achieved by transection of the:
 (A) contralateral superior vesical artery. (B) ipsilateral inferior vesical artery.
 (C) contralateral inferior vesical artery. (D) ipsilateral superior vesical artery.
065. A 20-year-old man undergoes laparoscopic RPLND after right radical orchiectomy for an NSGCT. All of the following regions should be dissected clear of all lymphatic tissue EXCEPT which?
 (A) Right spermatic cord (B) Paracaval region
 (C) Interaortocaval region (D) Retrocrural region
066. Renal tubular acidosis may be associated with nephrolithiasis due to:
 (A) hypercalciuria and hypocitraturia. (B) hyperoxaluria and hypercalcemia.
 (C) hyperuricosuria. (D) hypocitraturia with normal urine magnesium.

067. The most significant factor contributing to stone formation in patients with struvite calculi is:
- (A) gouty diathesis. (B) recurrent urinary tract infections.
 (C) family history. (D) hyperoxaluria.
068. What is the single most important factor when choosing among SWL, ureteroscopic stone removal, and PNL for renal calculi?
- (A) Stone composition (B) Stone location
 (C) Anatomic abnormalities (D) Stone burden
069. What is the preferred initial treatment for staghorn calculi?
- (A) SWL with ureteral stenting
 (B) Flexible ureteroscopy with holmium laser lithotripsy
 (C) PNL
 (D) Extended pyelolithotomy
070. Detrusor overactivity (DO):
- (A) is synonymous with overactive bladder.
 (B) is necessary to make a diagnosis of urodynamic bladder outlet obstruction.
 (C) can be seen on urodynamics of asymptomatic men and women.
 (D) is commonly associated with renal deterioration.
071. The hallmark of bladder outlet obstruction is:
- (A) incomplete bladder emptying.
 (B) low pressure–low flow voiding dynamics.
 (C) high pressure–low flow voiding dynamics.
 (D) impaired detrusor contractility.
072. Which of the following is consistent with the diagnosis of urgency urinary incontinence?
- (A) Leakage of urine with coughing and a VLPP of 60 cm H₂O
 (B) Leakage of urine with detrusor over activity
 (C) Leakage of urine while coughing and detrusor leak point pressure of 50 cm H₂O
 (D) Leakage of urine while coughing and leakage of urine with urgency
073. The symptom most closely associated with the presence of advanced pelvic organ prolapse is the sensation of:
- (A) pelvic pressure. (B) pelvic pain.
 (C) voiding difficulty. (D) vaginal bulge.
074. Which of the following is the most common long-term expression of lower urinary tract dysfunction after a cerebro vascular accident (CVA)?
- (A) Detrusor areflexia (B) Lack of sensation of filling
 (C) Impaired bladder contractility (D) Detrusor over activity
075. Intravesical DMSO is:
- (A) generally used in a 70% solution.
 (B) generally used in a 50% solution.
 (C) useful for the treatment of neurogenic DO.
 (D) useful for the treatment of idiopathic DO.

076. Which of the following agents or classes of agents, when administered systemically, will selectively relax the striated musculature of the pelvic floor?
- (A) Benzodiazepines (B) Baclofen
(C) Botulinum toxin (D) None of the above
077. What skeletal landmarks are associated with the S3 nerve foramen?
- (A) 9 cm from the tip of the coccyx
(B) 11 cm from the tip of the coccyx
(C) The inferior aspect of the sacral iliac joints
(D) None of the above
078. Which of the following is not an indication for retropubic repair of SUI?
- (A) A patient who needs a concomitant hysterectomy that cannot be performed vaginally
(B) A patient with urethral descent with straining and SUI
(C) A patient with limited vaginal access
(D) A patient with inadequate vaginal length or mobility of the vaginal tissues
079. Advantages of the transabdominal approach to VVF repair as compared with the transvaginal repair include all of the following Except:
- (A) ease of mobilization of the omentum as an interpositional flap.
(B) decreased rate of intraoperative ureteral injury.
(C) preservation of vaginal depth.
(D) easier access to the apical VVF in individuals with high narrow vaginal canals.
080. Which gene is most commonly mutated in carcinoma in situ (CIS)?
- (A) PI3K (B) RB
(C) FGFR-3 (D) HRAS
081. A 40-year-old man has a T1 high-grade urothelial cancer on initial presentation. Muscle was present in the biopsy specimen. The next treatment is:
- (A) BCG.
(B) repeat transurethral resection of a bladder tumor (TURBT).
(C) radical cystectomy.
(D) immediate mitomycin C instillation.
082. The late stage of lichen sclerosus involving the glans penis is termed:
- (A) keratinizing balanoposthitis.
(B) pseudoepitheliomatous, keratotic, and micaceous balanitis.
(C) bowenoid papulosis.
(D) balanitis xerotica obliterans.
083. Which of the following is TRUE of the Burch colposuspension?
- (A) It is appropriate only for patients with adequate vaginal mobility and capacity.
(B) The repair is performed between the vagina and the arcustendineus fasciae pelvis bilaterally.
(C) It is less effective than a tension-free vaginal tape procedure.
(D) It is less effective than a paravaginal repair.

084. When planning a multi-compartment repair with an outlet procedure, which of the following is the preferred sequence of compartmental approaches?
- (A) Apical, anterior, posterior, sling (B) Sling, apical, anterior, posterior
 (C) Apical, anterior, sling, posterior (D) Posterior, anterior, apical, sling
085. Which of the following parameters should preclude active surveillance?
- (A) Extensive GG1 disease. (B) High PSA density.
 (C) Presence of any Gleason pattern 4. (D) None of the above.
086. What is the arterial blood supply to the prostate?
- (A) The pudendal artery. (B) The superior vesical artery.
 (C) The inferior vesical artery. (D) The external iliac artery.
087. What is the relationship of the neurovascular bundle to the prostatic fascia?
- (A) Inside Denonvilliers fascia.
 (B) Outside the lateral pelvic fascia.
 (C) Inside the prostatic fascia.
 (D) Between the layers of the prostatic fascia and the levator fascia.
088. Which complication has changed dramatically with experience with salvage prostatectomy?
- (A) Overall urinary incontinence. (B) Potency.
 (C) Blood loss. (D) Rectal injury.
089. Compared with open surgical approaches, laparoscopic/robotic prostatectomy has been consistently shown to decrease:
- (A) postoperative pain. (B) urinary incontinence.
 (C) bleeding. (D) erectile dysfunction.
090. In patients with ED, the vascular lesion addressed by arterial revascularization surgery is:
- (A) internal pudendal artery stenosis. (B) penile dorsal artery stenosis.
 (C) cavernosal artery stenosis. (D) penile deep dorsal venous incompetence.
091. PDE5 inhibitors are first-line therapy for ED, but like intracavernous therapy, PDE5 inhibitors have been associated with prolonged erection and priapism. Which agent is most likely to cause priapism?
- (A) Sildenafil, 100 mg PRN sex
 (B) Avanafil, 200 mg PRN sex
 (C) Levitra, 20 mg PRN sex
 (D) None of these agents is more likely to result in priapism
092. Which of the following is the possible anatomic location of the Grafenberg spot (G-spot), which is particularly sensitive to tactile stimulation in some women?
- (A) Anterior wall of the vagina at the level of midurethra
 (B) Cervical canal
 (C) Clitoral surface
 (D) Posterior vaginal wall

101. When attempting to identify dietary bladder irritants, the patient should:
- (A) avoid spicy foods, tomatoes, and citric fruits
 - (B) eliminate caffeine
 - (C) keep a diary to see which foods or beverages increase urgency
 - (D) all of the above
102. Prolapse as a reported complication of retropubic repairs:
- (A) is rarely associated with a central defect cystocele.
 - (B) results in genitourinary prolapse as a sequel to Burch colposuspension to occur in less than 10% of women.
 - (C) may aggravate posterior vaginal wall weakness, predisposing to enterocele.
 - (D) will be prevented by a synchronous hysterectomy.
103. According to the American Urological Association (AUA) risk stratification tables from the 2016 AUA/Society of Urologic Oncology (SUO) guideline of non-muscle-invasive bladder cancer (NMIBC), which of the following tumor characteristics would classify as an intermediate risk tumor?
- (A) HG T1
 - (B) Any CIS
 - (C) Solitary LG Ta >3 cm
 - (D) PUNLMP
104. An orthotopic neobladder in a woman undergoing anterior pelvic exenteration for muscle-invasive bladder cancer is contraindicated in the setting of
- (A) age older than 75 years.
 - (B) nodal metastasis.
 - (C) recurrent urinary tract infection.
 - (D) tumor invading the anterior vaginal wall.
105. Type 2 diabetics on oral metformin biguanide hyperglycemic therapy are at risk for biguanide lactic acidosis after exposure to intravascular radiologic contrast media if they:
- (A) discontinue metformin 48 hours before the study.
 - (B) have severe renal insufficiency and take metformin the day of the study.
 - (C) are given a saline injection while taking metformin.
 - (D) have normal kidney function and fail to stop metformin 48 hours before the study.
106. Which of the following is NOT a risk factor for developing contrast-induced nephropathy (CIN)?
- (A) Type 2 diabetes mellitus
 - (B) Dehydration
 - (C) Hypertension
 - (D) Ventricular ejection fraction less than 50%
107. The artifact that occurs when an ultrasound wave strikes an interface at a critical angle and is refracted with limited reflection is:
- (A) reverberation artifact.
 - (B) increased through-transmission artifact.
 - (C) edging artifact.
 - (D) comet-tail artifact.
108. Ultrasound waves are examples of:
- (A) radio waves.
 - (B) mechanical waves.
 - (C) electromagnetic waves.
 - (D) ionizing radiation.
109. ^{99m}Tc-diethylenetriaminepentaacetic acid (^{99m}Tc-DTPA) undergoes renal clearance by which mechanism?
- (A) Glomerular filtration
 - (B) Active tubular secretion
 - (C) Anion exchange
 - (D) Both (A) and (B)

110. With regard to unique patient populations, which of the following statements is TRUE?
- (A) Although elderly patients have an increased perioperative risk, recent larger trials have not found age to be an independent risk factor for perioperative morbidity and mortality.
 - (B) Morbidly obese patients should undergo open rather than laparoscopic surgery because of increased risk of pulmonary complications.
 - (C) In a pregnant patient presenting with urolithiasis, operative intervention should be delayed, if possible, until the second trimester.
 - (D) A patient who presents with a 30-pound weight loss over the previous 3 months should be started on parenteral feedings immediately postoperatively after elective surgery.
111. A 74-year-old man with muscle-invasive bladder cancer is scheduled for radical cystectomy and ileal conduit urinary diversion. Preoperative urine culture shows no growth at 72 hours. The most important factor in the prevention of surgical site infection in this patient is:
- (A) preoperative bowel preparation with oral antibiotics (Nichols prep) and sodium phosphate solution (Fleet).
 - (B) administration of 2 g cefoxitin 1 hour before incision.
 - (C) continuation of perioperative antibiotics for 48 hours following surgery.
 - (D) preoperative hair removal with mechanical clippers and proper sterile preparation of the operative field.
112. Following a motor vehicle crash (MVC), a 35-year-old male is found to have a significant right-sided renal hilar injury on imaging. He becomes hemodynamically unstable, despite intravenous fluid resuscitation and massive transfusion protocol. The decision is made to take him to the OR. What incision should you use?
- (A) Flank incision
 - (B) Complete midline incision
 - (C) Chevron incision
 - (D) Subcostal incision
113. Which approach of abdominal wall fascial closure has been shown to have a higher rate of abdominal wall hernias?
- (A) Rapidly absorbable suture, running continuous closure
 - (B) Rapidly absorbable suture, interrupted closure
 - (C) Slowly absorbable suture, running continuous closure
 - (D) Slowly absorbable suture, interrupted closure
114. Which incision is rarely used due to high risk of nerve injuries and ventral hernias?
- (A) Midline incision
 - (B) Paramedian incision
 - (C) Thoraco-abdominal incision
 - (D) Pfannenstiel incision
115. Compared with an 18-gauge needle, the 21-gauge needle for percutaneous renal access:
- (A) should not be used by inexperienced operators.
 - (B) requires a 0.025-inch guide wire.
 - (C) cannot be directed as easily.
 - (D) Is more traumatic.
116. Indications for ureteroscopy (rigid or flexible) include all of the following except:
- (A) obstructing ureteral calculus.
 - (B) filling defect of the renal pelvis.
 - (C) 1.2-cm renal calculus in the lower pole.
 - (D) ureteropelvic junction obstruction with a large crossing vessel present.

117. If the Veressneedle has been unintentionally placed in the iliac artery during creation of the pneumoperitoneum for insuflation of the abdomen, which of the following is the best course of action to minimize further patient injury?
- (A) Remove the Veressneedle, and proceed to open the abdomen.
 (B) Remove the Veressneedle, and then proceed with insufflating at a different location.
 (C) Leave the Veressneedle in place, and open the abdomen.
118. All of the following are treatment options for a gas embolism during laparoscopy are true EXCEPT:
- (A) Hyperventilate the patient with 100% oxygen.
 (B) Immediately cease insufflation.
 (C) Place the patient in a head-down position.
 (D) Place the patient in a right lateral decubitus position with the left side up.
119. The wavelength for the holmium: YAG (Ho:YAG) laser is:
- (A) 1064 nm. (B) 1318nm.
 (C) 2140nm. (D) 2640nm.
120. Which of the following is accurate with regard to prenatal intervention for lower urinary tract obstruction (LUTO)?
- (A) Improved survival; unchanged long-term renalfunction
 (B) Decreased survival; improved long-term renalfunction
 (C) Unchanged survival; improved long-term renalfunction
 (D) Improved survival; decreased long-term renalfunction
121. What is the optimal timing of spinal ultrasonography during screening for occult spinal dysraphism?
- (A) Before 6 months of age (B) 6 months to 2 years of age
 (C) At any age before puberty (D) At any age
122. All of the following statements about postnatal ultrasound findings of hydronephrosis are true EXCEPT:
- (A) hydronephrosis may be obstructive or non obstructive
 (B) hydronephrosis is always an indication of obstruction.
 (C) hydronephrosis can be more fully evaluated by functional imaging to identify obstruction.
 (D) Hydronephrotic pelvicalyceal system can be differentiated from renal cysts based on whether the fluid spaces do not or do communicate.
123. The most common pediatric uropathogen:
- (A) Escherichia coli. (B) Klebsiella.
 (C) Proteus. (D) Enterobacter.
124. NPO (nothing by mouth [nil per os]) status recommendations in children include:
- (A) There should be an 8-hour period between the intake of full meals prior induction of general anesthesia, regional anesthesia, or sedation/analgesia.
 (B) There should be a 4-hour period of time between the consumptions of breast milk and administration of general anesthesia, regional anesthesia, or sedation/analgesia.
 (C) Children may have clear liquids up to 2 hours before elective procedures requiring anesthesia administration since risk of aspiration is low.
 (D) All of the above.

125. Which of the following organ systems are MOST likely to impact the early life of the patient with prune-belly syndrome?
- (A) Cardiac (B) Urinary
 (C) Pulmonary (D) Endocrine
126. All of the following findings on antenatal imaging should raise suspicion of posterior urethral valves EXCEPT:
- (A) thickened bladder wall. (B) Bilateral pelvicaliectasis with ureterectasis.
 (C) oligohydramnios. (D) ambiguous genitalia.
127. What is the primary goal in management of neuromuscular dysfunction of the lower urinary tract?
- (A) Achievement of urinary continence (B) Achievement of fecal continence
 (C) Preservation of renal function (D) Facilitation of sexual function
128. Lower urinary tract (LUT) dysfunction is associated with which of the following?
- (A) Constipation (B) Neuropsychiatric issues
 (C) UTIs (D) All of the above
129. Which of the following metabolic/endocrinologic pathologies is unlikely to cause constipation?
- (A) Hypercalcemia (B) Hypokalemia
 (C) Hypothyroidism (D) Precocious puberty
130. Complications of the complete primary exstrophy repair technique include:
- (A) myogenic bladder failure. (B) testicular atrophy.
 (C) urethrocutaneous fistula. (D) hip dislocation.
131. Considering the surgical management of PBS patients, which of the statements is CORRECT?
- (A) Abdominoplasty must be planned and performed after urinary tract reconstruction is completed.
 (B) The surgical and anesthesiologic risks are elevated when orchidopexy and abdominoplasty are performed simultaneously with the urinary tract reconstruction before puberty.
 (C) Vesicoureteral reflux can be corrected with the Gregoir-Lich procedure in most cases.
 (D) Even when reduction cystoplasty is performed, significant postvoid results may remain or recur.
132. A 13-year-old boy with a history of posterior urethral valves progresses to end-stage renal disease and is a candidate for renal transplant. Of the complications listed below, which one may be most likely to occur in a child with a history of posterior urethral valves?
- (A) Acute graft rejection
 (B) Vesicoureteral reflux
 (C) Chronic graft rejection
 (D) Ureteral obstruction at site of ureteroneocystostomy
133. In a child with urethral duplication, all of the following are true EXCEPT:
- (A) In a case of duplicated urethra, the ventral urethra is morphologically more normal in terms of caliber and function.
 (B) Not all urethral duplications require surgical correction.
 (C) Most children with urethral duplication present with incontinence.
 (D) Children with urethral duplication are not at high risk for urinary tract infection.

134. An 8-year-old boy presents with a few drops of blood at the urethral meatus at the end of voiding intermittently, over the past 3 months. Which of the following is true regarding the diagnosis of urethrorrhagia?
- (A) Presents classically as painful hematuria
 - (B) Associated with an increased risk of urinary tract infection
 - (C) Cystoscopy is essential to locate a bladder or urethral source of bleeding and rule out the presence of a neoplasm.
 - (D) May be associated with dysfunctional elimination syndrome
135. Congenital renal arteriovenous fistulas are:
- (A) usually congenital.
 - (B) cirroid in configuration.
 - (C) symptomatic before the third decade.
 - (D) more common in males.
136. Bilateral megacalycosis:
- (A) occurs more frequently in females.
 - (B) has an increased number of dilated calyces.
 - (C) is associated with ureteral dilation.
 - (D) is autosomal recessive in inheritance pattern.
137. A 50-year-old man with known von Hippel-Lindau disease presents with a single episode of gross hematuria. CT scan reveals a 3-cm enhancing mass in the upper pole of each kidney. Metastatic evaluation is negative. He is otherwise healthy. Appropriate treatment at this point would be:
- (A) bilateral radical nephrectomy with the placement of a peritoneal dialysis catheter.
 - (B) bilateral upper pole partial nephrectomy.
 - (C) right radical nephrectomy with left upper pole partial nephrectomy.
 - (D) observation with serial CT every 4 months.
138. The principal effects of congenital renal obstruction are:
- (A) glomerulosclerosis, interstitial fibrosis, and atrophy.
 - (B) hypoplasia and increased epithelial-mesenchymal transformation.
 - (C) altered growth regulation, renal differentiation, and functional integration.
 - (D) glomerulosclerosis, renin downregulation, and tubular hypertrophy.
139. In the fetal kidney, angiotensin activity:
- (A) is tightly regulated by EGF.
 - (B) acts predominantly through the AT-1 receptor.
 - (C) affects epithelial-mesenchymal transformation.
 - (D) is an important regulator of renal growth.
140. Which of the following is TRUE regarding secondary obstructive megaureters?
- (A) It is caused by an aperistaltic juxtavesical segment that is unable to propagate urine at acceptable rates of flow.
 - (B) It most commonly occurs with neurogenic and non-neurogenic voiding dysfunction or infravesical obstruction such as posterior urethral valves.
 - (C) It may be due to acute infections, nephropathies, and other medical conditions that cause significant increases in urinary output that overwhelm maximal peristalsis.
 - (D) It is diagnosed once reflux, obstruction, and secondary causes of dilatation are ruled out.

141. Which of the following is the most serious complication to ureteral tailoring?
- (A) Gradual tapering can cause an abrupt change of the ureteral caliber and subsequently kinking.
 - (B) A too short intravesical tunnel can cause vesicoureteral reflux.
 - (C) Compromising of the distal vasculature of the ureter with subsequent fibrosis.
 - (D) Secondary stenosis of the ureteral orifice.
142. Which of the following interventions is NOT recommended for the treatment of cystinuria?
- (A) D-penicillamine
 - (B) Potassium citrate
 - (C) Alpha-mercaptopyronylglycine
 - (D) Hydrochlorothiazide
143. Which of the following is generally NOT associated with normocalcemic hypercalciuria?
- (A) Bartter syndrome
 - (B) Primary hyperparathyroidism
 - (C) Dent disease
 - (D) Distal renal tubular acidosis (DRTA)
144. Hydrocele formation after varicocele ligation is least likely to occur after which of the following procedures?
- (A) Retroperitoneal ligation
 - (B) Subinguinal ligation
 - (C) Laparoscopic ligation
 - (D) Transvenous embolization
145. How commonly does cryptorchidism occur in full-term males?
- (A) <1%
 - (B) 1% to 4%
 - (C) 5% to 10%
 - (D) 15%
146. A 1-month-old full-term male presents with a unilateral nonpalpable testicle. The next step after a confirmatory exam is:
- (A) ultrasound to identify the position of the testicle.
 - (B) MRI with gadolinium.
 - (C) hormonal therapy to induce descent.
 - (D) observation for spontaneous descent until 6 months of age.
147. In most cases of labial adhesions, which of the following is true?
- (A) They are believed to occur because of a relative state of hyperestrogenism.
 - (B) They should be treated with surgical lysis.
 - (C) They require no treatment.
 - (D) They occur secondary to sexual abuse.
148. In a neonate with hypospadias and a unilateral cryptorchid testis:
- (A) midshaft location of the urethral meatus is an important risk factor for DSD.
 - (B) impalpability of the cryptorchid testis carries a 50% risk of a DSD.
 - (C) palpability of the cryptorchid testis effectively rules out DSD.
 - (D) perineal hypospadias is not a risk factor for a DSD.
149. Gender identity:
- (A) is synonymous with gender role.
 - (B) is primarily determined by prenatal exposure to androgens.
 - (C) is primarily determined by postnatal environmental influences.
 - (D) is defined as the identification of self as either male or female

150. The tuberous sclerosis complex is associated with the development of angiomyolipoma and cystic renal disease. These patients have been found to have an abnormality of chromosome:
- (A) 1 (B) 7
 (C) 9 (D) 12
151. A 2-year-old boy is found to have bilateral Wilms tumor. There is a tumor occupying more than 50% of the left kidney and a 4.0-cm tumor in the upper pole of the right kidney. The best next step is:
- (A) left nephrectomy and right renal biopsy.
 (B) bilateral partial nephrectomy.
 (C) right partial nephrectomy and left renal biopsy.
 (D) chemotherapy.
152. A 5-year-old male presents with difficulty voiding and gross hematuria as well as right flank discomfort. US demonstrates a 5-cm mass at the level of the trigone with moderate-severe right hydronephrosis. A pelvic CT scan confirms these findings and does not show pelvic adenopathy. The next steps would be:
- (A) open resection and right ureteral reimplantation.
 (B) endoscopic biopsy followed by right internal stent placement if possible.
 (C) to attempt a complete endoscopic resection.
 (D) percutaneous nephrostomy tube placement followed by open biopsy.
153. Antimicrobial prophylaxis is characterized as:
- (A) administration of an antimicrobial agent within 4 to 6 hours of the procedure.
 (B) administration of an antimicrobial agent for a period of time covering the first 48 hours after the procedure.
 (C) administration of an antimicrobial agent within 30 minutes of the initiation of a procedure and for a period of time covering the first 48 hours after the procedure.
 (D) administration of an antimicrobial agent within 60 to 120 minutes of the initiation of a procedure and for a period of time that covers the duration of the procedure.
154. Which of the following organisms is NOT associated with positive nitrites on urine analysis?
- (A) *Enterococcus* (B) *E. coli*
 (C) *Proteus mirabilis* (D) *Klebsiella pneumoniae*
155. Which of the following statements is FALSE about genitourinary (GU) TB patients?
- (A) Magnetic resonance imaging (MRI) is often used to help diagnose patients with GU TB.
 (B) Computed tomography (CT) is most useful in extensive TB disease when other organ systems might be involved.
 (C) The most common finding of GU TB on plain film is calcification.
 (D) Intravenous urography (IVU) is the best test to detect early renal changes due to TB.
156. Which of the following medications has been shown to improve overall survival with fewer severe side effects among patients with clear cell renal cell carcinoma who received previous treatment?
- (A) Atezolizumab (B) Pembrolizumab
 (C) Everolimus (D) Nivolumab

157. The only segment of the urethra that does not have transitional epithelium is the:
 (A) prostatic urethra. (B) membranous urethra.
 (C) bulbar urethra. (D) fossanavicularis.
158. Spermiogenesis includes all of the following processes EXCEPT:
 (A) loss of cytoplasm (B) formation of the acrosome
 (C) flagellar formation (D) cell division
159. After ejaculation the contents of the vas deferens are:
 (A) returned to the seminal vesicles (B) maintained in the ampulla
 (C) released into the ejaculatory ducts (D) propelled back into the epididymis
160. Which of the following surgical sperm retrieval techniques is inappropriate for the clinical situation indicated?
 (A) Percutaneous epididymal sperm aspiration (PESA) for congenital absence of vas
 (B) Percutaneous testicular sperm aspiration (PTSA) after failed vasoepididymostomy
 (C) Electroejaculation in a man with postretroperitoneal lymph node dissection for left testicular embryonal carcinoma
 (D) Microsurgical epididymal sperm aspiration (MESA) for spermatogenic maturation arrest
161. The vacuum erection device is most advantageous for ED associated with:
 (A) veno-occlusive dysfunction. (B) glanular insufficiency.
 (C) postpriapism. (D) postexplantation of a penile prosthesis.
162. In patients with ED, the vascular lesion addressed by arterial revascularization surgery is:
 (A) internal pudendal artery stenosis. (B) penile dorsal artery stenosis.
 (C) cavernosal artery stenosis. (D) penile deep dorsal venous incompetence.
163. PDE5 inhibitors are first-line therapy for ED, but like intracavernous therapy, PDE5 inhibitors have been associated with prolonged erection and priapism. Which agent is most likely to cause priapism?
 (A) Sildenafil, 100 mg PRN sex
 (B) Avanafil, 200 mg PRN sex
 (C) Levitra, 20 mg PRN sex
 (D) None of these agents is more likely to result in priapism
164. Early reviews concluded that the natural history of ischemic priapism is ED. Recent interventions have tracked sexual health function outcomes with evidence-based questionnaires such as the International Index of Erectile Function (IIEF-5). Improvements in medical and surgical management of ischemic priapism may preserve erectile function. Unfortunately, ED is likely to occur if reversal by medical or surgical means is not successful after how many hours?
 (A) 8 hours (B) 12 to 24 hours
 (C) 36 hours (D) 48 hours

165. A 54-year-old man presents with an enlarging right inguinal mass. On examination, a palpable mass is noted in the right inguinal region that extends into the right hemiscrotum. The testis cannot be distinguished from this mass. Staging CT reveals a heterogeneous, infiltrative area of low-intensity mass (–20 Hounsfield units), 6 × 9 cm, involving the right spermatic cord and extending from the inguinal canal into the scrotum with displacement of the right testis. There is no evidence of retroperitoneal lymphadenopathy or distant metastases. The most appropriate management is:
- (A) inguinal orchiectomy followed by adjuvant radiotherapy.
 - (B) inguinal orchiectomy alone.
 - (C) transscrotal orchiectomy.
 - (D) inguinal orchiectomy followed by ifosfamide-based adjuvant chemotherapy.
166. A 42-year-old asymptomatic man presents for management of right NSGCT (80% embryonal carcinoma, 10% teratoma, 10% choriocarcinoma). His preorchiotomy hCG value was 15,000 mU/mL (upper limit: <5 mU/mL), and this has risen to 50,800 mU/mL after orchiectomy. Chest CT shows numerous pulmonary nodules. There is evidence of multiple masses in the interaortocaval region (largest, 4.8 cm) and masses in the paraaortic region (largest, 2.6 cm). The most appropriate management is:
- (A) three cycles of bleomycin-etoposide-cisplatin chemotherapy.
 - (B) RPLND.
 - (C) two cycles of bleomycin-etoposide-cisplatin chemotherapy.
 - (D) CT of the head.
167. The processes required to ensure antegrade ejaculation of sperm containing semen include all of the following EXCEPT:
- (A) seminal emission through vasa deferentia.
 - (B) closure of the bladder neck.
 - (C) smooth muscle contraction of the prostate.
 - (D) penile erection.
168. All of the following interventions have demonstrated efficacy in managing chylous ascites EXCEPT:
- (A) medium-chain triglyceride (MCT) diet.
 - (B) total parenteral nutrition.
 - (C) subcutaneous octreotide.
 - (D) limiting fat intake preoperatively.
169. Potential advantages to laparoscopic compared with open RPLND include all of the following EXCEPT which?
- (A) Improved cosmesis
 - (B) Shorter convalescence
 - (C) Improved disease-free survival necessary
 - (D) Shorter interval to chemotherapy when necessary
170. What is the embryologic origin of the seminal vesicles?
- (A) Müllerian duct
 - (B) Ectodermal ridge
 - (C) Distal mesonephric duct
 - (D) Swelling of the distal paramesonephric duct

171. What is the Mercier bar?
- (A) The intramural ureter (B) The bladder trigone
 (C) The interureteral ridge (D) Intraureteral valves
172. What is normal baseline or resting ureteral pressure?
- (A) 0 to 5 cm H₂O (B) 5 to 10 cm H₂O
 (C) 10 to 15 cm H₂O (D) 15 to 20 cm H₂O
173. Which of the following statements is TRUE regarding surgical revascularization of a renal artery?
- (A) A kidney less than 8 cm in length can be successfully revascularized.
 (B) Retrograde filling of the distal renal artery by collateral circulation on radiographic or scintigraphic imaging studies is more likely to result in a successful surgical outcome.
 (C) Patients who require renal vascular surgery do not have significant vascular disease elsewhere.
 (D) Correction of a renal artery lesion and an aortic aneurysm need to be done simultaneously.
174. A hypertensive 38-year-old man has a serum creatinine of 2.4mg/dL. The urinalysis has 10 to 20 RBCs/HPF, 3 + protein, and RBC casts. Ultrasound shows echogenic kidneys without hydronephrosis. The best way to achieve a diagnosis is:
- (A) renal angiography. (B) renal biopsy.
 (C) retrograde pyelography. (D) MRI.
175. The treatment modality associated with the greatest stone-free rates and the least morbidity for patients with distal ureteral stones of any size is:
- (A) PNL. (B) SWL.
 (C) ureteroscopy. (D) open ureterolithotomy.
176. A first-time stone former is diagnosed with a 4-mm proximal ureteral calculus. The best initial management is:
- (A) ureteroscopic laser lithotripsy. (B) ureteral stent placement.
 (C) SWL. (D) expectant management.
177. During the course of ureteroscopic laser lithotripsy procedure for a 1-cm proximal ureteral stone, a ureteral perforation is noted after fragmentation and removal of the calculus. On inspection of the perforation, a stone fragment is noted outside the ureter in the retroperitoneum. The most appropriate management is to:
- (A) terminate the procedure and place a ureteral stent.
 (B) advance the ureteroscope into the retroperitoneum and remove the stone fragment with a basket device.
 (C) place a nephrostomy tube.
 (D) perform laparoscopic exploration and removal of the residual fragment.
178. The use of double-J stents to reduce the risk of stricture after SWL has been demonstrated to be beneficial for what size of stones?
- (A) Greater than 5 mm (B) Greater than 10 mm
 (C) Greater than 15 mm (D) Greater than 20 mm

179. Which of the following are the most commonly isolated organisms in case of infection stones?
(A) Proteus spp. (B) Escherichia coli
(C) Enterococci (D) All of the above
180. In performing a cystectomy and orthotopic ileal neobladder in a male, the most important step in preserving continence is to:
(A) construct a large capacity reservoir.
(B) avoid excess dissection anterior to the urethra.
(C) perform a nerve-sparing procedure in all cases.
(D) avoid removal of the presacral lymph nodes.
181. Regarding perioperative thrombo-prophylaxis treatment after robot assisted radical cystectomy (RARC), which of the following is true?
(A) Pneumatic compressions and leg stockings only are adequate.
(B) Low molecular weight heparin can be used as a single dose before the operation
(C) Low molecular weight heparin should be continued up to 4 weeks after surgery.
(D) Both mechanical and pharmacological prophylaxes are adequate for 48 hours perioperative.
182. Regarding genetic and familial factors in the etiology of BPH, which statement is TRUE?
(A) There is no evidence that BPH is a familial disease.
(B) Any man who has undergone transurethral resection of the prostate (TURP) should alert his sons that their chances of requiring TURP is three times greater than age-matched controls.
(C) Cases of familial BPH tend to occur in men with smaller prostates than the sporadic cases of BPH.
(D) Approximately 50% of cases of BPH in men who undergo surgery when younger than the age of 60 years are estimated to be inheritable.
183. Digital rectal examination at the time of the assessment of patients with LUTSs:
(A) should always be performed with the only aim to rule out prostate cancer.
(B) allows estimation of prostate volume, which is useful for planning further management.
(C) does not provide reliable information, and therefore should not be performed.
(D) may be used to obtain prostatic secretion.
184. Which test should always be considered in a man with prevalent storage symptoms and a history of smoking?
(A) Urinalysis. (B) Serum prostate-specific antigen (PSA) test.
(C) Urine cytology. (D) Frequency-volume charts.
185. Calcifications diffusely seen in the prostate on transrectal ultrasound are:
(A) called corpora amylacea.
(B) always considered abnormal and mandate biopsy.
(C) considered diagnostic for prostate cancer.
(D) incidental findings usually due to advanced age.

186. Which of the following statements concerning ultrasonographic estimates of prostate size/volume is TRUE?
- (A) Only one formula (prolate ellipse) is acceptable to determine prostate volume.
 (B) There is a poor correlation between radical prostatectomy specimen weights and volume as measured by TRUS.
 (C) The mature average prostate is between 20 and 25 g and remains relatively constant until approximately age 50, when the gland enlarges in many men.
 (D) Prostate cancer is always associated with an increase in overall volume of the prostate.
187. All of the following statements are true about high-grade prostatic intraepithelial neoplasia (PIN), EXCEPT:
- (A) Glands are architecturally benign.
 (B) If unifocal, PIN is not associated with an increased risk of cancer on rebiopsy.
 (C) PIN shares some of the molecular findings with prostatic adenocarcinoma.
 (D) PIN is the same as intraductal carcinoma.
188. Which of the following tests has the highest positive predictive value for prostate cancer?
- (A) PSA. (B) Digital rectal exam (DRE).
 (C) Transrectal ultrasonography (TRUS). (D) Combination of DRE and TRUS.
189. Which of the following increases the risk of early urinary toxicity after external beam radiation therapy to the prostate?
- (A) Previous urinary tract infection
 (B) Nocturia
 (C) History of hematospermia
 (D) Previous transurethral resection of prostate (TURP)
190. Which of the following represents unfavorable intermediate-risk disease?
- (A) Gleason 3 + 4, PSA 9.5, cT2a (B) Gleason 4 + 3, PSA 9.5, cT3a
 (C) Gleason 4 + 4, PSA 9.5, cT1c (D) Gleason 4 + 3, PSA 12.8, cT2a
191. Advantages of using mpMRI to identify suitable candidates for prostate focal therapy include all the following EXCEPT:
- (A) It improves the detection of anterior zone cancers
 (B) It preferentially detects high-grade lesions
 (C) It accurately estimates lesion size for determination of ablation margin
 (D) It improves the detection of extra-prostatic extension
192. Identification of patients with high-risk prostate cancer is best achieved by:
- (A) Transrectal ultrasonography. (B) Serum prostate-specific antigen (PSA).
 (C) Digital rectal examination. (D) Serum PSA, biopsy grade, clinical stage.
193. By using the Kattan postoperative nomogram, which of the following contributes most to the risk of biochemical recurrence after radical prostatectomy?
- (A) Positive surgical margin (B) Pretreatment serum PSA of 17 ng/mL
 (C) Gleason 4 + 3 disease (D) Established capsular penetration

194. Neoadjuvant androgen deprivation (AD) before radical prostatectomy leads to:
(A) Improved biochemical-free survival. (B) Improved overall survival.
 (C) Reduced positive surgical margins. (D) Reduced local recurrence.
195. The vitamin D metabolite that stimulates intestinal calcium absorption is:
(A) 7-dehydrocholesterol. (B) Cholecalciferol.
(C) 25-dihydroxyvitamin D3. (D) 1, 25-dihydroxyvitamin D3.
196. Which of the following factors increases intestinal oxalate absorption?
(A) High dietary calcium intake.
 (B) Low dietary calcium intake.
(C) Oxalobacter formigenes colonization in the colon.
(D) Helicobacter pylori colonization in the stomach.
197. The primary determinant of urinary citrate excretion is:
 (A) acid–base status. (B) urinary sodium excretion.
(C) citric acid intake. (D) insulin sensitivity.
198. The underlying abnormality of renal hypercalciuria is:
(A) enhanced calcium filtration. (B) enhanced calcium secretion.
(C) enhanced calcium reabsorption. (D) primary renal wasting of calcium.
199. Enteric hyperoxaluria occurs as a result of:
(A) Excessive intake of oxalate. (B) Reduced excretion of oxalate.
(C) Increased dietary fat. (D) Fat malabsorption.
200. A 58-year-old Hispanic woman with a history of recurrent urinary tract infections treated three to four times in the past 18 months is seen by her family physician. At present she is asymptomatic. She has no history of nephrolithiasis. Renal ultrasound demonstrates moderate left hydronephrosis and a large density within the renal pelvis with posterior shadowing. A kidney-ureter-bladder (KUB) view with tomography reveals a poorly opacified dendritic stone in the renal pelvis and lower pole calyces. Prior urine cultures have revealed Proteus and Klebsiella species. The stone composition of this patient is most likely:
(A) Calcium oxalate. (B) Uric acid.
 (C) Magnesium ammonium phosphate. (D) Cystine.