



RRM's NEET SS ONCOSURGERY Mock exam

RRM's NEET SS ONCOSURGERY Mock exam - Nov 1st 2020

Team Leader –Dr.Balaji (Recnac)

Q.1) Mechanism of action of Cisplatin is by

1. Formation of DNA Cross links
2. Formation of DNA Adducts
3. Formation of DNA termination sequences
4. Formation of aryl group attachments to DNA

- a) Only 1
- b) Both 1 and 2
- c) 1, 2 and 3
- d) All the above

Correct Answer

B

Explanation

Answer: B – both 1 and 2. Cisplatin acts by formation of DNA adducts with N7 guanine and adenine and then by Intra-strand and Inter-strand DNA cross-links

Hint:

Ref - Chapter 21 Devita 11th edition

Q.2) According to the US Surgeon General Report 2004, which cancer has evidence enough to infer NO CAUSAL RELATIONSHIP to use of tobacco

- | | |
|-------------|-----------|
| a) Ovary | b) Breast |
| c) Prostate | d) Kidney |

Correct Answer

C

Explanation

Answer C – Prostate – Breast Cancer has Evidence suggestive but Not Sufficient; Kidney has Sufficient evidence for causation; Ovary – Inadequate to infer Presence /absence of causation

Hint:

Ref - Chapter 6 Devita 11th edition

Q.3) SIRS (Systemic Inflammatory Response Syndrome) corresponds to

- a) Ebb phase of shock
- b) Catabolic Flow phase
- c) Anabolic flow phase
- d) Anabolic Recovery phase

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Correct Answer

B

Explanation

Answer b – Catabolic Flow Phase – lasts for 3-10 days and characterised by Hyper-metabolism, alterations in skeletal muscle and hepatic protein metabolism

Hint:

Ref – Chapter 1 Bailey 27th Edition

Q.4) Most common malignancy in Western and Indian men is respectively

- a) Lung, Lung
- b) Lung, Oral Cavity
- c) Lung, Stomach
- d) Lung, Colon

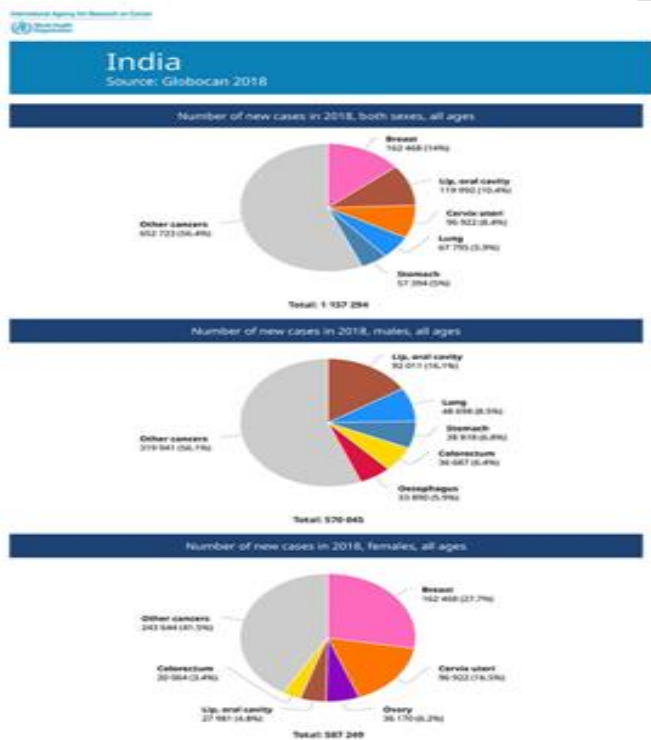
Correct Answer

B

Explanation

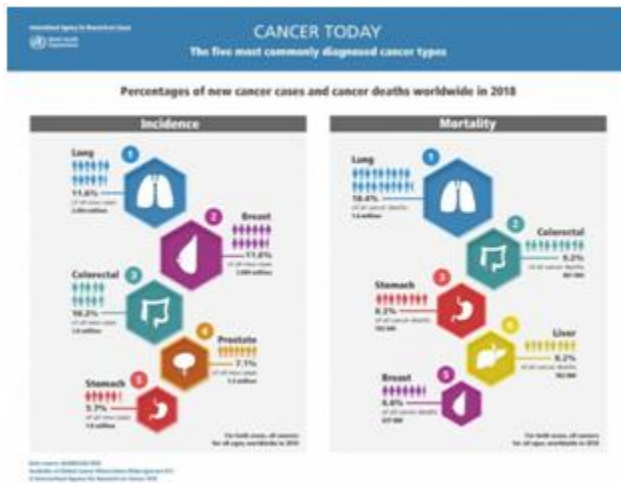
Answer b – Lung, Oral Cavity. Lung is the most Common Cancer in Males Worldwide and Oral cavity SCC is the most common cancer in Indian Males – **source GLOBOCAN 2018**

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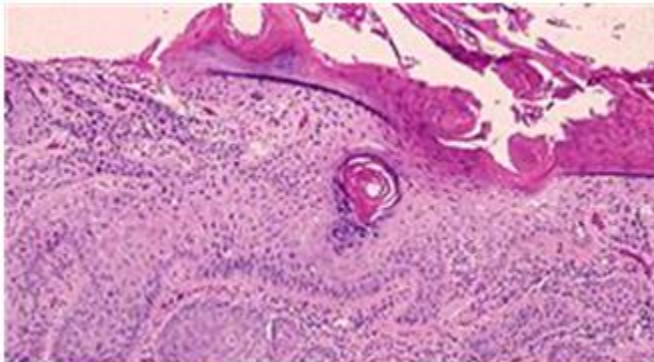




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Q.5) Identify the classical gynaecological epithelial malignancy pathology in this picture



- a) Psammoma bodies, Papillary Serous Carcinoma Ovary
- b) Keratin pearls, Squamous cell Carcinoma Cervix
- c) Keratin pearls, Squamous cell Carcinoma Vulva
- d) Call Exner bodies, Granulosa cell tumour

Correct Answer

C

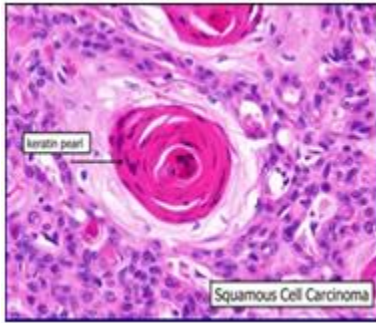
Explanation

Answer c. Keratin pearls, Squamous cell Carcinoma Vulva – The characteristic keratin pearls can be seen in the epidermis showing it be SCC and since it's a cutaneous epithelium its Vulva

Hint:



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Q.6) Hypercalcemia as a paraneoplastic syndrome is common in _____ and due to _____

- a) SCLC, PTH
- b) SCC, PTH
- c) SCLC, PTHrP
- d) SCC, PTHrP

Correct Answer

D

Explanation

Answer d - SCC, PTHrP – Unlike other Paraneoplastic syndromes, Hypercalcemia is rare in Small Cell Lung cancer (SCLC) – Humor Mediated (PTH related peptide) Hypercalcemia accounts for 80% of all Hypercalcemia in malignancy and is most common in SCC Lung.

Hint:

Ref. Devita 11th Edition Chapter 48 and 115

Q.7) Identify the circled flap and its blood supply



- a) Ariyan flap, Lateral branch of Thoraco-acromial artery
- b) Bakamjian flap, based on Internal Mammary Artery Perforator
- c) Delto-pectoral flap based on Lateral branch of Thoraco-acromial artery
- d) Estlander flap, based on the Lateral branch of Thoraco-acromial artery

Correct Answer



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B

Explanation

Answer – B. Bakamjian flap – Delto-pectoral flap – based on the IMAP (Internal Mammary Artery Perforator -usually the first 3), cutaneous flap used for reconstruction of the skin paddle of oral resection or for pharyngeal reconstruction after partial pharyngectomy

Ariyan flap – PMMC flap – Work horse of oral pedicled reconstruction based on the Lateral branch of Thoraco-acromial artery

Estlander flap – used for lip reconstruction near commissure

Hint:

Ref. Bailey 27th edition Chapter 48

Q.8) Identify the procedure being performed in this patient

- a) Gillie's flap
- b) Karapandzic Flap
- c) Abbe flap
- d) Estlander flap



Correct Answer

C

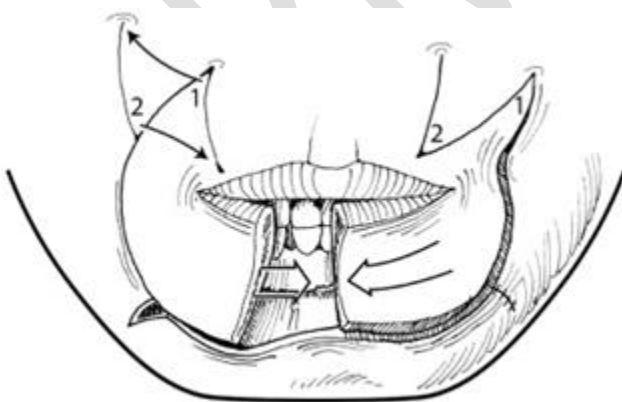
Explanation

Answer c. Abbe's flap. Abbe's flap and Estlander's flap are both Lip switch flaps – Abbe's is used in Central Lip and needs a second stage division and Estlander's is used in the Commissure

Karapandzic flap is done by circum-oral mobilisation of the orbicularis oris muscle including the nerve supply for defects >2/3 of the lip

Hint:

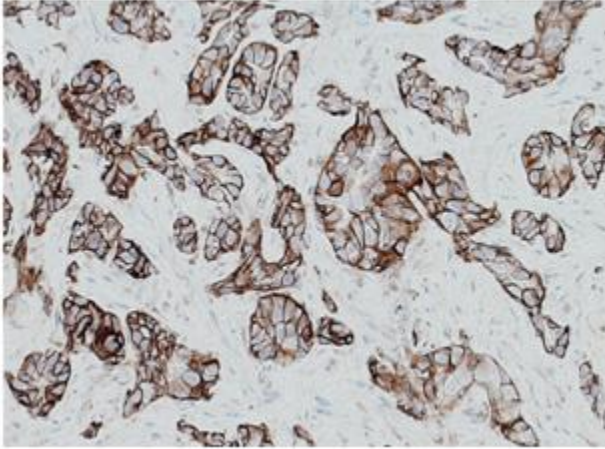
Gillie's Fan Flap





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Q.9) A patient with NSCLC undergoes biopsy of a lung lesion. Identify the technique used in this slide



- a) Methanamine Silver
- b) Giemsa
- c) Ziehl Nielsen
- d) IHC

Correct Answer

D

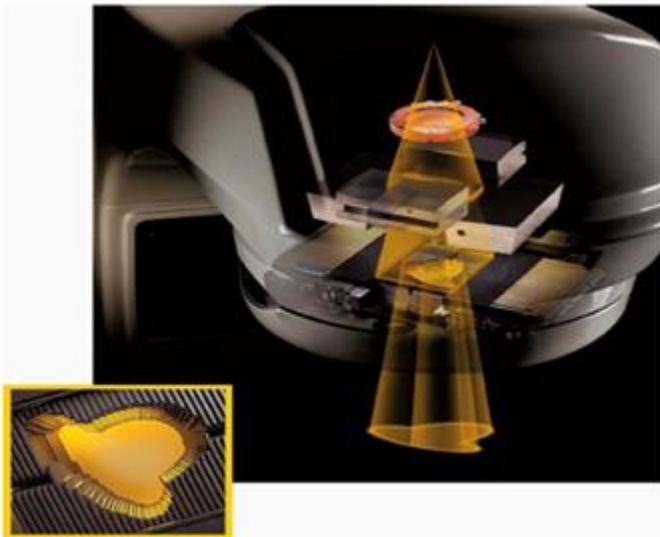
Explanation

Answer. D. IHC – Using Immuno-peroxidase staining – common method for sub-classifying various tumors– Light brown membrane staining is characteristic

Hint:

Ref. Devita 11th edition Chapter 2

10. The picture represents the machine that delivers what type of radiation



- a) Conventional EBRT



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- b) 3D CRT
- c) IMRT

d) Proton

Correct Answer

C

Explanation

Answer. C. IMRT – Classic representation of the MLC – Multi Leaf Collimators in the Inset that help to shape the radiation to conform to the target shape by the use of beamlets

Hint:

Ref. Devita 11th edition Chapter 16

Q.11) A 35-year old lady with breast cancer was found to have BRCA 1 mutation – she was then treated with a chemotherapy agent that formed DNA adducts. Identify the most likely drug that would have been used in this scenario

- a) 5-FU
- b) Ribociclib
- c) Cisplatin
- d) Docetaxol

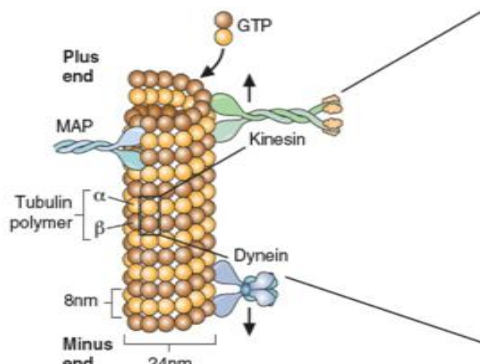
Correct Answer

C

Explanation

Answer - C. Cisplatin – Platin drugs classically act by formation of DNA adducts and cross linkage – in BRCA mutated cancers, there's defective DNA repair and so these tumours are susceptible to Platin induced damage

Q.12) Identify the picture – all are this complex stabilising agents except



- a) Paclitaxel

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b) Cabazitaxel

c) Ixabepilone

d) Vincristine

Correct Answer

D

Explanation

Answer D. Vincristine – Vinca alkaloids, Estramustine and colchicine are Microtubule DESTABILISERS

Taxanes and Epothlones are Microtubule STABILISERS

Hint:

Reference and Source Devita 11th edition Chapter 24

Q.13) Identify the Neck incision and the surgery



a) Crile and MRND I

b) Schoebinger & MRND I

c) Crile & Neck Dissection

d) Schoebinger & Neck Dissection

Correct Answer

D

Explanation

Answer D. Schoebinger & Neck Dissection –

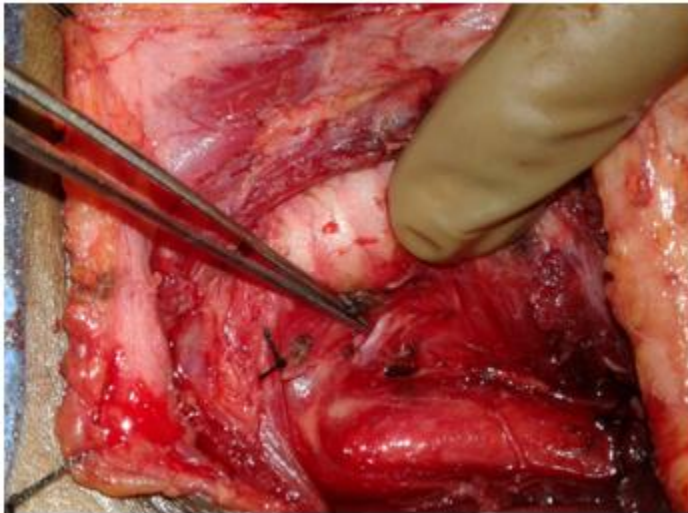
Schoebinger is the same as Crile with a lazy S bend in the vertical component for better vascularity – **Based on the incision the type of neck dissection cannot be identified**

Q.14) Identify the structure pointed out and name the thyroid structure overlying it

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- a) Inferior Thyroid artery and Tubercle of Zuckerkandl
- b) RLN and Tubercle of Zuckerkandl
- c) RLN and Berry's ligament
- d) Inferior thyroid artery and Berry's ligament

Correct Answer

B

Explanation

Answer. B. RLN and Tubercle of Zuckerkandl – projection of thyroid gland overlying the RLN

C. RLN and Berry's ligament – Thickening of the Deep Cervical Fascia – not a part of thyroid but its covering

D. Inferior thyroid artery and Berry's ligament – ITA will have multiple branches here and not present as a single white structure

Q.15) Identify the flap and the procedure done



- a) Bakamjian flap for Composite resection
- b) Ariyan flap for Composite Resection
- c) Bakamjian flap for Extended RND

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d) Ariyan flap for extended RND

Correct Answer

D

Explanation

Answer D. Ariyan flap for extended RND – Ariyan or PMMC flap – The extended RND incision including the skin of neck is seen at the recipient site just below the ear with the flap cutaneous paddle on the surface instead of intra-oral location as would be done in CR

A. Bakamjian flap – is the other name of the DP or Delto-pectoral flap that is used for Pharyngeal reconstruction and in Cutaneous reconstruction for Composite resection

Q.16) Identify the procedure and the commonly used isotope in this procedure



- a) SLNB and Tc99m- DTPA
- b) SLNB and Tc99m- DMSA
- c) SLNB and Tc99m- colloidal albumin
- d) SLNB and Tc99m- Sulfur Colloid

Correct Answer

D

Explanation

Answer D. SLNB and Tc99m- Sulfur Colloid – Sentinel Lymph Node Biopsy with detection of the Gamma Radiation in the node using a Gamma Probe – Most Commonly used isotope for SLNB is Tc99m- Sulfur Colloid though rarely Tc99m- albumin Colloid or pertechnate can be used as well

DMSA and DTPA are used in Renal function tests

Q.17) 56-year-old lady with tumour left breast 3.5 cm – No nodes on Clinical exam/imaging –Metastatic workup negative HPE – IDC – Triple negative – Identify the stage and the preferred line of management



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- a) CT4bN0 – NACT and then surgery – followed by Completion of chemo followed by RT
- b) CT2N0 – Primary surgery and then Adjuvant chemotherapy – RT based on Post – op HPE
- c) CT4bN0- NACT with concurrent RT and then surgery – followed by Completion of chemo
- d) B. CT2N0 – Primary surgery and then Adjuvant chemotherapy and adjuvant RT

Correct Answer

B

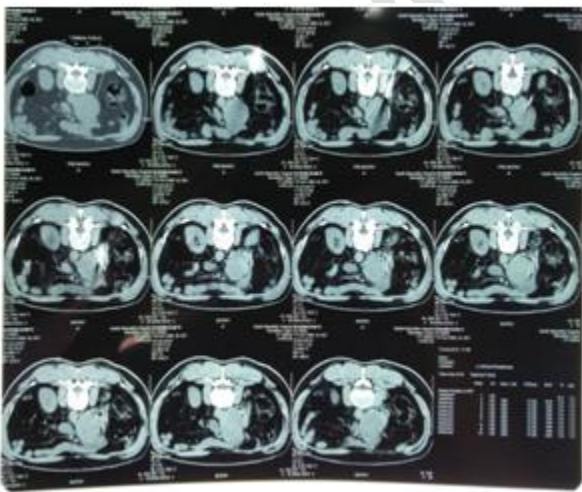
Explanation

Answer. B. CT2N0 – Primary surgery and then Adjuvant chemotherapy – RT based on Post – op

HPE – This lesion shows skin tethering and puckering – Only Ulceration, Nodules and Peau-d'orange are T4b – hence a 3.5 cm tumor is cT2N0

If post op HPE shows skin involvement and /or Node involvement then in addition to chemotherapy radiation will also be planned

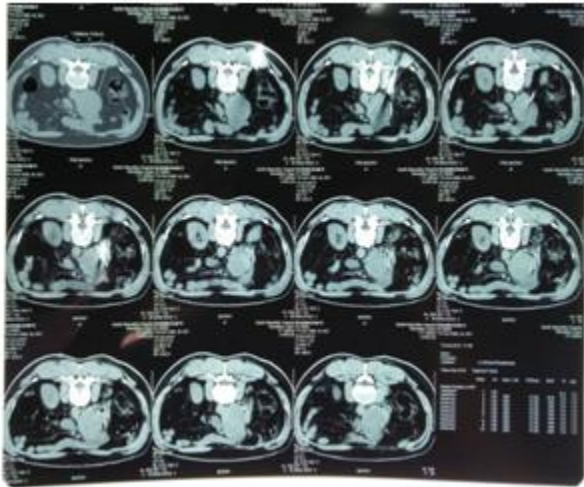
Hint:



Q.18) Identify the probable diagnosis and the procedure being done (in the Top pane)



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- a) Retroperitoneal sarcoma – CT Guided biopsy
- b) Retroperitoneal Para-aortic nodal mass – CT Guided biopsy
- c) Retroperitoneal Para-caval nodal mass – CT Guided biopsy
- d) Either A or B
- e) Either A or C

Correct Answer

E

Explanation

Answer E. Either A or C – we can see the clear location on the right side (prone image CT) – hence it can be an **RP Sarcoma/ RP Para-caval nodal mass** (IVC is to the right of aorta)

Q.19) Sedlis criteria are used in adjuvant management of intermediate risk factors in

- a) Carcinoma Ovary
- b) Carcinoma endometrium
- c) Carcinoma Cervix
- d) Carcinoma Vulva

Correct Answer

C

Explanation



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Answer c. Carcinoma cervix – Sedlis criteria for Node/Parametria/Margin Negative Carcinoma Cervix with
1. LVSI 2. >1/3 stromal invasion and 3. Size >4 cm

Hint:

Ref. NCCN 2020 Cervix

Q.20) A 63 year old gentleman presented with a ulcerated lesion in the left gluteal region – HPE revealed DFSP – what will be the management



- a) Wide Excision with 3 cm margin with Underlying Gluteal muscle
- b) Wide Excision with 2 cm margin with removal of Deep Fascia of Gluteal muscle
- c) Wide Excision with 2 cm margin with Underlying Gluteal muscle
- d) Wide Excision with 3 cm margin with removal of deep fascia of gluteal muscle

Correct Answer

B

Explanation

Answer B. Wide Excision with 2 cm margin with removal of deep fascia of gluteal muscle – DFSP the margins required are at least 2 cm to reduce recurrence

As it is a cutaneous sarcoma resection of underlying muscle is not needed – only the fascia needs to be removed

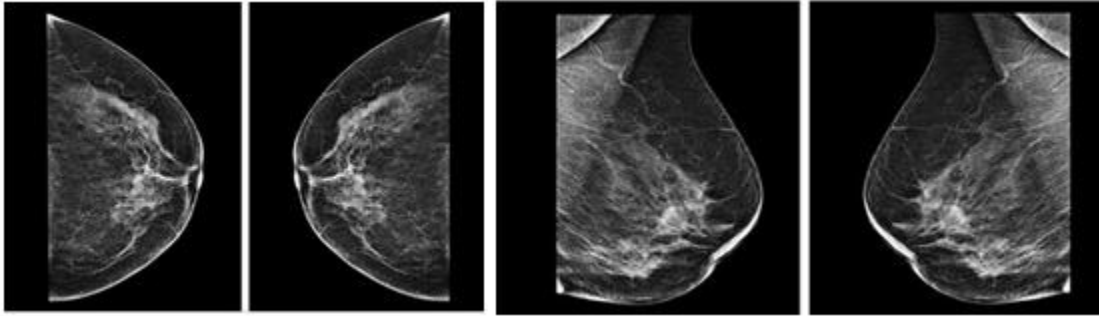
Hint:

Ref. NCCN 2020 DFSP



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Q.21) What is the BIRADS staging



- a) BIRADS 1
- b) BIRADS 2
- c) BIRADS 3
- d) BIRADS 4

Correct Answer

A

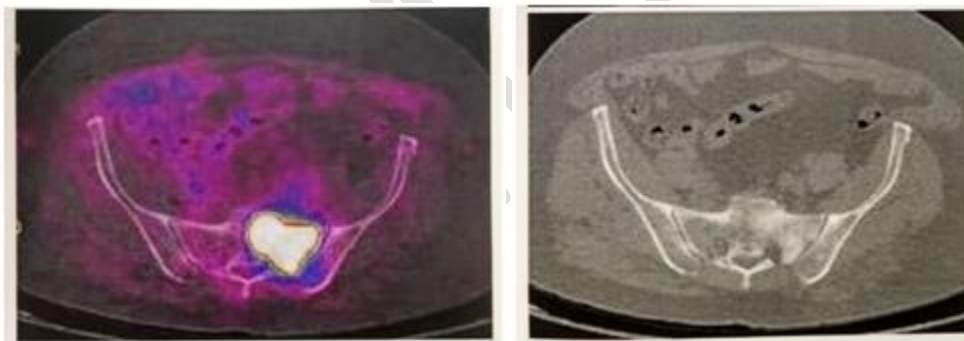
Explanation

Answer A. Bilateral BIRADS 1

These are Normal Mammograms

The white patches seen are the Breast Density change

Q.22) A 70-year-old gentleman with lower back pain was evaluated & based on his symptoms a specific PET scan was done that showed multiple bony metastases. What would have been the isotope used in the PET Scan



- a) Ga-68 DOTATOC
- b) F18 FDG
- c) F18 NaF
- d) Ga PSMA

Correct Answer

D



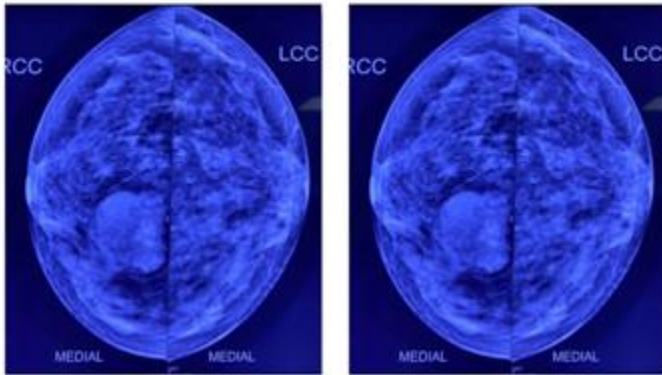
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Explanation

Answer D. Ga PSMA – given the history and finding of pelvic bone metastases in an elderly male the most likely cause would have been a Prostate Carcinoma – Hence Gallium 68 – PSMA (Prostate Specific Membrane Antigen) PET would have been the investigation of choice

- A. Ga-68 DOTATOC – used for NET (Neuro Endocrine Tumors)
- B. F18 FDG - MC used PET Scan – not Histology Specific – used universally in all tumors
- C. F18 NaF – Used particularly as a substitute for TC99m Bone scan to detect Bone metastases

Q.23) What would be the management for the right breast lump for this 45-year-old lady whose mammogram is displayed – clinically has a right breast lump - about 4 cm – mobile – bosselated and no significant nodes



- a) Core Biopsy, Staging and then Wide Excision with SLNB
- b) Excision with 1 cm margins and further Rx based on HPE
- c) Enucleation and then HPE
- d) Core Biopsy, Staging and then Wide Excision

Correct Answer

D

Explanation

Answer D. Core Biopsy, Staging and then Wide Excision

This is a BIRADS 4a lesion – possibly a Phyllodes based on age/ clinical findings

Hence best option is a core biopsy to establish diagnosis followed by Staging with CT Chest and then Wide Excision - Malignant Lesion would have speculations/ micro-calcifications - A Fibroadenoma is generally more uniform without the lobulated edges seen here on Mammogram

Q.24) A 55 year old gentleman presented with SCC of lower Esophagus – he was treated by Neo-adjuvant therapy followed by surgery – what would be the standard Neo-adjuvant therapy and the standard surgery

- a) NACT with ECF regimen and Trans Thoracic Esophagectomy



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- b) NACT with ECF and Tran Hiatal Esophagectomy
- c) CROSS Protocol ChemoRT and Tran Hiatal Esophagectomy
- d) CROSS Protocol ChemoRT and Tran Thoracic Esophagectomy

Correct Answer

C

Explanation

Answer C. CROSS Protocol ChemoRT and Tran Hiatal Esophagectomy – this is the current standard of care of all T3/N+ SCC Esophagus/OG Junction

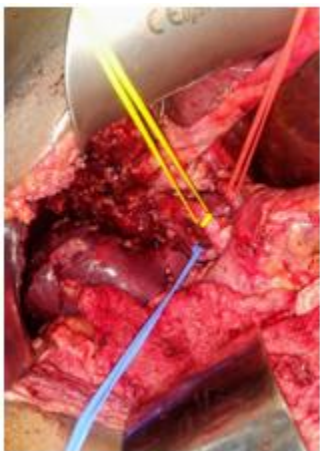
A. NACT with ECF regimen is commonly used in the peri-operative McDonald's regimen for Siewart III Adenocarcinoma of OG Junction

TTE is mainly used for Mid-thoracic Esophageal surgery

Hint:

Ref. NCCN 2020 Esophagus

Q.25) Identify the structure taped with the Yellow loop in this left Hepatectomy procedure



- a) Proper Hepatic Artery
- b) Portal Vein
- c) Common Hepatic Duct
- d) Common Bile Duct

Correct Answer

D

Explanation

Answer D. Common Bile Duct - along with the Hepatic Artery is anterior to the portal vein in the Portal Triad

A. Proper Hepatic Artery – looped with Red Loop

B. Portal Vein - looped with Blue Loop

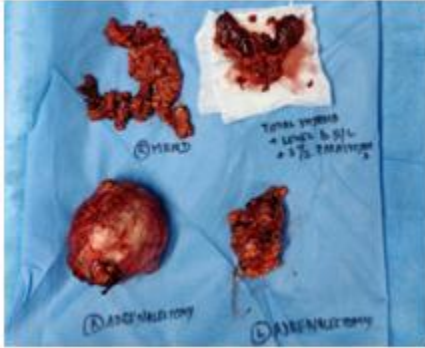
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C. Common Hepatic Duct – is more Proximal – the taped area is the Common Bile Duct

Q.26) A 23-year-old man underwent these procedures as a single stage surgery – what is the likely Diagnosis



- a) MEN 1
- b) MEN 2A
- c) MEN 2B
- d) FMTC

Correct Answer

B

Explanation

Answer B. MEN 2A – in view of Thyroidectomy, Parathyroidectomy with Bilateral Adrenalectomy

A. MEN 1 - 3P – Pituitary Pancreas and Parathyroid – Not Adrenal

C. MEN 2B – MTC with Ganglioneuroma and less commonly Pheochromocytoma - Parathyroid involvement does not occur

D. FMTC – only MTC

Q.27) A 50-year-old gentleman presents with a swelling in the upper back – what would be the first investigation for this gentleman



- a) FNAC



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- b) Core Needle biopsy
- c) Contrast CT Chest
- d) MRI of Local part

Correct Answer

D

Explanation

Answer D. MRI of Local part – all invasive investigations like FNAC and Core biopsy are done after Imaging – This being a Soft tissue Tumor, the imaging of choice would be MRI – it should also be kept in mind that an initial Chest X-ray must be done to rule out Lung metastases upfront to establish the curative/ palliative nature of disease

Hint:

Ref. NCCN 2020 Sarcoma

Q.28) Screening for the following cancers is done in India by the Government except

- a) Cervix
- b) Breast
- c) Colon
- d) Lung

Correct Answer

D

Explanation

Answer d. Lung – Screening of Cervix and Breast cancers is done by pap smear and Mammogram and Oral cavity by Clinical Examination by the Govt. of India

Hint:

Ref. BMJ 2016;355: i5574

Q.29) TSH suppression is done in all thyroid cancers except

- a) Papillary
- b) Follicular
- c) Hurthle
- d) Medullary

Correct Answer

D

Explanation

Answer. d. Medullary – Hurthle Cell Carcinoma Thyroid is a variant of Follicular carcinoma and so is amenable to Thyroid Suppression therapy – in MTC only Thyroxine Replacement dose is given



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Hint:

Ref. NCCN 2020 Thyroid

Q.30) Premenopausal lady 3*3cm left breast lump with IDC grade III, Triple Negative Breast Cancer. BIRADS IV c. On examination, single sub-centimetre mobile soft mobile ipsilateral axillary LN palpable. USG shows nodes with no loss of hilum. Management of axilla?

- a) RT
- b) SLNB
- c) Axillary Dissection
- d) Observation of Axilla

Correct Answer

B

Explanation

Answer b. SLNB– Mobile node – No Loss of hilum on USG – Normal Node – so SLNB can be done

Hint:

Ref. NCCN 2020 Breast

Q.31) Which of the following is not suitable for APBI (Accelerated Partial Breast Irradiation)?

- a) Elderly
- b) T2
- c) N1
- d) ER/PR positive

Correct Answer

C

Explanation

Answer – c. N1.



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Table 4. Patients "unsuitable" for APBI outside of a clinical trial if any of these criteria are present

Factor	Criterion
Patient factors	
Age	<50 y
BRCA1/2 mutation	Present
Pathologic factors	
Tumor size*	>3 cm
T stage	T3-4
Margins	Positive
LVSI	Extensive
Multicentricity	Present
Multifocality	If microscopically multifocal >3 cm in total size or if clinically multifocal
Pure DCIS	If >3 cm in size
EIC	If >3 cm in size
Nodal factors	
N stage	pN1, pN2, pN3
Nodal surgery	None performed
Treatment factors	
Neoadjuvant therapy	If used

Abbreviations as in Table 2.

If any of these factors are present, the Task Force recommends against the use of APBI outside of a prospective clinical trial.

* The size of the invasive tumor component as defined by the American Joint Committee on Cancer (81).

Hint:

Ref. ASTRO guidelines for APBI (update) - Br J Radiol. 2018 May; 91(1085): 20170565

Q.32) Lady with rectal bleeding 2 months. Evaluation shows 2cm lesion anal canal one cm from anal verge with peri-rectal nodes. Biopsy Adenocarcinoma – Management is

- a) Short Course RT
- b) Chemo RT
- c) NACT/RT followed by APR
- d) Surgery followed by RT

Correct Answer

C

Explanation

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Answer. C. NACT/RT followed by APR

Chemo RT – Definitive Chemo radiation using the NIGRO regimen of 5-FU with Mitomycin/ Cisplatin is the management of choice for Anal Canal Squamous Cell carcinoma – Anal Canal Adenocarcinoma is managed similar to Rectal Adenocarcinoma

Hint:

Ref NCCN 2020 Anal carcinoma

Q.33) The minimum number of nodes to be harvested in esophagectomy is

- a) 15
- b) 16
- c) 12
- d) 10

Correct Answer

A

Explanation

Answer. A.15. This is in the primary Esophagectomy scenario.. For post Neo-adjuvant therapy scenario the evidence is not clear but the same number is used

Hint:

Ref. NCCN 2020 Esophagus

Q.34) First echelon node for left testicular carcinoma is

- a) Para caval
- b) Para aortic
- c) Inter aorto-caval
- d) Both b and c

Correct Answer

B

Explanation

Answer.B . Para aortic. For right testis it's the inter aorto-caval nodes. These have an implication in template RPLND

Q.35) 3 cm SCC in floor of mouth with mandibular Invasion and 2 cm ipsilateral node is managed by

- a) Surgery followed by Radiation
- b) Neo-adjuvant Chemotherapy followed by Surgery
- c) Definitive chemo radiation
- d) Neo-adjuvant chemo radiation followed by Surgery

Correct Answer

A



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Explanation

Answer. A. This is a cT2N1 SCC of the Oral cavity. Standard treatment is **Surgery -Composite Resection followed by Radiation.**

Adjuvant concurrent chemo radiation is indicated in case of positive margins or extra-capsular spread. Multiple node positivity is also a soft indication for concurrent chemo radiation.

Hint:

Ref. NCCN 2020 Head & Neck

Q.36) Absolute contraindications for Breast Conservation Surgery are all except

- a) Diffuse appearing Micro-calcifications
- b) Diffuse positive pathological margins
- c) Hereditary BRCA mutations
- d) Hereditary ATM mutations (homozygous)

Correct Answer

C

Explanation

Answer. C. Hereditary BRCA mutations.

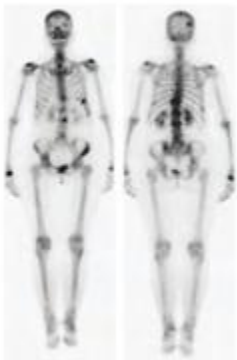
Diffuse Micro-calcifications, RT during pregnancy, ATM hereditary mutations are absolute contraindications for BCS.

Hereditary BRCA mutation (and other genetic predisposition than ATM) is a relative contraindication to BCS

Hint:

Ref. NCCN 2020 Breast

Q.37) 3 cm nodule right lobe of thyroid, FNAC shows Papillary carcinoma thyroid in a 45-year-old female. Patient underwent total thyroidectomy. She also has a frontal bone lesion. Post-operatively she underwent a scan as shown in the picture. Identify the scan done.



- a) Radio Iodine scan
- b) Dexa Bone

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- c) Tc 99m Bone scan
- d) Thallium scan

Correct Answer

C

Explanation

Answer. C. Tc99m Bone Scan. The Tc99m Bone Scan has the entire skeleton outlined whereas the I131 scan the skeletal uptake is seen only in case of metastasis and the normal skeleton is not outlined.

Hint:

Ref. Bailey 27th edition pg. 199

Q.38) 22-year-old male with MEN1 post surgery for Pancreatic NET 3 years back now presents with a superior mediastinal mass. USG testis and beta HCG, AFP and LDH levels are normal. What's the likely diagnosis.

- a) Thymoma
- b) Thymic carcinoid
- c) Thymic carcinoma
- d) Mediastinal GCT

Correct Answer

C

Explanation

Answer.C Thymic Carcinoid – Most Common Cause of Death in MEN after Gastrinoma (pancreatic NET)

Hint:

Ref. Devita 11th edition Chapter 86

Q.39) Sentinel Lymph Node biopsy has good accuracy in all cancers except

- a) Cervix
- b) Endometrium
- c) Penis
- d) Oral cavity

Correct Answer

D

Explanation

Answer. D. Oral Cavity. SLNB is done for Carcinoma Cervix <2cm, Endometrial carcinoma and Penile carcinomas with high accuracy. The accuracy in Oral Cavity SCC is comparatively less and is used in centres with high experience only.



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Hint:

Ref. NCCN 2020 Uterus, Cervix, Penis and Head& Neck

Q.40) The recommended optimum margin to define a clear margin of excision in Pure DCIS without Invasive component is

- a) 1 mm
- b) 2 mm
- c) No tumor at inked margin
- d) 1 cm

Correct Answer

B

Explanation

Answer b. 2 mm. Though the margin for INVASIVE Carcinoma breast is fixed as No Tumor at the Inked Margin the margin recommended for DCIS WITHOUT INVASIVE COMPONENT is 2 mm.

For invasive breast cancers that have a component of DCIS, regardless of the extent of DCIS, the negative margin definition of “no ink on tumor” should be based on the invasive margin guideline

Hint:

Ref. NCCN 2020 Breast

Q.41) The following are liver disease assessment scoring systems in HCC except

- a) Barcelona
- b) Child Pugh
- c) Okuda
- d) CLIP

Correct Answer

A

Explanation

Answer. A. Barcelona – BCLC – Barcelona Clinic Liver Cancer is a staging system for management of HCC – all the others are used to assess the underlying liver disease in HCC to plan treatment – Most commonly used is the Child Pugh score

Hint:

Ref. Devita 11th edition Chapter 57

Q.42) Station 10 of the Japanese Gastric Cancer staging node system refers to nodes at/along

- a) Splenic hilum
- b) Proximal Splenic artery
- c) Hepato-duodenal ligament



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d) Distal Splenic artery

Correct Answer

A

Explanation

Answer a. Splenic Hilum. Station 11d and 11p refer to Nodes along the Distal/ proximal splenic artery. Station 12 refers to the Hepato-duodenal nodes. (Picture is part of the answer)

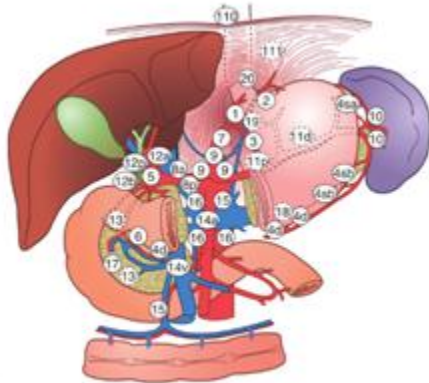


FIGURE 48-22 Lymph node station numbers as defined by the Japanese Gastric Cancer Association. (From Japanese Gastric Cancer Association: Japanese Classification of Gastric Carcinoma, 2nd English edition. Gastric Cancer 1:10-24, 1998.)

Hint:

Ref. Sabiston 20th edition Pg.1217

Q.43) Most common primary intra-cranial tumors in adults and children are

- a) Meningioma, Medulloblastoma
- b) Glioma, Medulloblastoma
- c) Cerebral Metastases, Medulloblastoma
- d) Glioma, Pilocytic astrocytoma

Correct Answer

B

Explanation

Answer. B. Glioma, Medulloblastoma. Most common Intra-cranial tumors in adults are Cerebral Metastases – Most common Source of metastases is LUNG

Most Common SOLID TUMORS IN CHILDREN are BRAIN TUMORS

Hint:

Ref. Bailey 27th edition, Pg. 662-667)

Q.44) As per the LACC Randomised Control Trial which of the following statements about Radical Hysterectomy - Open vs. Minimally Invasive Surgery (MIS) for Early Stage Cervical Cancer is true

- a) Similar DFS and OS



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- b) Similar OS but Reduced DFS for MIS
- c) Similar DFS but reduced OS for MIS
- d) Reduction in both OS and DFS or MIS

Correct Answer

D

Explanation

Answer d. Reduction in both OS and DFS or MIS. MIS was associated with lower rate of disease-free survival than open surgery (3-year DFS, 91.2% vs. 97.1%; HR 3.74; 95% CI, 1.63 to 8.58), as well as a decrease in overall survival (3-year OS, 93.8% vs. 99.0%; HR 6.00; 95% CI, 1.77 to 20.30 in the Phase III LACC Trial

Q.45) A 75-year-old gentleman with pain proptosis and loss of vision and swelling in left eye. What is the procedure done for him?



- a) Orbital Enucleation
- b) Orbital Exenteration
- c) Orbital Evisceration
- d) Either A or C

Correct Answer

B

Explanation

Answer. B. Orbital Exenteration – ALL ORBITAL CONTENTS ARE REMOVED

C. Orbital evisceration – Eyeball removed LEAVING BEHIND THE SCLERA

A. Orbital enucleation – Eyeball removed WITH SCLERA but PRESERVING the EXTRA-OCULAR MUSCLES

Hint:

Ref – Bailey 27th Edition Page 684- 685

Q.46) HPV vaccine what is untrue

- a) Gardasil can be nona-valent
- b) HPV infected people are cured with this vaccine
- c) The recommendation is for two doses 6 months apart in the 9-14-year age group
- d) Screening guidelines are unaltered in vaccinated individuals

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Correct Answer

B

Explanation

Answer. b. HPV infected people are cured with this vaccine. Gardasil-9 is Nona-valent – 31,33,45,52,58 in addition to 6,11,16 and 18 of Gardasil. Screening protocols in vaccinated individuals are the same as other HPV types can cause carcinoma.

Hint:

Ref. Devita 11th edition Chapter 36

Q.47) Screening tests need

- a) High Sensitivity
- b) High Specificity
- c) High Positive Predictive Value
- d) High Negative Predictive Value

Correct Answer

A

Explanation

Answer a. High Sensitivity. Diagnostic tests need a high specificity

Q.48) Ligasure works on the principle of _____ and seals vessels up to _____

- a) Ultrasonic Scission, 5mm
- b) Bipolar Electrosurgery, 7mm
- c) Ultrasonic Scission, 7mm
- d) Bipolar Electrosurgery, 5mm

Correct Answer

B

Explanation

Answer. B. Bipolar Electrosurgery – 7 mm

Q.49) A 55-year-old gentleman was diagnosed to have a gastric GIST. He underwent complete resection of the same. HPE revealed a 7cm GIST with mitoses >5/50 HPF & CD117 mutation at Exon 11. What's the optimal adjuvant therapy for him

- a) Imatinib 400 mg/day for 1 year
- b) Imatinib 400 mg/day for 3 years
- c) Imatinib 800 mg/day for 1 year
- d) Imatinib 800 mg/day for 3 years

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Correct Answer

B

Explanation

Answer. B. Imatinib 400 mg/day for 3 years- Exon 9 mutation needs Imatinib at 800 mg/day. SSG study recommended 3 years of Imatinib in Intermediate/High risk GIST

Hint:

Ref. NCCN 2020 Sarcoma

Q.50) Endometrioid Endometrial Carcinoma, after TAH, bilateral salpingo-Oophorectomy and bilateral pelvic lymph node dissection, hpr- more than 50% Myometrial invasion, grade 2, extending to upper cervix. Preferred adjuvant therapy

- a) Brachytherapy alone
- b) EBRT with Brachytherapy
- c) Chemotherapy alone
- d) Both b and c

Correct Answer

B

Explanation

Answer b. EBRT with brachytherapy – Pelvic EBRT +/- Brachytherapy is the preferred treatment for tumors with invasion >50%. Chemotherapy is optional – used in selected cases only

Hint:

Ref. NCCN 2020 Uterus

Q.51) The following are studies comparing Laparoscopic and Open resection for colonic cancer proved non-inferiority except

- a) COST
- b) COLOR
- c) CLASICC
- d) EnROL

Correct Answer

B

Explanation

Answer. B. COLOR – Showed a slight favourable outcome in open surgery compared to Laparoscopic surgery. Subsequently proved that there was no difference in outcomes at High Volume centres. All other studies showed on-inferiority

Hint:

Ref. NCCN 2020 Colon



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Ped Surgeon

2 Monthly once- Zoom Interaction will be done after the course

Date	Session 1	Session 2	Session 3	Session 4
19/1/2021 Tuesday	Breast Dr. ACS	Gynecology Dr. Balaji	Medical oncology Dr. Balaji	Medical oncology Dr. Balaji
20/1/2021 Wednesday	Head Dr. Balaji	Neck Dr. Balaji	Thyroid Dr. Balaji	NET Dr. Balaji
21/1/2021 Thursday	GIT DR. RRM	GIT DR. RRM	HBP DR. Santhosh	HBP Dr. Santhosh
22/1/2021 Friday	Uro Dr. Venkatesh	Uro Dr. Venkatesh	Neuro DR. SSK	Thoracic Dr. Gerald
23/1/2021 Saturday	Bone, Sts Dr. ACS	Skin Dr. ACS	NCCN guidelines Dr. Balaji	Palliative care Dr. Gerald
24/1/2021 Sunday	ENT	OBG		

Jan 19, 20, 21, 22, 23, 24 (6 Days-12 Hours per day

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Q.52) Nerve sparing Radical Hysterectomy corresponds to which type in the Querleu Morrow Classification?

- a) C1
- b) C2
- c) D1
- d) D2

Correct Answer

A

Explanation

Answer a. C1 – Nerve Sparing Type

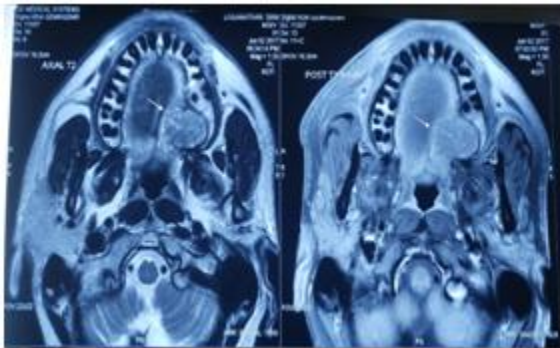
Querleu–Morrow classification of radical hysterectomy			
4 types of radical hysterectomy (A–D, below) based on lateral extent of resection. Applies to fertility preserving surgery and laparoscopic/robotic surgery.			
Type	Description	Surgical considerations	Indication
A	Minimal resxn of paracervix	Paracervix transected medial to ureter but lateral to cervix. Uterosacral & cardinal ligaments transected close to uterus. Vaginal resxn (<10 mm).	Early invasive cervical cancer (<2 cm), advanced cervical cancer after chemoradiation
B	Transection of paracervix at level of ureter	Partial resxn of uterosacral & cardinal ligaments. Ureter unroofed & mobilized laterally. Vaginal resxn (10 mm).	Early cervical cancer (stage 1A)
C1	Transection of paracervix at junction w/ internal iliac artery (w/ nerve preservation)	Uterosacral ligament transected at rectum, cardinal ligament transected at bladder. Ureter mobilized. 15–20 mm of vagina resected. Hypogastric nerves identified, preserved.	Stages IB–IIA cervical cancer
C2	Transection of paracervix at junction w/ internal iliac artery (w/o nerve preservation)	Paracervix completely transected. Hypogastric nerves not isolated or preserved.	Stages IB–IIA cervical cancer
D1	Laterally extended endopelvic resxn	Resxn of entire paracervix (at pelvic sidewall) & hypogastric vessels	Pelvic exenteration
D2	Laterally extended endopelvic resxn	D1 + resxn of entire paracervix, hypogastric vessels, & adj fascial or musc structures	Pelvic exenteration

From Querleu D, Morrow CP. Classification of radical hysterectomy. *Lancet Oncol*. 2008;9(3):297–303. doi:10.1016/S1470-2045(08)70074-3.



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Q.53) A 50-year-old gentleman presented with SCC in left lateral tongue. What will be stage of this disease according to AJCC 8th edition if there are no neck nodes and the size of the lesion is 2.5 cm.



- a) CT2N0
- b) CT1N0
- c) cT3N0
- d) Data insufficient

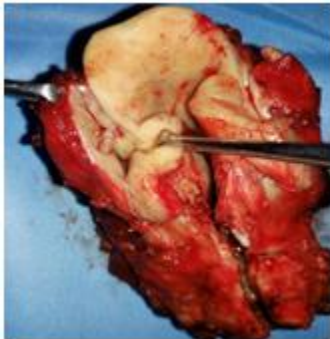
Correct Answer

D

Explanation

Answer – D. Data insufficient. AJCC 8th edition incorporates Depth of Invasion as a staging criterion.

Q.54) Identify the site of primary in this picture & the management if the stage is cT3N1



- a) Left Pyriform Fossa – Definitive RT/Chemo RT
- b) Left Pyriform Fossa – Total Laryngectomy, Partial Pharyngectomy
- c) Left Pharyngo-epiglottic fold - Total Laryngectomy, Partial Pharyngectomy
- d) Left Pharyngo-epiglottic fold – Definitive RT/Chemo RT

Correct Answer

A

Explanation

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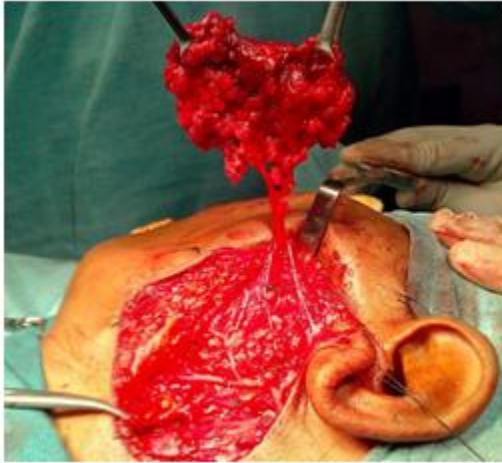
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Answer Q24.A Left PFF- Definitive RT/Chemo RT - Anatomically oriented image – with the forceps pointing to the growth in the Medial wall of the Left PFF

Hint:

Ref. 2020 NCCN Head & Neck

Q.55) For a post-operative patient who develops sweating and redness on eating food around the surgical site what would be the best treatment option



- a) Sterno-mastoid flap
- b) Temporalis fascia flap
- c) Artificial membrane placement
- d) Botox injection

Correct Answer

D

Explanation

Answer D. Botox Injection - All the other three are used intra-operatively for prevention – Botox is the simplest and most effective management for Post-operative Frey's syndrome

Hint:

Ref. Bailey 27th edition Pg. 795



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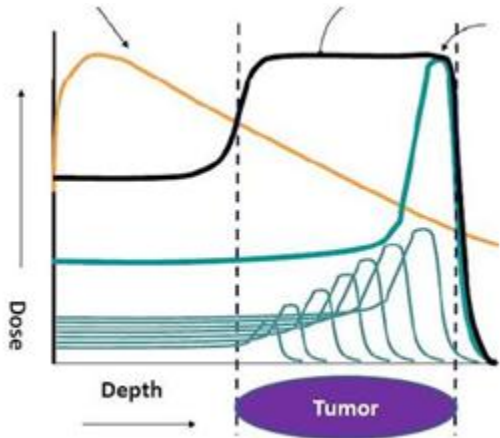
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Q.56) Identify the Black line phenomenon and the type of radiation



- a) Bragg Peak, Carbon
- b) Summation, Photon
- c) Additive effect, Proton
- d) De-escalation, Neutron

Correct Answer

A

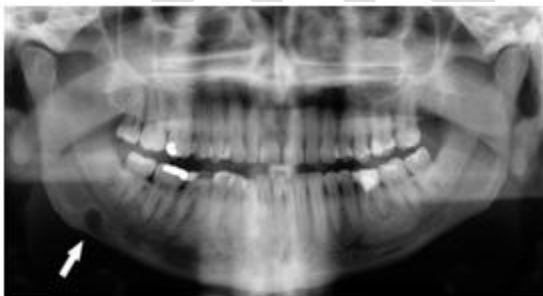
Explanation

Answer. A. Bragg Peak, carbon –Bragg peak is characteristically produced by Heavy Charged particles particularly Proton Beams and Carbon Ion RT with a sharp Depth cut-off

Hint:

Ref. Devita 11th edition, Chapter 16

Q.57) A 40-year-old gentleman on routine dental exam and OPG was found to have this abnormality. What is the diagnosis



- a) Giant cell tumor
- b) Ameloblastoma
- c) Aneurysmal Bone Cyst
- d) Stafne Bone cyst



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Correct Answer

D

Explanation

Answer. D. Stafne Bone Cyst – MC ectopic salivary gland at angle of mandible. Giant cell Tumor and Ameloblastoma have a Soap Bubble Appearance and Aneurysmal Bone Cyst is much larger.

Hint:

Ref. Bailey 27th edition, Pg. 780

Q.58) A 48-year-old man presented with pain left lower jaw – examination revealed eggshell crackling of the mandible – This is the X ray – what is the diagnosis and management



- a) Giant cell tumor – Curettage and Cryotherapy
- b) Multiple myeloma – chemotherapy
- c) Ameloblastoma – Mandibular Resection and reconstruction
- d) Dentigerous cyst – Excision and burring of mandible

Correct Answer

C

Explanation

Answer – C. Ameloblastoma – Mandibular Resection and reconstruction – Characteristic Soap bubble appearance – Ameloblastoma – MC in Mandible – High rate of recurrence with Curettage – hence managed by Mandibulectomy and Reconstruction

Q.59) Regarding ethology of Head and Neck cancers which is the *incorrect* pair

- a) Saw dust – Sinonasal cancers
- b) EBV – nasopharyngeal carcinoma
- c) HPV – Tonsillar carcinomas
- d) Tobacco Smoking – SMF (Sub Mucous Fibrosis)

Correct Answer

D

Explanation

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Answer D - Tobacco Smoking – SMF (Sub Mucous Fibrosis)

Only Pan (Betel quid) is associated with SMF not Smoked tobacco

Hint:

Reference: Bailey 27th edition page 784

Q.60) Indications for Endometrial Biopsy include the following except

- a) Post-menopausal Endometrial thickness > 5 mm
- b) Pre-menopausal endometrial thickness > 16 mm
- c) PCOD and ET > 7 mm
- d) Persistent Interm-menstrual bleed

Correct Answer

A

Explanation

Answer a. Post-menopausal Endometrial thickness > 5 mm – Post menopausal Bleed the ET cut-off is 4 mm not 5mm

Hint:

Ref. Bailey 27th edition Pg. 1516

Q.61) The highest risk of hereditary pancreatic carcinoma is found in mutations of

- a) STK11
- b) PRSS1
- c) CDKN2A
- d) CFTR

Correct Answer

A

Explanation

Answer. A. STK11 – 100-fold risk; PRSS1 is 50 fold, CDKN2A is 40 fold and CFTR is 30 fold risk of PDAC compared to normal population

Hint:

Ref. Sabiston 20th edition 1542

Q.62) In the IASLC classification Station 5 nodes are

- a) Sub-carinal
- b) Supra-clavicular
- c) Aorto-pulmonary
- d) Pre-vascular



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Correct Answer

C

Explanation

Answer c. Aorto-pulmonary window/ Sub-aortic nodes – Station 7 is Sub-carinal

Hint:

Ref. Sabiston 20th edition Pg. 1588

Q.63) Most common cause of SVC Obstruction is

- a) SCLC
- b) SCC Lung
- c) DLBCL
- d) Catheter induced

Correct Answer

A

Explanation

Answer a. SCLC (Small Cell Lung Cancer)

Hint:

Ref. Devita 11th edition Chapter 112

Q.64) The following is the preferred Recurrence Therapy in management of BRCA mutations in Platinum sensitive Recurrent Ovarian Cancer at second relapse

- a) Cisplatin
- b) Paclitaxel
- c) Liposomal Doxorubicin
- d) Niraparib

Correct Answer

D

Explanation

Answer d. Niraparib – PARP inhibitor – Excellent improvement in PFS

Hint:

Ref. NCCN 2020 Ovary

Q.65) Identify the correct statement regarding Pancreatic fistula post Whipple's surgery according to International Study Group

- a) 5 times elevation in amylase in Drain fluid on Day 3



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- b) 3 times elevation in amylase in Drain fluid on Day 5
- c) 5 times elevation in amylase in Drain fluid on Day 5
- d) 3 times elevation in amylase in Drain fluid on Day 3

Correct Answer

D

Explanation

Answer d. 3 times elevation in amylase in Drain fluid on Day 3.

Hint:

Ref. Sabiston 20th edition Pg. 1548

Q.66) Identify the incorrect pair in IHC

- a) CK 5/6+ – Adenocarcinoma
- b) CK 7+/CK20- Ovarian Carcinoma
- c) CDX2 – Colonic adenocarcinoma
- d) TTF1 – Lung adenocarcinoma

Correct Answer

A

Explanation

Answer a. CK 5/6 – Adenocarcinoma – CK 5/6+ is classical of SCC

Hint:

Ref. Devita 11th edition Chapter 108

Q.67) Identify the circled structure at the tip of the thumb forceps



- a) Vagus
- b) RLN
- c) Phrenic



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d) Ansa cervicalis

Correct Answer

C

Explanation

Answer.c. Phrenic nerve – lying on the surface of the Scalenus anticus. The vagus can be seen just lateral to the Carotid (taped in red). (RLN and Ansa are too small to be seen here)

Q.68) 12-year-old girl with Diaphyseal tumor PAS positive, DIASTASE POSITIVE small round cells – Diagnosis is

- a) Chondrosarcoma
- b) Chondroblastoma
- c) Osteosarcoma
- d) Ewing's sarcoma

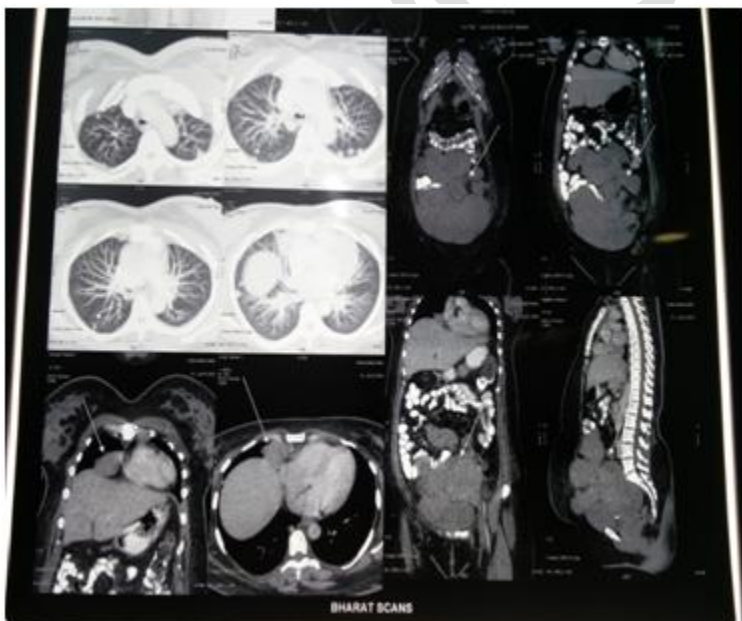
Correct Answer

D

Explanation

Answer d. Ewing's sarcoma. Classic Small Round Blue Cell Tumor with Diaphyseal involvement – Askin's is Chest Wall PNET – Onion peel appearance and Permeative appearance on Xray – PAS positive due to glycogen – II MC bony Pediatric tumor after OS – t(11,22) EWS FLI1 gene translocations – Characteristic CD99 positive on IHC

Q.69) A 48-year-old lady, PS 2-presents with pelvic pain – O/e – Abdomino-pelvic mass with restricted mobility is felt – Evaluation by CT Chest and abdomen done – what is the line of management – with a HPE report of Carcino-sarcoma





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- a) NACT followed by Interval Cyto-reduction
- b) Palliative chemotherapy
- c) NACT followed by Interval Cyto-reduction and Metastasectomy
- d) Supportive care

Correct Answer

B

Explanation

Answer B. Palliative chemotherapy – the image shows a uterine carcino-sarcoma with lung metastases – in view of the aggressive tumor, usually no curative therapy is considered.

As the patient is young with a reasonable PS 2 & symptomatic and is likely to tolerate chemotherapy palliative chemotherapy is the best option as it can cause some regression of the tumor and pain palliative also at the same time

D. Supportive care would be the only option for an elderly or unfit patient

Hint:

Ref. NCCN Guidelines 2020 Uterus

Q.70) A 55-year-old lady presents with an itchy lesion as seen in the picture – if the HPE shows SCC what would be management if evaluation does not reveal any other areas of disease



- a) Radical Vulvectomy with Bilateral Ilio-inguinal dissection
- b) Partial Vulvectomy with Bilateral Ilio-inguinal dissection
- c) Partial Vulvectomy with Bilateral Superficial Inguinal Dissection
- d) Partial Vulvectomy with Sentinel Lymphadenectomy

Correct Answer

D

Explanation



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Answer D. Partial Vulvectomy with Sentinel Lymphadenectomy – Tumor does not cross the midline and is well lateralised - currently all Vulval SCC with no nodes on evaluation with Depth of invasion >1 mm and excluding large fungating tumors are eligible for SLNB

In case of large fungating tumors, bilateral Inguino-femoral dissection needs to be done

Hint:

Ref. Devita 11th edition Chapter 74

Q.71) A 25-year-old gentleman presents with family of colo-rectal cancer that occurred in his mother and grandfather at about 35 years of age and mother also had endometrial carcinoma. He wants an opinion on genetic testing. Identify the most likely combination of syndrome and gene mutation in this patient

- a) FAP – APC
- b) HNPCC – MLH 1
- c) HBOC – BRCA 1
- d) HNPCC – MSH 2

Correct Answer

D

Explanation

Answer D. HNPCC – MSH 2

In view of Predominant Colon cancer, it's likely to be MSH 2- which is the MC MMR gene mutation in HNPCC with Colonic carcinomas

MLH 1 is the MC MMR mutation in patients with Endometrial carcinoma – so it's the second choice

Hint:

Ref. Devita 11th Edition Chapter 5

Q.72) Serum CEA measurement is NOT used for

- a) Early Diagnosis
- b) Monitoring
- c) Recurrence
- d) Prognosis

Correct Answer

A

Explanation

Answer A. Early Diagnosis - CEA is not a marker for screening and early diagnosis – monitoring and detection of Early Rise may indicate Recurrence and be used to evaluate for site of recurrence to plan therapy



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and in monitoring of metastases - - High CEA levels in proven malignancy indicate high disease burden and need for chemotherapy

Hint:

Ref. Devita 11th edition Chapter 43

Q.73) 45-year-old male with HIV presented with this lesion in the leg. Biopsy and further analysis revealed the presence of a DNA virus. Identify the lesion and the virus



- a) Kaposi's Sarcoma – HHV 8
- b) Merkel Cell Carcinoma MCC – HPyV5
- c) Kaposi's Sarcoma – KSHV
- d) None of the above

Correct Answer

B

Explanation

Merkel Cell Carcinoma MCC – HPyV5 – Human Polyoma Virus 5 – cause of Merkel Cell Carcinoma – This is a Cutaneous nodular lesion without the papular pattern of Kaposi and hence the diagnosis of MCC – Both MCC and KS occur in HIV / Immunosuppression





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A. Kaposi's Sarcoma – HHV 8 and C. Kaposi's Sarcoma – KSHV are both the same. Both are associated with HIV infection and immunosuppression.

This is Kaposi's Sarcoma – **Plaque/Macular Rash like Cutaneous lesion**

Q.74) A 55-year-old male presented with a long-standing ulcer in the left foot as seen in the picture – identify the lesion and the management



- a) SCC – BK amputation
- b) Marjolin's – BK amputation
- c) SCC – en-bloc resection with flap
- d) Marjolin's - en-bloc resection with flap

Correct Answer

B

Explanation

Answer. B. Marjolin's – BK amputation

Clinical diagnosis of Marjolin's in a scarred limb – The limb precludes the use of the flap in view of poor perfusion of the tissue surrounding the ulcerated tumor

Q.75) A 58-year-old gentleman presented with haematuria – after evaluation he underwent surgery – What is the likely tumor and what surgery was done



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- a) Radical Nephrectomy – upper ureteric tumor
- b) Nephro-ureterectomy – Lower ureteric tumor
- c) Nephro-ureterectomy with bladder cuff - Lower ureteric tumor
- d) Nephro-ureterectomy with bladder cuff with Right Pelvic/ para aortic node dissection - Lower ureteric tumor

Correct Answer

D

Explanation

Answer. D. Nephro-ureterectomy with bladder cuff with Right Pelvic/ para aortic node dissection - Lower ureteric tumor – We can see the ureter clearly with the growth at the lower end and a small bladder cuff indicating a distal ureteric tumor – in view of high nodal spread a node dissection is always done in conjunction with this procedure

Hint:

Ref. NCCN 2020 Bladder

Q.76) Never smoker is a person who's smoked __ cigarettes in his life

- a) 0
- b) Less than 10
- c) Less than 50
- d) Less than 100

Correct Answer

D



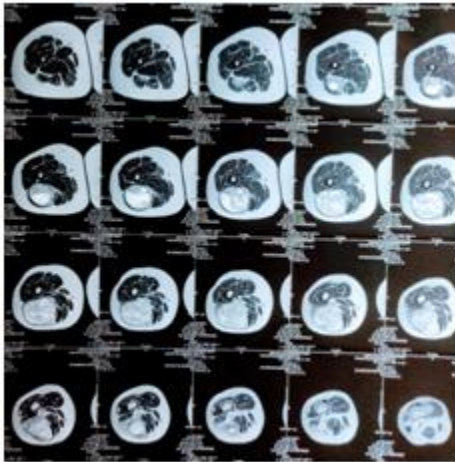
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Explanation

Hint:

Ref. Devita 11th edition Chapter 6

Q.77) A 55-year-old lady with vague pain in the thigh was evaluated and found to have Pleomorphic sarcoma of the thigh – this is her MRI – if she is non-metastatic what would be the plan of management



- a) NACT followed by en-bloc compartmental resection
- b) Compartmental resection with Vascular reconstruction
- c) En-bloc resection of the involved muscle and primary closure
- d) En-bloc resection of the involved muscle and flap reconstruction

Correct Answer

C

Explanation

Answer C. En-bloc resection of the involved muscle and primary closure – this tumor is seen clearly to involve only the biceps femur is in the posterior compartment – the Neuro-vascular bundle is free – skin and sub-cutaneous structures are also free - compartmental excisions are not needed in well demarcated STS with single involved muscle.

Hint:

Ref. NCCN 2020 Sarcoma

Q.78) A 65-year-old gentleman presents with this penile lesion – Root of penis is free - HPE is SCC – Bilateral groin A 65-year-old gentleman presents with this penile lesion – Root of penis is free - HPE is SCC – Bilateral groin nodes are negative by imaging/ clinical exam – what will be the plan of surgery



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- a) Emasculation – bilateral Sentinel Node Biopsy FS and proceed
- b) Total Penectomy with Bilateral SLNB FS and proceed
- c) Emasculation with Urethral Reconstruction and Bilateral Groin Node Dissection
- d) Total Penectomy till pubic symphysis with bilateral Groin node dissection

Correct Answer

A

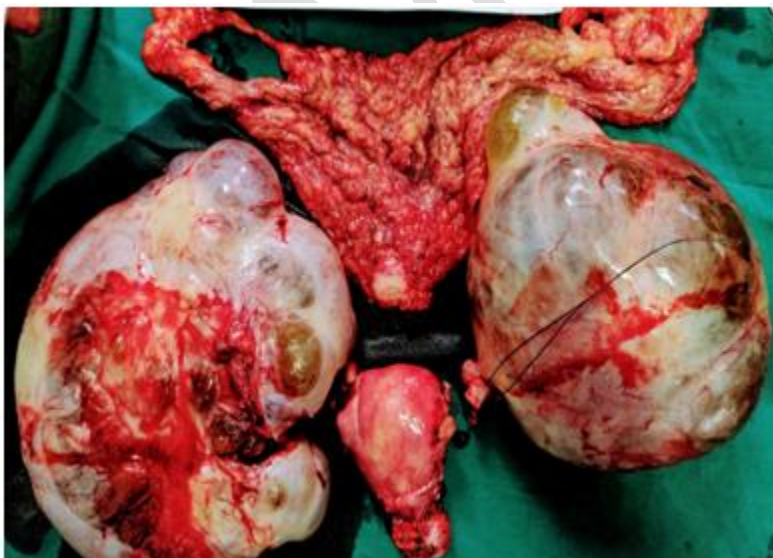
Explanation

Answer A. Emasculation – bilateral Sentinel Node Biopsy FS and proceed

In view of age and location of penile growth, emasculation is the preferred surgery with perineal urethrostomy and Bilateral SLNB

As root of penis is free, urethral reconstruction will not be needed

Q.79) A 55-year-old lady diagnosed to have serous carcinoma of the ovary underwent Staging laparotomy – this is the resection specimen – what is the likely stage of the disease assuming no distant metastases and peritoneal cytology being negative





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- a) Stage II
- b) Stage III A
- c) Stage III B
- d) Stage III C

Correct Answer

D

Explanation

Answer. Stage III C – a large omental nodule >2 cm clearly makes this a Stage III C Carcinoma Ovary

Hint:

Ref. AJCC 8th Edition

Q.80) A 58-year-old lady with bleed PR underwent NACT/RT followed by this surgery with a HPE of Adenocarcinoma Rectum at 5cm from the anal verge – identify the surgery done



- a) Posterior Pelvic Exenteration
- b) Total Pelvic Exenteration



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- c) Brunschwig procedure
- d) Supra-levator Posterior Pelvic Exenteration

Correct Answer

D

Explanation

Answer. D. Supra-levator Posterior Pelvic Exenteration – Clearly the recto-sigmoid with TME and anteriorly the uterus can be seen – it's a combination of LAR with TAH BSO – growth at 5 cm and no skin on the specimen makes it an LAR and not an APR

A. Posterior Pelvic Exenteration – this is a combination of APR with TAH BSO with Permanent Colostomy

B. Total Pelvic Exenteration – other name of Brunshwig procedure – all pelvic organs – Rectum, bladder and uterus are removed with permanent Colostomy and Urostomy

Hint:

Ref. Bailey 27th Edition Chapter 73

Q.81) A 35 year old lady presented in May 2020 with a right breast lump 5.5x4 cm– firm with no axillary nodes – HPE- IDC –Hormone and Her 2 positive type – She was asymptomatic except for the breast lump - Staging Evaluation was normal except for the CT Chest – What is the next line of management



- a) Palliative chemotherapy with anti-her 2 agents
- b) Palliative Hormone therapy only
- c) Both A & C
- d) Reassess after 2 weeks

Correct Answer

D

Explanation



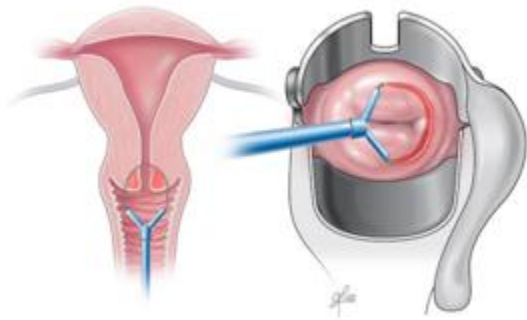
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Answer. D. Reassess after 2 weeks – CT Chest reveals the Characteristic Ground Glass Opacities suspicious of COVID 19 pneumonia

These are not lung metastases

Hence, she needs reassessment after 2 weeks as most likely her COVID would have resolved given the mild nature of lung involvement and her asymptomatic status

Q.82) Identify the above procedure and the indication



- a) Cold Conisation; HSIL
- b) LEEP; Carcinoma Cervix Stage IA1
- c) LEEP; HSIL
- d) Either B or C

Correct Answer

D

Explanation

Answer d. Either b or c. Characteristic Use of Electro-cautery Loop to perform LEEP – Loop Electro Excision Procedure – as method of Cone biopsy, can be used in HSIL and also suffices for Carcinoma Cervix Stage Ia1

Hint:

Ref. NCCN 2020 Cervix

Q.83) Tumor markers in Testicular GCT are performed

- a) Before Orchiectomy
- b) After Orchiectomy
- c) Both Before and after orchiectomy
- d) After Chemotherapy
- e) All the above

Correct Answer

E



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Explanation

Answer – e – All the above - done both pre and post Orchidectomy –NEEDS TO BE DONE POST 4 WEEKS OF ORCHIDECTOMY – about 4 half-lives – to determine S status – AFP has the longest T1/2- about 5-7 days ; Beta HCG is about 1-2 days - also done post chemo to assess need for surgery/ salvage chemotherapy

Q.84) All factors decrease sensitivity of Tumor to RT except

- a) Anemia
- b) Cisplatin
- c) Hypoxia
- d) Low vascularity

Correct Answer

B

Explanation

Answer B. Cisplatin – Cisplatin is a radio-sensitizer and the most common Chemotherapy drug used with radiation. Anemia, Low vascularity and Hypoxia all reduce the sensitivity of tissues to Radiation

Hint:

Ref. Devita 11th edition Chapter 16

Q.85) The following are non-absorbable sutures except

- a) Polyamide
- b) Polypropylene
- c) Polybutester
- d) Polyester

Correct Answer

A

Explanation

Answer a. Polyamide – Nylon – Loses 15-20% every year – both strength and absorption – The others are Non-absorbable and have Infinite Tensile Strength (>1 year

Hint:

Ref. Bailey 27th edition Page 92

Q.86) Identify the arrow marked feature





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- a) Reed Sternberg Cell, Hodgkin's
- b) Langan's Giant cell, TB
- c) Psammoma body, Serous Papillary carcinoma
- d) Call Exner body, Granulosa Cell Tumor

Correct Answer

B

Explanation

Answer. Langan's Giant cell, TB – characteristic Horse Shoe Multi-nucleate Giant cell and concomitant necrosis

Hint:

Ref. Bailey 27th edition Page 242

Q.87) Return of GI motility following surgery from earliest to latest is

- a) Stomach, Small Bowel, Large bowel
- b) Large bowel, Stomach, Small bowel
- c) Small Bowel, Stomach, Large Bowel
- d) Small bowel, Large bowel, Stomach

Correct Answer

D

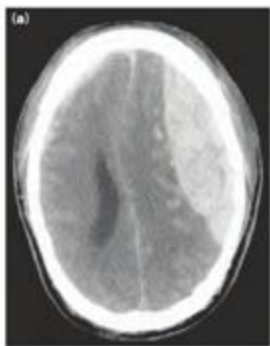
Explanation

Answer. D. Small Bowel, Large bowel, Stomach

Hint:

Ref. bailey 27th Edition Pg.297

Q.88) Following a fall on the head and history of initial loss of consciousness a 27-year-old male presents to the Emergency department – GCS 15/15. CECT brain reveals the above – Identify the condition and the phenomenon



- a) EDH and Lucid Interval



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- b) SDH and Lucid Interval
- c) SAH and Midline shift
- d) EDH and Midline shift

Correct Answer

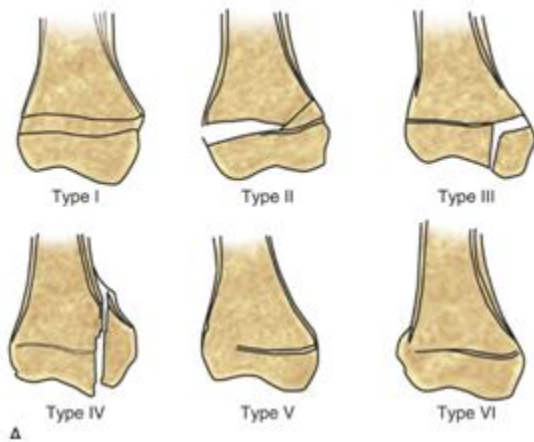
A

Explanation

Answer. A. EDH & Lucid Interval – Classic Lentiform bi-convex hyperdense indicates Extra-dural hematoma and the phenomenon of initial loss of consciousness followed by a normal GCS and then sudden deterioration is characteristic of lucid interval

Pg 333 -334 Bailey 27th Edition

Q.89) This image represents which classification



- a) Salter Harris
- b) Denis
- c) Garden
- d) Frykman

Correct Answer

A

Explanation

Answer. A. Salter Harris classification of growth plate injuries

Hint:

Ref. Sabiston 20th edition Pg. 465



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Q.90) The best method of assessing grade in STS is

- a) UICC
- b) AJCC
- c) NCI
- d) FNLCC

Correct Answer

D

Explanation

Answer d. FNLCC –French Fédération Nationale des Centres de Lutte Contre le Cancer (FNCLCC) system and the National Cancer Institute (NCI) system are the two most commonly used systems – FNLCC is better at prognostication of distant metastases

Hint:

Ref. Sabiston 20th edition page 758

Q.91) The most common site of bony metastases and the most common primary are

- a) Femur head, prostate
- b) Spine, breast
- c) Femur head, breast
- d) Spine, prostate

Correct Answer

B

Explanation

Answer. B. Spine, Breast.

Hint:

Ref. Bailey 27th edition Pg. 478

Q.92) Identify the deformity and the condition



- a) Swan Neck, Osteoarthritis
- b) Bouchard's nodes, Osteoarthritis



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- c) Heberdeen's nodes, Rheumatoid arthritis
- d) Ulnar drift, Rheumatoid arthritis

Correct Answer

D

Explanation

Answer. D. . Ulnar drift, Rheumatoid arthritis. Classic Ulnar drift of MP joints in Rheumatoid arthritis.

Swan neck deformity occurs in Rheumatoid arthritis - **ref. Pg. 505 Bailey 27th Edition**

Bouchard's nodes (PIP), Heberden's nodes (DIP) occur in Osteoarthritis

Q.93) NIndications for surgical repair of Abdominal Aortic aneurysm include all except

- a) Size > 55mm on USG
- b) Growth rate > 5mm in 6 months independent of size
- c) Growth rate > 10 mm in 1 year independent of size
- d) Only a & b
- e) Only a & c
- f) A, b and c

Correct Answer

F

Explanation

Answer f. a, b and c. Size > 55mm on USG or Growth rate >5 mm/ 6 months or 1 cm/year irrespective of size are indications for Repair of AAA

Hint:

Ref. Bailey 27th edition pg 961 and Sabiston 20th edition 1723

Q.94) Gold standard investigation for spine trauma is

- a) 2D - CT Spine
- b) 3D- CT spine
- c) MRI whole spine
- d) Whole spine X-ray

Correct Answer

A

Explanation

Answer. A. 2D- CT Spine.

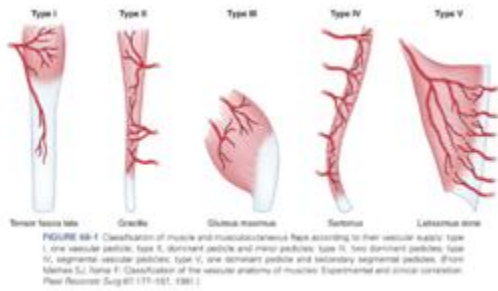
Hint:

Ref. Bailey 27th edition Pg.343



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Q.95) Example of Type 3 Vascular pattern for Flap is



- a) Gracilis
- b) Gluteus maximus
- c) Tensor Fascia Lata
- d) Sartorius

Correct Answer

B

Explanation

Answer. B. Gluteus maximus

Hint:

Ref. Sabiston 20th edition pg. 1940 (picture as part of answer)

Q.96) Which Retroperitoneal hematoma zone/zones must be always explored?

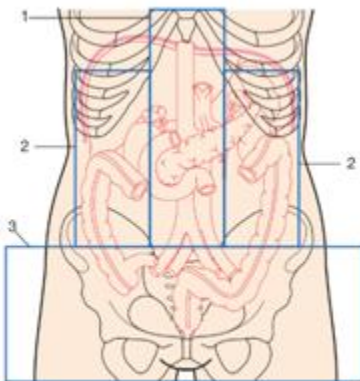


Figure 27.10 The zones of the retroperitoneum. Zone 1: central; zone 2: lateral; zone 3: pelvic.

- a) Zone 1
- b) Zone 2
- c) Zone 3
- d) A and B
- e) B and C

Correct Answer

Team Leader – Dr.Balaji-(Recnac)



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A

Explanation

Answer a – Zone 1 – Central Zone must always be explored with proximal & distal vascular control
Zone 2 (lateral) and Zone 3 (pelvic) are explored only if expanding/ pulsatile (picture as part of answer

Hint:

Ref. Bailey 27th edition pg. 376

Q.97) Froment's card test is used for assessing



- a) Median nerve, Adductor pollicis
- c) Median nerve, Flexor pollicis
- d) Ulnar nerve, Adductor pollicis

b) Ulnar nerve, Flexor pollicis

Correct Answer

D

Explanation

Answer. D. Ulnar nerve, Adductor pollicis



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Hint:

Ref. Bailey 27th edition pg.502

Q.98) Identify the type of Hemi-pelvectomy



- a) Type I b) Type II c) Type III d) Type IV

Correct Answer

A

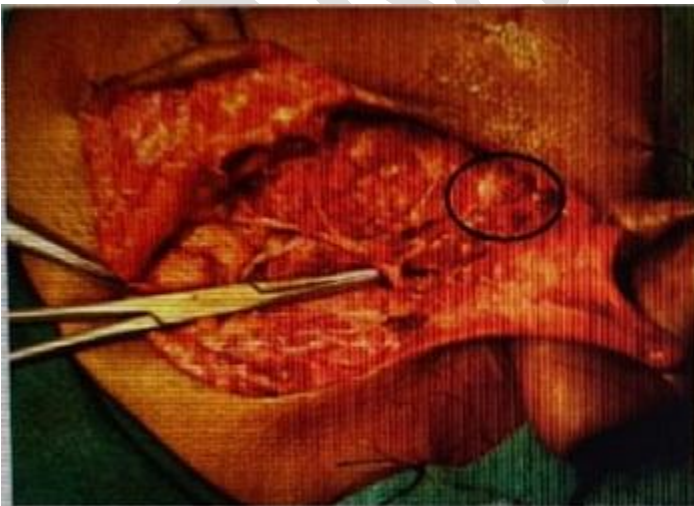
Explanation

Answer. a. Type I hemi-pelvectomy

Type I- Iliac wing, II – Peri-acetabular, III – Pubic, IV – Complex/ Saco-iliac



Q.99) Identify the Structure marked by the Circle and the effect of damage to the same





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- a) Zygomatic -temporal branch and paralysis of Orbicularis oculi
- b) Zygomatic branch and paralysis of Orbicularis oculi superior part
- c) Zygomatic temporal branch and Paralysis of Orbicularis oculi inferior part
- d) temporal branch and paralysis of orbicularis oculi-superior part

Correct Answer

D

Explanation

Answer D-temporal branch and paralysis of orbicularis oculi-superior part- Superior part Damage to zygomatic branch causes Paralysis oculi Inferior part

Ref- Bailey 27th edition Chapter 49

Q.100) Identify the marked area and its use in the Procedure



- a) Jamshidi wire -localisation of palpable DCIS
- b) Jamshidi wire -localisation of impalpable DCIS
- c) wire -localisation of Palpable DCIS
- d) wire -localisation of imPalpable DCIS



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Correct Answer

D

Explanation

Answer D-wire -localisation of imPalpable DCIS

named Because of the shape of the tip .jamshidi needle is used for bone biospy-names after its inventor - Khosrow Jamshidi an iranian Hematologist