

SURGICAL ONCOLOGY
PAPER-IITime: 3 hours
Max. Marks:100

SURGONCO/J/20/47/II

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. Define Borderline Resectable Pancreas Cancer (BRPC). Outline the management protocol for BRPC. Discuss merits and demerits of SMA-first approach. 2+5+3
2. a) Breast conservation surgery after neoadjuvant chemotherapy. 5+5
b) Surgical options in a breast cancer patient with unfavourable breast tumour ratio who desires breast conservation surgery.
3. Define and sub-classify FIGO Stage III ovary/fallopian-tube/primary peritoneal carcinoma. Discuss the role of neoadjuvant chemotherapy in Stage III ovary carcinoma, with evidence. 5+5
4. a) Enumerate the genetic mutations associated with colorectal cancers. 5+5
b) Rectal sparing options in colorectal cancer syndromes.
5. Outline Siewert's Classification of gastroesophageal junction carcinoma. Discuss the role of perioperative therapy in gastroesophageal junction carcinoma, with evidence. 3+7
6. Imaging, biopsy considerations and management of a deep situated 6 cm soft tissue mass in upper thigh of a 35 year male. 3+2+5
7. a) Near total laryngectomy. 5+5
b) Indications of supra-cricoid laryngectomy and its complications.
8. a) Anatomic basis of total mesorectal excision in rectal cancer. 5+5
b) Outline the role of MRI in the management of rectal cancer, with evidence.
9. What are the relevant lymph node stations for non-small cell lung cancer? Outline the strategies for mediastinal staging in NSCLC. 5+5
10. a) Evaluation of an asymptomatic renal mass. 5+5
b) Discuss Partial Nephrectomy, focusing on the technical aspects of the surgery.
