1) The relative contribution of transcapillary water movement and lymphatic reabsorption in peritoneal dialysis (PD) is a critical issue with which type of PD complications?
   a. Peritonitis
   b. Exit-site infection
   c. Tunnel infection
   d. Ultrafiltration failure (UFF)

2) In terms of effective lymphatic absorption rate (ELAR) and ultrafiltration coefficient (LpA) values, which statement is true?
   a. Both the ELAR and LpA values are higher in the high or high-average transporters compared to the low or low-average transporters.
   b. Both the ELAR and LpA values are lower in the high or high-average transporters compared to the low or low-average transporters.
   c. ELAR value is higher and LpA value is lower in the high or high-average transporters compared to the low or low-average transporters.
   d. For both the ELAR and LpA values, there is no difference in the high or high-average transporters compared to the low or low-average transporters.

3) What was the reported correlation between ELAR and LpA values in continuous ambulatory PD (CAPD) patients without UFF and duration less than 2 years from the beginning of PD?
   a. Negative but not significant
   b. Negative and significant
   c. Positive but not significant
   d. Positive and significant

4) Which statement on the impact of peritoneal ultrafiltration (PUF) on PD is correct?
   a. PUF impacts PD patients’ outcomes but has no effect on PD complications and outcomes.
   b. PUF has no impact on PD patients’ outcomes but strongly affects PD complications and outcomes.
   c. PUF has no impact on either PD patients’ outcomes or PD complications and outcomes.
   d. PUF has a major effect on both PD and patients’ outcomes.

5) Of the presumed factors affecting the natural course of peritoneal function, which factor is of the utmost importance with respect to the time-course of small solute- and fluid transport, especially the transport of solute-free water?
   a. Peritonitis episodes
   b. Exit-site infection episodes
   c. Tunnel infection episodes
   d. Type of UFF

6) According to some authors, what is the time-trend for the peritoneal ELAR and its association with patient or technique survival?
   a. There is a time-trend for the peritoneal ELAR and it is associated with patient or technique survival.
   b. There is no time-trend for the peritoneal ELAR and it is associated with patient or technique survival.
   c. There is a time-trend for the peritoneal ELAR and it is associated with patient but not technique survival.
   d. There is a time-trend for the peritoneal ELAR and it is associated with technique but not patient survival.

7) According to some authors, what is the effect of increased lymphatic absorption on UFF and its contribution to the development of UFF in long-term PD patients with well-maintained transcapillary ultrafiltration?
   a. Increased lymphatic absorption is one of the causes of UFF but it is unlikely to contribute to its development.
b. Increased lymphatic absorption is one of the causes of UFF and strongly contributes to its development.
c. Increased lymphatic absorption has no role in UFF and it is unlikely to contribute to its development.
d. Increased lymphatic absorption has no role in UFF but strongly contributes to its development.

8) Which level of lymphatic absorption rate (LAR) is suggested as the presumed cause of UFF?
   a. >2.14 mL/min
   b. >1.14 mL/min
   c. >3.14 mL/min
   d. >4.14 mL/min

9) According to Smit and colleagues, what are the main reasons for UFF in long-term PD patients?
   a. Decreased osmotic conductance to glucose, mostly caused by a combination of peritoneal water channels dysfunction and decreased peritoneal surface area.
   b. Increased osmotic conductance to glucose, mostly caused by a combination of peritoneal water channels dysfunction and increased peritoneal surface area.
   c. Decreased osmotic conductance to glucose, mostly caused by a combination of peritoneal water channels dysfunction and increased peritoneal surface area.
   d. Increased osmotic conductance to glucose, mostly caused by a combination of peritoneal water channels dysfunction and increased peritoneal surface area.

10) Which is the major factor in the occurrence of UFF in short-term patients?
    a. High ELAR
    b. Aquaporin dysfunction
    c. Number of peritonitis episodes
    d. Number of exit-site infection episodes

11) Which characteristic distinguishes a patient with encapsulating peritoneal sclerosis from a patient with UFF?
    a. Constantly low ELAR
    b. Constantly high ELAR
    c. Constantly low LpA
    d. Constantly high LpA

12) Which values are measured with “PD Adequest 2.0” software package?
    a. LpA
    b. ELAR
    c. Both
    d. None of the above

13) How are solute transport rates assessed during a peritoneal equilibration test (PET)?
    a. Rates of their equilibration between peritoneal capillary blood and dialysate.
    b. Speed of their equilibration between peritoneal capillary blood and dialysate.
    c. Rates of their equilibration between peritoneal capillary blood and urine.
    d. Speed of their equilibration between peritoneal capillary blood and urine.

14) PET measures which parameter and when?
    a. The ratio of solute concentrations in dialysate to plasma (D/P ratio) at different times during the dwelling of PD fluid.
    b. The D/P ratio and only once during the dwelling of PD fluid.
    c. The ratio of solute concentrations in plasma to dialysate (P/D ratio) at different times during the dwelling of PD fluid.
    d. The P/D ratio only one time during the dwelling of PD fluid.

15) Which assumption with respect to the ELAR measurement is true?
    a. The peritoneal cavity lymphatics drain intraperitoneal fluid by bulk transport with a decrease in protein content.
    b. The intraperitoneal macromolecules of more than 20,000 daltons molecular weight, such as albumin, are almost exclusively returned to the venous circulation by the peritoneal capillaries.
c. Lymphatic absorption is calculated from the rate of disappearance of albumin from the peritoneal cavity.
d. The peritoneal cavity lymphatics drain intraperitoneal fluid by bulk transport with an increase in protein content.

16) Which molecule’s disappearance rate is an indirect method of calculating lymphatic absorption during CAPD?
   a. Alpha-2-macroglobulin
   b. Beta-1-microglobulin
   c. Immunoglobulin G (IgG)
   d. Albumin

17) Approximately what proportion of the patients were high or high-average in our study?
   a. More than half
   b. Less than half
   c. More than one third
   d. Less than one third

18) The volume of 24-hour ultrafiltration is greater in which group of PD transporters?
   a. High or high-average transporters
   b. Low or low-average transporters
   c. Medium transporters
   d. There is no difference regarding the volume of 24-hour ultrafiltration among the different groups.

19) Patients with three or more peritonitis episodes had which peritoneal membrane characteristics in comparison to peritonitis-free patients?
   a. Increased ultrafiltration and increased small solute transport
   b. Decreased ultrafiltration and increased small solute transport
   c. Decreased ultrafiltration and decreased small solute transport
   d. Increased ultrafiltration and decreased small solute transport

20) Through its effect on the capillary endothelium, which substance can affect lymphatic flow in PD?
   a. Nitrite oxide (NO)
   b. Adenosine
   c. Potassium (K+)
   d. Acetylcholine