

AVT

PROVISIONAL ANSWER KEY (CBRT)

Name of the post	Professor, Urology, General State Service, Class-1
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Question No.	001 - 200 (Concern Subject)
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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 ન 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 : http://150.129.165.5/GPSC_Suggestion/

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. Urine osmolality usually varies between:
(A) 10 and 200 mOsm/L. (B) 50 and 500 mOsm/L.
 (C) 50 and 1200 mOsm/L. (D) 100 and 1000 mOsm/L.
004. The fetal kidneys develop from which of the following embryonic structures?
(A) Paraxial (somite) mesoderm (B) Intermediate mesoderm
(C) Neural tube (D) Lateral mesoderm
005. In female embryos, the remnants of the mesonephric ducts persist as the following structures EXCEPT:
(A) epoophoron. (B) paroophoron.
 (C) hymen. (D) Gartner duct cysts.
006. Pain associated with a stone in the ureter is the result of:
 (A) obstruction of urine flow with distention of the renal capsule.
(B) irritation of the ureteral mucosa by the stone.
(C) excessive ureteral peristalsis in response to the obstructing stone.
(D) irritation of the intramural ureter.
007. All of the following are typical lower urinary tract symptoms associated with benign prostatic hyperplasia EXCEPT:
(A) urgency. (B) frequency.
(C) nocturia. (D) dysuria.
008. Conditions that decrease urine specific gravity include all of the following EXCEPT:
(A) increased fluid intake. (B) use of diuretics.
(C) decreased renal concentrating ability. (D) dehydration.
009. The relative radiation level associated with abdominal computed tomography (CT) without and with contrast is:
(A) minimal, less than 0.1 mSv. (B) low, 0.1 to 1.0 mSv.
(C) moderate, 1 to 10 mSv. (D) high, 10 to 100 mSv.
010. Radiation exposure diminishes as the square of the distance from the radiation source. An exposure of 9 mSv at 1 foot from the source would be how much at 3 feet from the source?
(A) 0.09 mSv (B) 1 mSv
(C) 3 mSv (D) 9 mSv
011. The renal segment with the most variable blood supply is the:
 (A) apex. (B) upper.
(C) middle. (D) lower.

012. Pneumomediastinum, pneumothorax, and pneumopericardium associated with laparoscopy are a result of:
- (A) gas leaking along major blood vessels through congenital defects in the diaphragm.
 - (B) gas passing through secondary enlargement of openings in the diaphragm.
 - (C) diffusion of gas across the peritoneum and diaphragm.
 - (D) Both (A) and (B).
013. What is the mechanism electrocautery uses to affect tissues?
- (A) Current is delivered to the tip of the instrument, causing it to heat and affect the tissue.
 - (B) Current is delivered to the tissue directly, causing it to heat.
 - (C) Current is conducted through a fluid medium to affect the tissue.
 - (D) Electrons are excited, creating increased light energy, which directly affects the tissue.
014. The likelihood of finding a malignancy in a patient with microhematuria is influenced by all of the following EXCEPT:
- (A) age.
 - (B) gender.
 - (C) use of anticoagulants.
 - (D) tobacco use.
015. A 10-year-old healthy boy is found on routine physical examination to have asymptomatic microscopic hematuria. Urinalysis reveals yellow urine with a specific gravity of 1.020, pH 6, no protein, and moderate amount of blood. The microscopic examination shows 5 to 6 red blood cells (RBCs) per high-powered field and no white blood cells, bacteria, or crystals. The most appropriate next step would be:
- (A) renal ultrasonography.
 - (B) spot urine calcium and creatinine determinations.
 - (C) measurement of serum creatinine.
 - (D) repeat urinalysis in 2 weeks.
016. 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.
017. 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.
018. 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
019. 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.

020. 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
021. 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.
022. During bladder storage:
- (A) bladder accommodation is dependent upon activation of sympathetic pathways.
(B) bladder accommodation is dependent upon quiescence of parasympathetic efferent pathways.
(C) intravesical pressure measurements are low when below the voiding threshold.
(D) all of the above.
023. What is the most common complication after partial nephrectomy for nonexophytic renal masses?
- (A) Hemorrhage (B) Renal failure
(C) Rhabdomyolysis (D) Urinary leak
024. Which of the following statements about the proximal convoluted tubule is FALSE?
- (A) It functions as a bulk transporter, rather than a fine-tuner of ultrafiltrate.
(B) It is able to increase or decrease reabsorption rates in response to changes in GFR.
(C) It has a minor role in sodium reabsorption.
(D) It reabsorbs 80% of filtered water, mainly through aquaporin1 water channels.
025. Which of the following statements is TRUE about vitamin D metabolism?
- (A) Vitamin D deficiency is uncommon in chronic renal failure.
(B) Dermally synthesized cholecalciferol is the most potent form of vitamin D.
(C) Dermally synthesized cholecalciferol must be hydroxylated by both the liver and kidney for maximal potency.
(D) Vitamin D activity is mediated through membrane-bound vitamin D receptors.
026. Identify the correct statement out of the following?
- (A) Extracorporeal shockwave lithotripsy (ESWL) as a modality of treatment has been considered as an option in patients with bladder calculi with artificial urinary sphincters or penile prosthesis.
(B) Transurethral surgery is completely safe even with longer OR times.
(C) Suprapubic surgery is ideal in patients who have had previous urethral or abdominal surgeries.
(D) Stones more than 2 cm should be treated with open surgery.
027. Which of the following is least consistent with a diagnosis of vanishing testis?
- (A) Patent processus vaginalis (B) Contralateral testicular hypertrophy
(C) Palpable nubbins in scrotum (D) Increased serum follicle-stimulating hormone

028. 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.
029. 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.
030. 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
031. 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.
032. HIV is what type of virus?
 (A) Single-stranded RNA
 (B) Double-stranded RNA
 (C) Single-stranded messenger RNA (mRNA)
 (D) Single-stranded DNA
033. A 12-year-old boy has a long-standing history of asthma and occasional outbreaks of erythematous, pruritic papules on his scrotum and lower extremities. Which of the following options represents a rational approach to treating this condition?
 (A) Long-term suppressive topical corticosteroids
 (B) Frequent soaking in warm water to prevent the development of lesions
 (C) Low-dose systemic corticosteroids
 (D) The frequent application of emollients
034. A 44-year-old man with clinical stage III left testicular seminoma with IGCCCG good-risk features has a discrete 2.4-cm residual para-aortic mass (3.8 cm at diagnosis) after receiving three cycles of bleomycin-etoposide-cisplatin chemotherapy. His pulmonary nodules have regressed completely. His serum tumor markers are within the normal range. The most appropriate management is:
 (A) post chemotherapy radiation therapy to the residual mass.
 (B) fluorodeoxyglucose-labeled positron emission tomography (FDG-PET) at least 4 weeks after completing chemotherapy.
 (C) observation.
 (D) post chemotherapy surgical resection of the residual mass.
035. The following are independent risk factors for relapse post chemotherapy RPLND EXCEPT:
 (A) evidence of viable malignancy in resected specimens.
 (B) incomplete resection.
 (C) rising pre-RPLND serum tumor markers.
 (D) poor-risk disease at diagnosis by IGCCCG criteria.

036. Which of the following nerves is at risk for injury during radical orchiectomy?
 (A) Genitofemoral nerve (B) Ilioinguinal nerve
 (C) Obturator nerve (D) Lateral femoral cutaneous nerve
037. 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
038. 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.
039. 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.
040. 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.
041. 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
042. Which of the following agents is contraindicated for immediate postoperative intravesical chemotherapy (administered at time of transurethral resection of bladder tumor [TURBT])?
 (A) Thiotepa (B) Bacille Calmette-Guérin (BCG)
 (C) Mitomycin C (MMC) (D) Epirubicin
043. Which of the following represents an appropriate surveillance algorithm for high-risk NMIBC according to the 2016 AUA/SUO guideline?
 (A) Cystoscopy every 3 to 4 months for 2 years, every 6 months for the subsequent 2 years, and annually for life
 (B) Cystoscopy every 3 to 6 months for 2 years, then stop
 (C) Imaging unnecessary unless hematuria is present
 (D) Cystoscopy at 3 months and then again 9 months later

044. Risk factors for development of the TUR syndrome include:
- (A) prostate volume less than 45 g.
 - (B) failure to use isotonic, iso-osmolar irrigating solution and the bipolar electroresection system.
 - (C) underlying hepatic dysfunction.
 - (D) irrigating fluid above the patient should be ideal be >60 cm
045. Patients on anticoagulation who undergo photoselective vaporization of the prostate (PVP) have an increased risk of:
- (A) erectile dysfunction.
 - (B) blood transfusion.
 - (C) TUR syndrome.
 - (D) Time in the hospital after procedure.
046. The suprapubic approach to the prostatectomy is ideal for the patient with a large prostatic adenoma and:
- (A) multiple small bladder calculi.
 - (B) total prostate-stimulating antigen (PSA) greater than 10.0 ng/mL.
 - (C) erectile dysfunction.
 - (D) symptomatic bladder diverticulum.
047. 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.
048. 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.
049. Most detectable PSA in sera is bound to:
- (A) albumin.
 - (B) α 1 -antichymotrypsin (ACT).
 - (C) α 2 -macroglobulin.
 - (D) human kallikrein.
050. 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.
051. 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.
052. Which are NOT considered benefits of the dorsal lumbotomy approach compared to flank incisions?
- (A) Rib and muscle sparing
 - (B) Less postoperative pain
 - (C) Decreased hospitalization
 - (D) Better surgical exposure for vascular control

053. To avoid peripheral neuropathy during a robotic radical cystectomy in Trendelenburg position, the surgeon should make sure to:
- (A) flex the patient's hips in lithotomy at no more than 70 degrees.
 - (B) abduct the patient's hips to between 45 and 55 degrees.
 - (C) pad the lateral knee to avoid excessive compression against the stirrups.
 - (D) tightly wrap the patient's arms at his or her side to prevent inadvertent crushing injuries from robotic arms.
054. The most common cause of inability to catheterize an Indiana pouch is _____.
- (A) perforation
 - (B) catheter malfunction
 - (C) overdistension
 - (D) none of the above
055. The incidence of bladder cancer in spinal cord patients with chronic catheters is _____.
- (A) 1%
 - (B) 2%
 - (C) 3%
 - (D) 4%
056. Relative to retrograde ureteral stent placement, percutaneous nephrostomy:
- (A) has a lower success rate.
 - (B) requires less anesthesia.
 - (C) is preferred in cases of ureteral obstruction owing to malignancy.
 - (D) is less commonly complicated by bacteriuria after indwelling for 1 week.
057. In a patient undergoing an exploratory laparotomy for pelvic abscess following radical cystectomy, the best method of abdominal fascial closure is with:
- (A) polyglycolic acid (Dexon) suture with continuous closure.
 - (B) silk suture with continuous closure.
 - (C) polyglactin (Vicryl) suture with interrupted closure.
 - (D) polydioxanone suture (PDS) with continuous closure.
058. The anterior male urethra is surrounded by
- (A) The bulbospongiosus muscle.
 - (B) Corpus spongiosum.
 - (C) both (A) and (B)
 - (D) none of the above
059. The female urethra is approximately _____ cm long
- (A) 4
 - (B) 6
 - (C) 8
 - (D) 10
060. A 16-Fr catheter is approximately _____ mm in outer diameter.
- (A) 16
 - (B) 10.4
 - (C) 8.7
 - (D) 5.3
061. The correct order of the division of the intrarenal branches of the renal artery is:
- (A) segmental, arcuate, interlobar (infundibular), interlobular.
 - (B) segmental, arcuate, interlobular, interlobar (infundibular).
 - (C) segmental, interlobar (infundibular), arcuate, interlobular.
 - (D) interlobular, segmental, interlobar (infundibular), arcuate.
062. 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.

063. 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.
064. 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.
065. The wavelength for the holmium:YAG (Ho:YAG)laseris:
 (A) 1064 nm. (B) 1318 nm.
 (C) 2140 nm. (D) 2640 nm.
066. The likelihood of finding a malignancy in a patient with microhematuria is influenced by all of the following EXCEPT:
 (A) age. (B) gender.
 (C) use of anticoagulants. (D) tobacco use.
067. Which of the following has the greatest effect on pseudoaneurysm development following partial nephrectomy?
 (A) The open approach versus minimally invasive (1% vs.5%)
 (B) Patients with higher nephrometry score are at increased risk
 (C) Early unclamping even in the presence of arterial bleed
 (D) Tumor depth has no impact on incidence of pseudoaneurysm.
068. Which of the following statements is FALSE regarding imaging in pregnant patients?
 (A) Ultrasound and magnetic resonance imaging are the techniques of choice.
 (B) Routine imaging with magnetic resonance imaging (MRI) should employ use of gadolinium contrast.
 (C) Radiation from computed tomography (CT) scan is usually at a dose lower than that associated with fetal harm.
 (D) Safety of nuclear medicine studies is dependent on the isotope utilized.
069. The fused lower pole of the horseshoe kidney is trapped by which of the following structures during the ascent?
 (A) Inferior mesenteric artery (B) Superior mesenteric artery
 (C) Celiac artery (D) Common iliac artery
070. The mature nephron segments arise from which embryonic precursors?
 (A) Pronephros (B) Mesonephros
 (C) Mesonephricduct (D) Metanephros
071. Which of the following is accurate with regard to prenatal intervention for lower urinary tract obstruction (LUTO)?
 (A) Improved survival; unchanged long-term renal function
 (B) Decreased survival; improved long-term renal function
 (C) Unchanged survival; improved long-term renal function
 (D) Improved survival; decreased long-term renal function

072. 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
073. All of the following statements about postnatal ultrasound findings of hydronephrosis are true EXCEPT:
- (A) hydronephrosis may be obstructive or nonobstructive
 (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 communicate.
074. The most common pediatric uropathogen is:
- (A) Escherichia coli. (B) Klebsiella.
 (C) Proteus. (D) Enterobacter.
075. 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.
076. Which of the following procedures has not been shown to have a length of stay benefit for minimally invasive approaches as compared with the open surgical counterpart?
- (A) Pyeloplasty (B) Ureteral reimplant
 (C) Hernia/hydrocele (D) Appendicovesicostomy
077. What is the significance of debris visualized within the bladder or collecting system on ultrasound?
- (A) This is a normal finding
 (B) Concern for ureterocele
 (C) Increased risk of symptomatic urinary tract infection
 (D) Increased risk of positive urine culture regardless of symptoms
078. What is the accepted ratio of tunnel length to ureteral diameter found in most normal children without reflux?
- (A) 5:1 (B) 4:1
 (C) 3:1 (D) 2:1
079. Which of the following statements best describes visualization of the fetal bladder?
- (A) Transabdominal imaging is more sensitive than transvaginal imaging for early detection of the fetal bladder.
 (B) The fetal bladder typically empties every 15 to 20 minutes, and nonvisualization of the bladder necessitates prolonged inspection to make sure that a full bladder was not missed.
 (C) At 10 weeks of gestation the bladder will be visualized in 25% of fetuses.
 (D) At 13 weeks of gestation the bladder will be visualized in 50% of fetuses. e. During the first trimester the normal bladder diameter is 12 mm or less.

080. What is the live birth risk of bladder exstrophy in the offspring of individuals with bladder exstrophy and epispadias?
 (A) 1 in 70 (B) 1 in 300
 (C) 1 in 500 (D) 1 in 700
081. 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
082. 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.
083. 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
084. Lower urinary tract (LUT) dysfunction is associated with which of the following?
 (A) Constipation (B) Neuropsychiatric issues
 (C) UTIs (D) All of the above
085. Which of the following metabolic/endocrinologic pathologies is unlikely to cause constipation?
 (A) Hypercalcemia (B) Hypokalemia
 (C) Hypothyroidism (D) Precocious puberty
086. 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
087. What finding(s) may be reduced on urodynamics when performed under sedation?
 (A) Detrusor overactivity (B) Compliance
 (C) Detrusor leak point pressure (D) Bladder capacity
088. Nephrogenic adenoma:
 (A) is more common in children than in adults.
 (B) often demonstrates malignant transformation.
 (C) rarely recurs after local treatment.
 (D) can be seen as a reaction to infection or urolithiasis.
089. Factors that mitigate against use of a single-stage reconstruction technique for cloacal exstrophy include the presence of:
 (A) a large omphalocele. (B) a wide pubic diastasis.
 (C) a concomitant myelomeningocele. (D) all of the above.
090. Complications of the complete primary exstrophy repair technique include:
 (A) myogenic bladder failure. (B) testicular atrophy.
 (C) urethrocutaneous fistula. (D) hip dislocation.

091. An 8-year-old boy presents to your office with his parents for consultation regarding treatment for primary nocturnal enuresis. Behavioral modification, desmopressin, and the enuresis alarm have failed. Which of the following parameters is the best predictor of response to treatment with desmopressin?
- (A) Age of child (B) Bladder capacity
(C) Motivation of family (D) Nocturnal polyuria
092. 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.
093. 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.
094. 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.
095. 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.
096. 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
097. Which of the following types of ureterocele is associated with the lowest incidence of secondary procedures after transurethral decompression?
- (A) Ectopic ureterocele
(B) Ureterocele in a female patient
(C) Intravesical ureterocele
(D) Ureterocele associated with a duplicated system
098. After the perinatal period, what is the most common method of presentation of a ureterocele?
- (A) Incontinence (B) Abdominal mass
(C) Failure to thrive (D) Urinary tract infection
099. 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.

100. Which of the following is NOT a relative indication for elective varicocele repair?
 (A) Pain (B) Oligospermia
 (C) Small testes (D) Continuous spermatic venous reflux
101. A 14-year-old undergoes a first-stage buccal graft reoperation that involves grafting along the entire penile shaft. The next morning he is found to have visible hematoma under the shaft skin. The next step is:
 (A) return immediately to the operating room to evacuate the hematoma.
 (B) apply a compression dressing over the penis and scrotum.
 (C) check coagulation profiles for bleeding diathesis.
 (D) observe with continued bed rest.
102. 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.
103. 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.
104. 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.
105. 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) $\alpha 1A$
106. 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
107. Which of the following interventions is NOT recommended for the treatment of cystinuria?
 (A) D-penicillamine (B) Potassium citrate
 (C) High fluid intake (D) Hydrochlorothiazide
108. Complications that may occur during ureteroscopy while treating a ureteral stone include all EXCEPT:
 (A) hyponatremia. (B) hypertension.
 (C) ureteral avulsion. (D) hypothermia.
109. What percentage of uncircumcised boys will have persistent phimosis by 17 years of age?
 (A) Less than 1% (B) 5%
 (C) 10% (D) 15%

110. Hydrocele formation after varicocele ligation is least likely to occur after which of the following procedures?
- (A) Retroperitoneal ligation (B) Laparoscopic ligation
(C) Microscopic inguinal ligation (D) Transvenous embolization
111. An 8-month-old male presents for evaluation of subcoronal hypospadias. During physical examination, the left testicle is palpated in the groin but cannot be manipulated into the scrotum. The next step is to:
- (A) reexamine in 6 months to allow for testicular descent.
(B) obtain a karyotype.
(C) schedule hypospadias repair now, and orchiopexy in 6 months.
(D) schedule orchiopexy now, with hypospadias repair in 6 months.
112. 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.
113. Which of the following is not a late complication of genitourinary tuberculosis?
- (A) Infertility (B) Autonephrectomy
(C) Thimble bladder (D) Papulonecrotic tuberculid
114. Which drug should not be given to patients infected with *O. volvulus* or those infected with high-grade *Loa loa* microfilaremia?
- (A) Diethylcarbamazine (DEC) (B) Albendazole
(C) Doxycycline (D) Azithromycin
115. 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.
116. 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.
117. All of the following are predisposing factors to the development of lymphocele EXCEPT:
- (A) Extensive dissection of the lymphatic around the iliac vessels.
(B) Use of mammalian target of rapamycin (mTOR) inhibitors.
(C) Prolonged warm ischemia time.
(D) Atherosclerosis.
118. According to the AUA guidelines, following partial nephrectomy for pathologic stage T3aN0M0 RCC, it is recommended to perform surveillance abdominal CT scanning with what frequency?
- (A) Never
(B) Every 6 months for at least 3 years and then annually to year 5
(C) Every year to year 5
(D) Every 2 years

119. Common manifestations of VHL disease include:
- (A) RCC, pheochromocytoma, fibrofolliculoma
 - (B) angiomyolipoma, pheochromocytoma, fibrofolliculoma
 - (C) RCC, pheochromocytoma, hemangioblastoma
 - (D) angiomyolipoma, pheochromocytoma, hemangioblastoma
120. Which of the following is an indication for adrenalectomy at the time of partial nephrectomy?
- (A) 6-cm upper pole renal tumor
 - (B) 4-cm adrenal lesion measuring – 20 Hounsfield units on noncontrast CT scan
 - (C) Bilateral adrenal hyperplasia
 - (D) 1.5-cm adrenal lesion that is bright on T2-weighted MRI
121. Compared with renal cryoablation, the primary disadvantage of RFA is:
- (A) higher risk of hemorrhage following RFA.
 - (B) inability to use RFA laparoscopically.
 - (C) inability to monitor treatment under image guidance.
 - (D) inferior cancer-specific survival.
122. 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
123. 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.
124. 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.
125. 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
126. 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
127. Which of the following is an absolute contraindication to percutaneous nephrolithotomy (PNL)?
- (A) Morbid obesity
 - (B) Uncorrected coagulopathy
 - (C) Pelvic kidney
 - (D) Horseshoe kidney
128. What is the most significant complication of PNL?
- (A) Hemorrhage
 - (B) Extravasation of irrigation fluid
 - (C) Incomplete stone removal
 - (D) Pleural effusion

129. All of the following are causative factors for stone formation in neurogenic bladder patients except:
- (A) completeness of neurological lesion.
 - (B) urinary tract infection (UTI) by Proteus, Klebsiella.
 - (C) black race.
 - (D) long-term catheterization.
130. A 44-year-old woman is referred for a suspected angiomyolipoma. All of the following radiographic findings are consistent with the diagnosis except:
- (A) hyperintensity on T1 MRI sequences.
 - (B) hyperintensity on T2 MRI sequences.
 - (C) hyperintense borders on in and opposed phase MRI sequences.
 - (D) hypointensity of T1 fat-suppressed MRI sequences.
131. A 48-year-old woman with a history of seizure disorder presents with recurrent gross hematuria and left flank pain. Abdominal CT shows a large left perinephric hematoma associated with a 3.0-cm left renal angiomyolipoma. There are also multiple right renal angiomyolipomas ranging in size from 1.5 to 6.5 cm. What is the best management of the left renal lesion?
- (A) Selective embolization
 - (B) Radical nephrectomy
 - (C) Observation
 - (D) Partial nephrectomy
132. 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.
133. 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.
134. 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 overactivity
 - (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
135. 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.
136. Which of the following is the most common long-term expression of lower urinary tract dysfunction after a cerebrovascular accident (CVA)?
- (A) Detrusor areflexia
 - (B) Lack of sensation of filling
 - (C) Impaired bladder contractility
 - (D) Detrusor overactivity
137. In the medical management of neurogenic detrusor overactivity (NDO), which of the following is least likely to worsen constipation?
- (A) Oxybutynin
 - (B) Mirabegron
 - (C) Tolterodine
 - (D) Tamsulosin

138. A 65-year-old female presents with a history of pelvic radiation for treatment of cervical cancer 30 years ago. What urodynamic findings would you expect?
- (A) Reduced bladder capacity (B) Increased postvoid residual
(C) Normal compliance (D) Decreased flow rate
139. Which symptoms are included in overactive bladder syndrome (OAB)?
- (A) Dysuria (B) Straining
(C) Urgency incontinence (D) Bladder pain
140. Which of the following statements is correct regarding symptom assessment tools?
- (A) OAB can be diagnosed from the frequency volume chart.
(B) A validated questionnaire is mandatory for diagnosis of OAB.
(C) Modular components of the International Consultation on Incontinence Questionnaire system (ICIQ) have undergone formal validation.
(D) A high urgency score is diagnostic of detrusor overactivity.
141. Which of the following muscarinic receptor subtypes is predominantly responsible for the mediation of bladder contraction in human detrusor smooth muscle?
- (A) M1 (B) M2
(C) M3 (D) M4
142. 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.
143. 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
144. 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) Both (A) and (B)
145. Which of the following is not an indication for retro pubic 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
146. 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.

147. Acquired bladder diverticula are most commonly located:
 (A) near the urethrovesical junction. (B) adjacent to the ureter.
 (C) at the dome. (D) at the 10 and 2 o'clock positions.
148. The Advance male sling is hypothesized to provide continence by:
 (A) mucosal coaptation.
 (B) elevation of the bulbar urethra.
 (C) compression of the membranous urethra.
 (D) repositioning and lengthening of the membranous urethra.
149. The initial evaluation of a man with SUI should include all of the following except:
 (A) Detailed history and physical exam (B) Voiding diary and pad test
 (C) Post void residual (PVR) (D) Pressure flow urodynamics
150. What nerves may be injured during a psoas hitch procedure?
 (A) Obturator nerve (B) Genitofemoral nerve
 (C) Ilioinguinal nerve (D) Sciatic nerve
151. In a patient with a pelvic fracture from blunt trauma in whom nourine is returned after catheter placement, what is the best initial method to evaluate urethral injury?
 (A) Retrograde urethrography (B) CT of abdomen and pelvis
 (C) Filiforms and followers (D) Bladder ultrasonography
152. Which gene is most commonly mutated in carcinoma in situ (CIS)?
 (A) PI3K (B) RB
 (C) FGFR-3 (D) HRAS
153. 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.
154. 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.
155. 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.
156. 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

165. 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.
166. 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.
167. Risk factors for development of the TUR syndrome include:
 (A) prostate volume less than 45g.
 (B) failure to use isotonic, iso-osmolar irrigating solution and the bipolar electro resection system.
 (C) underlying hepatic dysfunction.
 (D) irrigating fluid above the patient should be ideal be >60cm.
168. TURP should begin with resection of the:
 (A) apical portion of the prostate. (B) prostate floor.
 (C) bladder neck. (D) median lobe, if present.
169. The suprapubic approach to the prostatectomy is ideal for the patient with a large prostatic adenoma and:
 (A) multiple small bladder calculi.
 (B) total prostate-stimulating antigen (PSA) greater than 10.0 ng/mL.
 (C) erectile dysfunction.
 (D) symptomatic bladder diverticulum.
170. 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.
171. A man with a PSA of 4 ng/mL while taking finasteride for 2 years stops this medication and begins taking saw palmetto. What should his PSA be on his next annual check-up?
 (A) 2 ng/mL (B) 4 ng/mL
 (C) 6 ng/mL (D) 8 ng/mL
172. 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.
173. 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.

174. 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.
175. 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.
176. 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)
177. Which of the following is true about low-risk prostate cancer?
- (A) The major concern is biological grade progression over time (from GG 1 to GG2-5).
 - (B) About 25% of patients harbor occult higher-grade cancer at diagnosis.
 - (C) 30% of middle-aged Caucasian men harbor some prostate cancer.
 - (D) Most low-risk prostate cancers harbor significant genetic mutations.
178. Which anatomic structure is responsible for the maintenance of passive urinary control after radical prostatectomy?
- (A) Bladder neck.
 - (B) Levatorani musculature.
 - (C) Preprostatic sphincter.
 - (D) Striated urethral sphincter
179. What is the major nerve supply to the striated sphincter and levatorani?
- (A) The neurovascular bundle.
 - (B) The sympathetic fibers from T11 to L2.
 - (C) The pudendal nerve.
 - (D) The obturator nerve.
180. 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.
181. With laparoscopic/robotic radical prostatectomy, positive margin rates are not influenced by:
- (A) surgical technique.
 - (B) patient selection.
 - (C) the method of pathologic analysis.
 - (D) transperitoneal versus extraperitoneal exposure.
182. 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

183. 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
184. 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.
185. 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
186. 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.
187. What is the most clinically important parameter of tissue ablation other than lowest temperature achieved by cryotherapy?
- (A) The diameter of the cryoprobe
 - (B) The number of freeze/thaw cycles
 - (C) The velocity of tissue thawing
 - (D) The velocity of tissue freezing
188. 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.
189. After radical prostatectomy in those with loco-regional disease, overall survival may be optimized by adjuvant treatment with:
- (A) androgen deprivation.
 - (B) radiation therapy.
 - (C) sipuleucel-T.
 - (D) radiation therapy + androgen deprivation.
190. Each of the following is a medical condition associated with calcium nephrolithiasis EXCEPT which?
- (A) Hyperparathyroidism
 - (B) Malignancy
 - (C) Primary hyperoxaluria
 - (D) Lesch-Nyhan syndrome
191. The metabolic abnormality most commonly seen after Roux-en-Y gastric bypass surgery is:
- (A) hypercalciuria.
 - (B) gouty diathesis.
 - (C) hyperuricosuria.
 - (D) hyperoxaluria.
192. 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.
193. 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

194. 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
195. 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.
196. Which of the following features of Buschke-Löwenstein Tumor characterizes it as different from condyloma acuminatum?
- (A) Propensity for early distant metastasis
 - (B) Disruption of the rete pegs
 - (C) Loss of pigmentation
 - (D) Invasion and destruction of adjacent tissues by compression
197. 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
198. 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.
199. 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
200. 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.