

## Oncology (36224)

### Self-Assessment Questionnaire

SAQs and answers are ONLINE for RCP Fellows and Collegiate Members

The SAQs printed in the CME section can only be answered online to achieve external CPD credits. The closing date is 21 September 2008 (midnight GMT).

#### Format

SAQs follow a best of five format in line with the MRCP(UK) Part 1 exam. Candidates are asked to choose the best answer from five possible answers. All comments should be sent in via email only: [clinicalmedicine@rcplondon.ac.uk](mailto:clinicalmedicine@rcplondon.ac.uk)

We recommend that answers are submitted early so that any problems can be resolved before the deadline.

#### The answering process

- To access the questions, log on to the Fellows and Members area  
[www.rcplondon.ac.uk/Members](http://www.rcplondon.ac.uk/Members)  
Please contact the Information Centre if you have lost or forgotten your username or password: [infocentre@rcplondon.ac.uk](mailto:infocentre@rcplondon.ac.uk)
- Select: **Self assessment**
- At the top of the SAQ page select the current CME question paper
- Answer all 10 questions in any order, by selecting the best answer
- Click on **Submit for final marking**.

After submitting your answers NO changes can be made.

#### The marking process

- You must submit the answers before the closing date shown at the top of the screen
- Answers will be marked automatically on the date displayed for that paper
- You can find your marks on the CME page under **My past CME papers**.

#### Registering your external CPD credits

A pass mark of 80% allows you to claim two external CPD credits. Only the first seven distance-learning credits will be counted as external; the remainder can be claimed as personal credits. Credits can be recorded using the online diary system. All *Clinical Medicine* SAQs are listed under **External Approved CPD**.

- A 61-year-old man with rheumatoid arthritis was admitted to hospital with a 12-hour history of headache, drowsiness and confusion. He had recently been found to have small-cell lung cancer and had received carboplatin and etoposide 15 days previously. On examination, he had a temperature of 36.9°C, pulse 120 bpm and irregular, and blood pressure (BP) 80/50 mmHg. What is the most appropriate next step in his management?
  - Commence empirical gentamicin and Tazocin (piperacillin with tazobactam)
  - Commence normal saline infusion and await full blood count results
  - Perform a lumbar puncture
  - Request an ECG
  - Request urgent contrast head computed tomography (CT)
- A 45-year-old man with high-grade lymphoma was undergoing potentially curative chemotherapy. After the first cycle of chemotherapy he was admitted with high-risk febrile neutropenia. He was treated with intravenous (iv) antibiotics and discharged after seven days. When his second cycle of chemotherapy was due he had made a full clinical recovery and his white cell and neutrophil counts were within the normal ranges. What is the appropriate management?
  - Defer chemotherapy by one week, then continue at full dose
  - Defer chemotherapy by one week, then continue with 20% dose reduction
  - Go ahead with chemotherapy at full dose and add prophylactic granulocyte-colony stimulating factor (G-CSF)
  - Go ahead with chemotherapy with 20% dose reduction
  - Go ahead with chemotherapy with 20% dose reduction and prophylactic G-CSF
- Vascular endothelial growth factor-A (VEGF-A) is:
  - A growth factor secreted exclusively by tumour cells
  - An inhibitor of VEGF receptor (VEGFR) tyrosine kinase
  - An inhibitor of endothelial growth factor receptor (EGFR) tyrosine kinase
  - Antibody to VEGFR
  - Known to increase vascular permeability
- When compared with normal vasculature, tumour blood vessels:
  - Are not dependent on growth factors for formation or maintenance
  - Are structurally the same
  - Have decreased vessel permeability
  - Have no receptors for VEGF
  - Tend to be immature and porous
- A 50-year-old man with chronic hepatitis C virus (HCV) infection presented to a general medical unit with abdominal distension. On examination, he had stigmata of

- chronic liver disease and ascites. Investigations revealed serum albumin 28 g/l (37–49), serum total bilirubin 45 mmol/l (1–22), prothrombin time 19 sec (11.5–15.5) and serum alpha-fetoprotein (AFP) 180 ng/ml. An abdominal ultrasound (US) scan showed a 3 cm mass in the right lobe of the liver (confirmed by CT). Which of the following statements is most appropriate?
- A biopsy should be performed to establish the diagnosis of hepatocellular carcinoma (HCC)
  - A right hemi-hepatectomy is likely to be indicated
  - Liver transplant is contraindicated because of HCV infection
  - Radiofrequency ablation is the treatment of choice
  - The patient should be referred to a hepatobiliary multidisciplinary team
- 6 Which of the following statements regarding risk factors for the development of HCC is correct?
- Antiviral therapy does not reduce the incidence of HCC in patients with chronic hepatitis B virus infection
  - HCC-specific mortality is reduced by surveillance using six-monthly measurement of serum AFP
  - In a patient with established cirrhosis, the presence of a 1-cm liver mass and serum AFP 200 ng/ml is diagnostic of HCC without the need for biopsy
  - Male gender is a recognised risk factor
  - Worldwide HCC incidence is decreasing due to HCV vaccination programmes
- 7 A 68-year-old man with known inoperable squamous cell lung cancer presented to accident and emergency. He had received his first day-case cisplatin and gemcitabine chemotherapy two days previously and subsequently had been vomiting frequently, unable to eat and able to drink very little. He had vomited back his anti-emetic medication (ondansetron and dexamethasone). On examination, he appeared dehydrated, his pulse was 120 bpm and BP 100/65 mmHg. Investigations revealed serum sodium 138 mmol/l, serum potassium 3.1 mmol/l, serum urea 24.8 mmol/l, serum creatinine 279 μmol/l and serum magnesium 0.6 mmol/l. What is the most appropriate iv fluid replacement?
- Dextrose 5% with potassium chloride (KCl)
  - Gelatin solution
  - Sodium chloride (NaCl) 0.9%
  - NaCl 0.9% with KCl
  - NaCl 0.9% with KCl and magnesium sulphate (MgSO<sub>4</sub>)
- 8 A 58-year-old man underwent right hemicolectomy for early stage colon cancer (T3 N1). He commenced his first cycle of adjuvant oxaliplatin and capecitabine chemotherapy five weeks after surgery. Towards the end of the oxaliplatin infusion he complained of acute difficulty in breathing and feeling generally unwell, with loss of sensation in both arms and numbness around the mouth. On examination, he was flushed and clearly distressed. His pulse was 130 bpm, with BP 130/95 mmHg and oxygen saturation 90% on high-flow oxygen. His breathing was shallow and he was unable to take a deep breath, but his breath sounds were normal with no wheeze or stridor. The nurses had stopped the oxaliplatin infusion. What is the most appropriate management?
- An iv infusion of calcium gluconate and MgSO<sub>4</sub>
  - Intubation and ventilation
  - Nebulised salbutamol, iv hydrocortisone and chlorpheniramine
  - Reassure the patient and resume the oxaliplatin infusion at standard rate
  - Restart the oxaliplatin infusion at reduced rate
- 9 A previously fit 65-year-old woman presented with upper abdominal discomfort. On examination there was marked ascites. Fine-needle aspirate cytology revealed malignant cells. There was no obvious primary site. What is the most appropriate next step?
- Assess performance status and liver function tests
  - CT scan of abdomen and pelvis
  - Percutaneous biopsy
  - Positron emission tomography-CT scan
  - Upper and lower gastrointestinal tract endoscopy
- 10 A 55-year-old woman complained of discomfort in her left axilla which had been increasing over the past month. On examination, there was a soft non-tender 3-cm swelling in the medial wall of the axilla, thought to be an enlarged lymph node, but no other abnormality. What is the most appropriate next step?
- Check CA15.3, CA125 and carcinoembryonic antigen
  - CT scan of chest, abdomen and pelvis
  - Prescribe a course of antibiotics
  - US-guided biopsy of the mass
  - US scan of breast

## CME Genitourinary medicine SAQs Short Answers

Answers to the CME SAQs published in  
*Clinical Medicine* June 2008

Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10
(d)	(c)	(b)	(c)	(d)	(a)	(d)	(e)	(c)	(d)