

FUNCTION LIST

S/N : CPG031010
F/W Ver. : T470SY0A210
M-ROM Ver. : 470M-15
S-ROM Ver. : 470S-03

TIME : 10-08-'20 10:04

GENERAL

TOTAL COUNTER : 216200
DRAWER 1 : A4-R
DRAWER 2 : A4
AUTO CLEAR : 45

Tanta University
Faculty of Medicine
Clinical Oncology Department

9/11/2021

Time allowed: 3 Hours

EXPOSURE MD Exam AUTO
ORIGINAL MODE FOR BLACK Clinical Oncology & Nuclear Medicine TEXT/PHOTO
IMAGE DIRECTION : DISABLE
BYPASS FEED Chemotherapy PIN

All Questions should be answered:

Marks

- 1- Cardiovascular toxicity with anticancer treatments is a major problem.
 - a- Innumerate the top list of drug causes this problem? 20
 - b- What is its mechanism that causes this damage? 20
 - c- Describe management and prevention? 20
- 2- Innumerate risks and benefits associated with gastrostomy tubes for patients with cancer? 30
- 3- Explain in detail obesity with cancer? 30
- 4- When you decide to treat actively cancer patient with impending cholemia? 40
- 5- Molecular management of advanced urothelial cancer? 40
- 6- Intertwined dilemma in the management of advanced HCC? 40
- 7- Management of cold tumors? 30
- 8- Management of adrenocortical malignant tumors? 45
- 9- The pronounced role of chimeric antigen receptor T cell therapy (CAR T-cell therapy) in cancer management? 45

Time allowed: 3 Hours

MD Exam
Clinical Oncology & Nuclear Medicine
RADIATION THERAPY

All Questions should be answered:

- | | Marks |
|---|--------------|
| 1- Dose fractionation effects are utilized in the treatment of cancer with radiation therapy. | |
| a- What is the role of reoxygenation with fractionated radiation therapy in clinical practice? | 30 |
| b- Hypo fractionated irradiation and immune modulation therapies: can they work together? Explore? | 30 |
| 2- Treatment of head and neck cancer may include a combination of surgery, radiation therapy, chemotherapy, and targeted therapy. | |
| a- Describe patient-reported toxicity and quality-of-life profiles in patients with head and neck cancer treated with definitive radiation therapy or chemoradiation? | 30 |
| b- What is the mechanism, diagnosis, and management of osteoradionecrosis (ORN) after radiation therapy for head and neck carcinomas? | 30 |
| 3- Radiation therapy is often integrated in the management of prostate cancer. | |
| a- Discuss conventionally fractionated volumetric arc therapy versus hypo fractionated stereotactic body radiotherapy: as regard side effects, and prostate-specific antigen kinetics in localized prostate cancer? | 30 |
| b- Elective nodal radiotherapy for prostate cancer: for none, some, or all? Discuss. | 30 |

- 4- A 49-years-old male was admitted to the hospital with a flank pain. His workup included abdominopelvic CT and MRI, which showed an 18 × 12 × 11-cm left-sided retroperitoneal mass adherent to the ureter and invading the psoas muscle without any suspicious nodal disease. Interventional radiology with a true-cut biopsy showed soft tissue sarcoma, probably leiomyosarcoma, of high grade. Thorax CT showed no pulmonary metastasis. What are the treatment recommendations? 40
- 5- Explain in detail the role of Gallium-labelled in cancer diagnosis and management? 40
- 6- Primary Mediastinal B-Cell Lymphoma: Discuss challenges in the role of consolidative radiation for a "Terrible" Lymphoma histological types? 50
- 7- Hot spots in radiotherapy plans have been described as creating "double trouble " by providing a higher total dose and delivering it at a higher dose/ fraction:- Describe how these two events acts independently to increase the risk of treatment toxicity? 50