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Educational questions.

"Clonality of multifocal non-small cell lung cancer: implications for staging and therapy"

1. Which of the following statements is true?

- Histomorphological criteria are important to distinguish clonally related from clonally unrelated lung tumours in daily practice.
- The frequency of synchronous lung tumours is <0.2%.
- A definitive statement of clonality can be obtained by histomorphology alone.
- Two synchronous clonally unrelated lung tumours (max. diameter 2 cm each) in one lobe qualify as T4 in the tumour, node, and metastasis system.

2. Which of the following statements is true?

- For synchronous lung tumours, surgery should always be considered the primary option.
- Synchronous lung tumours should be separately analysed for predictive biomarkers.
- Synchronous clonally related lung tumors likely have a different mutation status of EGFR.
- EGFR and KRAS mutations are mutually exclusive in synchronous lung tumours.

3. Which of the following statements is not true?

- Approximately one-third of multifocal lung tumours are clonally not related.
- The clonality status of synchronous lung tumours can significantly influence tumour staging and therapy.
- The anatomical location of synchronous lung tumours is significantly associated with the clonality status.
- Patients with multifocal, clonally unrelated tumours have a better outcome compared with multifocal, clonally related tumours.

4. Which of the following statements is not true?

- The occurrence of synchronous clonally related lung tumours can be the result of a single clonal event with subsequent tumour formation and spread into other parts of the lungs.
- Field cancerisation in the oral cavity and the respiratory tract is associated with smoking.
- Field cancerisation is the result of carcinogen exposure to different cells in the same anatomical region.
- The occurrence of synchronous clonally related lung tumours is the result of multiple independent tumors arising as a consequence of carcinogen exposure.