Nutritional and Metabolic Support in Haematological Malignancies and
Haematopoietic Stem-cell Transplantation

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Multiple choice questions

1. Patients with haematological malignancies are at increased risk of malnutrition, mainly because of

(a) Increased basal energy expenditure.
(b) Hypophagia secondary to anorexia.
(c) Oral and intestinal mucositis complicating high-dose chemotherapy.
(d) Decreased food intake because of intestinal obstruction.

2. Acute myeloid leukaemia is the most common variant of acute leukaemia occurring in adults, comprising approximately

(a) 40–50% of cases of acute leukaemias in individuals older than 25.
(b) 80–85% of cases of acute leukaemias in individuals older than 20.
(c) 60–80% of cases of acute leukaemias in individuals older than 30.
(d) None of the above.
3. VOD of the liver is a serious and often fatal event, causing liver failure and hepatic encephalopathy, which
   (a) May occur in patients receiving high amounts of parenteral lipids.
   (b) May complicate both a-HSCT and allo-HSCT, occurring in about 20% of cases.
   (c) Is related to liver localisation of a haematological disorder.
   (d) Is exclusive to HSCT patients.

4. HSCT is a therapeutic procedure consisting of the administration of high-dose chemo-radiotherapy followed by intravenous infusion of HSCs. The source of HSCs may be any of the following, except
   (a) Bone marrow.
   (b) Peripheral blood.
   (c) Umbilical-cord blood.
   (d) Embryo stem cells.

5. Parenteral nutrition is a therapeutic procedure aimed at ensuring appropriate nutritional support in patients who are unable to satisfy their nutritional need through oral feeding. It is particularly indicated in
   (a) Acute leukaemias.
   (b) allo-HSCT.
   (c) a-HSCT.
   (d) Hodgkin’s lymphoma.