

- B. Metastases
- C. Glioblastoma
- D. Lymphoma
- E. Low-grade glioma

83. You are evaluating a patient with a single, right frontal brain metastasis with no known primary who has a KPS of 100. What should you offer the patient?

- A. Surgical resection
- B. Gamma knife
- C. Observation
- D. Biopsy

84. Foster-Kennedy syndrome classically was caused by what tumor?

- A. Medulloblastoma
- B. Frontal glioblastoma
- C. Olfactory groove meningioma
- D. Clival chordoma

85. What is the most common type of WHO grade II astrocytoma?

- A. Anaplastic
- B. Gemistocytic
- C. Protoplasmic
- D. Fibrillary

86. You are seeing a 55-year-old patient back in follow-up 3 months after a gross total resection of a glioblastoma of the right frontal lobe. She has undergone 60 Gy XRT and TMZ chemotherapy. Her tumor demonstrated MGMT promoter methylation. On her MRI there is evidence of a contrast enhancing nodule in the resection cavity. What is the likely cause of this finding?

- A. Postoperative blood products
- B. Tumor recurrence
- C. Pseudoprogression
- D. Ischemic stroke

87. You are seeing a patient with recurrent glioblastoma who is currently undergoing treatment with bevacizumab (Avastin). All of the following are side effects of bevacizumab except?

- A. Hypertension
- B. Arterial thromboembolism
- C. Hemorrhage
- D. Myelosuppression

88. Approximately 75% of pilocytic astrocytomas present in what age group?

- A. 1 to 20 years