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POSTGRADUATE INSTITUTE OF MEDICINE
UNIVERSITY OF COLOMBO

MD (CLINICAL ONCOLOGY) PART II EXAMINATION
(2012 PROSPECTUS) – DECEMBER 2018

Date :- 3rd December 2018 **Time :-** 2.00 p.m. – 4.00 p.m.

PAPER I

Answer all four (04) questions.
Answer each question in a separate book.
Please write legibly.

1.

1.1. A 54 year old young man, perfectly healthy with no co-morbidities, presented with change in voice of 4 months duration with several episodes of aspiration pneumonia during last month. The ENT assessment revealed that there was a growth involving the left false vocal cord and involving the base of epiglottis and both arytenoid cartilages. The imaging revealed no evidence of regional or metastatic disease.

How would you treat this patient in the MDM set up and explain the reasons for treatment decisions? (25 marks)

1.2. A 50 year old perfectly fit young man with no symptoms or signs presented to your clinic with a request for a whole-body PET-CT scan to make sure he does not have any cancer.

What would you do and explain your answer. (25 marks)

1.3. A 33 year old female presented with T2N1M0 (Lymph Node Positive 3/12) Her 2 neu 3+ ER, PR strongly positive Left breast cancer, and had recently completed modified radical mastectomy. Patient wants to do everything that could be done to cure her cancer and willing to accept any sacrifice in quality of life as result of such a treatment option.

Outline the treatment with current available evidence. (25 marks)

1.4. A 54 year old woman with metastatic renal cell carcinoma to be treated with Nivolumab.

Explain what this drug to the patient, and how would you explain the mechanism of actions and side effects to the patient. (25 marks)

Contd..../2-

2.

2.1. A 45 year old man presented with bleeding per rectum and found to have T3N0M0 Rectal adenocarcinoma at 13 cm from the anal verge, after all the imaging and endoscopic assessment.

In the MDM, you were asked about management of this patient and what would you recommend. (25 marks)

2.2. A 65 year old perfectly healthy man with T2N1MO supraglottic carcinoma was started on neoadjuvant chemotherapy and there was no response after 2 cycles either clinically or by imaging.

How would you proceed with further treatment and give reasons for your answer. (25 marks)

2.3. A 27 year old male patient presented with enlarged right side cervical lymph node (size 4.0×3.5×2.0 cm) for 3 weeks duration. He doesn't have 'B' symptoms. Excisional biopsy of the node confirmed nodular sclerosis classical Hodgkin lymphoma. PET CT scan shows a highly FDG avid non-bulky 5.0×5.0×4.4 cm size mediastinal mass (SUV 12.0) and a 3.5×3.2×2.3 cm size para-aortic lymph node (SUV 10.0). There were no lesions elsewhere. The decision was made to treat him with ABVD chemotherapy. After 6 cycles of ABVD, PET CT shows 1.3×1.0×0.8 cm size lesion in mediastinum with Deauville score 2. No lesions elsewhere.

What do you do? Rationalize your answer. (25 marks)

2.4. A 52 year old male patient with chronic myeloid leukaemia, whose BCR-ABL transcript result value - 0.01% (IS) 3 months ago, is on Imatinib 400 mg daily for the past 3 years and comes to the routine clinic with following test results. He is a known patient with diabetes mellitus and ischaemic heart disease.

Full blood count

White cells	$5{,}200 \times 10^9$/L
Hb	13.8 g/dl
Platelet	266×10^9/L
Fasting blood sugar	108 mg/dL

Three months later his BCR-ABL transcript level goes up to 3% (IS) and his full blood count is normal.

What is the optimal management for him? (25 marks)

Contd...../3-

3. A 43 year old lady, mother of 3 children, had been investigated 3 years back for a history of vaginal bleeding for 10 months. At that time following clinical examination and imaging she was found to have cervical cancer with a suspicious of bladder involvement amounting to $T_{4a}N_0M_x$ Squamous cell carcinoma. She was treated with radical chemoradiotherapy with an external beam treatment of 50.4Gy in 28 fractions with weekly cisplatin of 40 mgs/m^2 followed by HDR Brachytherapy of 7Gy x 3 Fractions. Now after 3 years of symptom free period, she again developed with severe low back pain radiating into right buttock and right lateral thigh with oedema in the right lower limb. PET-CT revealed pelvic regional lymph node involvement without local recurrence but with lower para aortic involvement as well.

   3.1. What are the investigations that you would do in this lady? (20 marks)

   3.2. List all possible treatment options available to treat this lady. (30marks)

   3.3. If the lady is totally refusing any surgical options how would you treat her to improve her quality of life? (30 marks)

   3.4. If you are appointed as an expert in the National Cancer Control Programme, what actions would you take to prevent late presentation of cervical cancers? (20 marks)

4. Briefly describe about the investigations that you would do and possible treatment options that you would offer when following developments do occur.

   4.1. A 45 year old premenopausal woman who presented with T2N2M0 breast cancer with oestrogen receptor positive and HER 2 Negative 4 years back and had completed 6 cycles of chemotherapy and radiation to chest wall and supra clavicular fossa. While she was on tamoxifen 20 mgs daily she developed right hip pain especially on walking. Later she had a fall and sustained fracture neck of right femur. She is also with mild renal insufficiency due to chronic kidney disease otherwise she is perfectly well without any other visceral metastasis. (25 marks)

   4.2. A 65 year old lady who was investigated for chronic cough 2 years back and diagnosed to have adenocarcinoma of lung (Stage III B). She was offered 6 cycles of chemotherapy. After establishing EGFR positivity she was given on Erlotinib 150 mgs daily. Now she developed headache and early morning vomiting. MRI brain revealed multiple small sized metastases. (25 marks)

Contd..../4-

4.3. A 55 year old gentleman who has been diagnosed with renal cell carcinoma with few lung metastasis 3 years ago, and advised to have pazopanib 800 mgs daily and responded well. Now while on this treatment he complained of backache and numbness over both lower limbs. MRI whole spinal axis was done and it revealed isolated bone metastasis causing spinal cord compression at the level of 9^{th} thoracic vertebrae (D9). (25 marks)

4.4. A 50 year old gentleman who was diagnosed with GBM in the right frontal lobe and had a complete resection and chemo radiation and monthly adjuvant temazolamide for 6 months. While on follow up after 18 months, he developed repeated seizures. (25 marks)