

MEDICAL ONCOLOGY
PAPER-IIITime: 3 hours
Max. Marks:100

MEDONCO/J/20/17/III

Important Instructions:

- Attempt all questions in order.
- Each question carries 10 marks.
- Read the question carefully and answer to the point neatly and legibly.
- Do not leave any blank pages between two answers.
- Indicate the question number correctly for the answer in the margin space.
- Answer all the parts of a single question together.
- Start the answer to a question on a fresh page or leave adequate space between two answers.
- Draw table/diagrams/flowcharts wherever appropriate.

Write short notes on:

1. a) Pathobiology of radiotherapy. 3+4+3
b) Newer techniques of radiotherapy in CNS tumors.
c) What are radiation sensitizers?
2. a) Epidemiology of nasopharyngeal carcinoma. 2+4+4
b) Staging of nasopharyngeal carcinoma.
c) Treatment of nasopharyngeal carcinoma.
3. a) Information technology and cancer care. 4+3+3
b) Chemo-informatics.
c) Online predictive tools in oncology practice.
4. a) What are prognostic and predictive biomarkers in CLL? 3+3+4
b) List the small molecule inhibitors in CLL.
c) Mention special considerations in their usage.
5. a) Neuro-diagnostic imaging in CNS tumors. 3+3+4
b) Cytogenetic and molecular diagnostics of CNS gliomas.
c) Targeted treatment of CNS gliomas.
6. a) Classification of malignant melanoma. 2+4+4
b) Treatment of metastatic melanoma.
c) Enumerate complications of immunotherapy.
7. a) Interventional procedures in the evaluation of mediastinal lymphadenopathy. 3+4+3
b) Treatment of Stage III inoperable squamous cell –NSCLC.
c) Paraneoplastic syndromes in lung cancer.
8. a) Combined treatment modalities of a rectal cancer. 4+2+4
b) What are the complications of surgery in rectal cancers?
c) Risk reduction surgery in gastrointestinal malignancies.

P.T.O.

MEDICAL ONCOLOGY
PAPER-III

9. a) Staging and risk stratification of gestational trophoblastic neoplasm (GTN). 3+4+3
b) Treatment of GTN.
c) Role of Gynae-oncologist and surveillance in GTN.
10. a) Pros and cons of neo-adjuvant chemotherapy in head and neck squamous cell carcinoma (HNSCC). 4+3+3
b) Indications of preoperative and post-operative RT in HNSCC.
c) Prevention and management of RT associated xerostomia.

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