1- A 63-year-old woman presents with a non-healing lesion on her right temple that has been present for over two years. On examination there is a 6 mm well defined lesion with central ulceration, telangiectasia and a shiny, rolled edge. What is the treatment of choice for this lesion:

A superficial radiotherapy
B single pass curettage
C excision with 2 mm margins
D excision with 5 mm margins
E Mohs micrographic surgery.

Key: D

2- A 78-year-old patient is seen following excision and skin grafting of a basal cell carcinoma (BCC) from the right inner canthus. The pathology report states that the BCC was incompletely excised at the lateral peripheral margin. What would be the treatment of choice?

A observe and treat if it recurs
B radiotherapy to the skin graft site
C excision of the lateral aspect of the skin graft and 4 mm additional tissue
D Mohs micrographic surgery to the area lateral to the skin graft
E excision of the skin graft and Mohs micrographic surgery to the whole site.

Key: E

3- A 28-year-old woman presents with a history of a longstanding mole on her leg that has recently increased in size and become darker. On examination the mole stands out, it has an irregular, ill-defined border, variation in colour and it lacks symmetry. You excise the mole with 2 mm clinical margins. Histopathology reports a fully excised invasive melanoma, Breslow thickness 0.2 mm, Clark level II and no ulceration. What further treatment should you recommend?

A no further treatment is required
B re-excision of 8 mm around the scar
C re-excision of 1 cm around the scar
D re-excision of 2 cm around the scar
E refers for radiotherapy.

Key: B

4- Which is not true regarding BRCA mutations in breast cancer?

a) BRCA 1 tumors are high grade as compared to BRCA 2
b) BRCA 1 breast cancer are hormone receptor positive
c) BRCA 1 breast tumor are aneuploid
d) BRCA 1 breast cancer have an incraesed S phase fraction

Key: B

4- **In Breast Reconstructive surgery after mastectomy which of the following is not true regarding TRAM flap**

a) TRAM flap may be based on a pedicled Superior Epigastric artery
b) TRAM flap can be transferred as a free flap
c) It is a type of myocutaneous flap
d) It uses supraumbilical fat

Key: D

5- Which of the following pathologic findings is the strongest contraindication to breast preservation (lumpectomy with breast radiation) as primary treatment for a newly diagnosed breast cancer?
A. Grade 3, poorly differentiated, infiltrating ductal carcinoma.
B. Extensive intraductal cancer around the invasive lesion.
C. Tumor size greater than 3 cm.
D. Positive surgical margin for invasive cancer.
Answer: D

6- Axillary lymph node dissection is routinely used for all of the following conditions except:
A. 2-cm. pure comedo-type intraductal carcinoma.
B. 1-cm. infiltrating lobular carcinoma.
C. 8-mm. infiltrating ductal carcinoma.
D. A pure medullary cancer in the upper inner quadrant.
Answer: A

7- Failure to perform radiation after wide excision of an invasive cancer risks which of the following outcomes?
A. Recurrence of cancer in the ipsilateral breast.
B. Shorter survival time.
C. Regional nodal recurrence.
D. Greater chance of breast cancer mortality.
Answer: A

8- The proper treatment for lobular carcinoma in situ (LCIS) includes which of the following components?
A. Close follow-up.
B. Radiation after excision.
C. Mirror-image biopsy of the opposite breast.
D. Mastectomy and regional node dissection.
Answer: A

9- Crohn's disease:
A. Is caused by Mycobacterium paratuberculosis.
B. Is more common in Asians than in Jews.
C. Tends to occur in families.
D. Is less frequent in temperate climates than in tropical ones.
E. Is improved by smoking.
Answer: C

10- Excision rather than bypass is preferred for surgical treatment of small intestinal Crohn's because:
A. Excision is safer.
B. Bypass does not relieve symptoms.

C. Excision cures the patient of Crohn's disease but bypass does not.
D. Fewer early complications appear with excision.
E. The risk of small intestine cancer is reduced.
Answer: E

11- **Which of the following statements about familial adenomatous polyposis (FAP) is/are true?**
A. Inherited in an autosomal-dominant manner, this genetic defect is of variable penetrance, some patients having only a few polyps whereas others develop thousands.
B. The phenotypic expression of the disease depends mostly on the genotype.
C. Appropriate surgical therapy includes total abdominal colectomy with ileorectal anastomosis and ileoanal pull-through with rectal mucosectomy.
D. Panproctocolectomy with ileostomy is not appropriate therapy for this disease.
E. Pharmacologic management of this disease may be appropriate in some instances.
Answer: C

12- **Which of the following recommendations for adjuvant chemotherapy of colorectal carcinoma are true?**
A. Patients with Stage I or Dukes A and B1 disease should receive adjuvant treatment for 1 year with levamisole combined with 5-FU.
B. Patients with Stage III or Dukes C disease should receive adjuvant treatment for 1 year with levamisole combined with 5-FU.
C. There is no role for adjuvant therapy for colon cancer at any stage.
D. Adjuvant chemotherapy is active in colon cancer only when combined with radiotherapy.
Answer: B

13- **The widely accepted treatment of most localized epidermoid, cloacogenic, or transitional cell carcinoma of the anal canal is:**
A. Surgical resection.
B. Chemotherapy alone.
C. Radiotherapy alone.

D. Combined chemoradiation.
Answer: D

14- **A 72-year-old woman undergoes anterior resection for a rectal cancer located 7 cm proximal to the anal verge. Pathologic examination of the resected specimen reveals invasion of the tumor into the muscularis propria. Five of 8 lymph nodes contain microscopic tumor. There is no evidence of disseminated disease. Appropriate subsequent management includes which of the following?**

a. Postoperative radiation plus intravenous 5FU
b. Postoperative radiation alone
c. Observation
d. Postoperative radiation plus intravenous adriamycin
Answer: a

15- **The most common oncogene abnormality observed in association with colorectal cancer is which of the following?**

a. Overexpression of the N-myc oncogene
b. Amplification of the K-ras oncogene
c. Suppression of the erbB oncogene
d. Amplification of the L-myc oncogene
Answer: b

16- **Which of the following types of colonic polyps is associated with the highest incidence of malignant degeneration?**

a. Tubular adenoma
b. Tubulovillous adenoma
c. Villous adenoma
d. Hamartomatous polyp
Answer: c

17- **An asymptomatic 52-year-old man is undergoing screening sigmoidoscopy. In the rectum, at 6 cm from the anal verge, a 2 cm yellow, submucosal nodule is noted. Deep endoscopic biopsies are consistent with carcinoid. Appropriate management includes which**

of the following?

a. Observation
b. Transanal excision
c. Low anterior resection
d. Abdominoperineal resection
Answer: b

18- **A marker for the diagnosis of pancreatic cancer is:**
A. CA 15-3.
B. CA 19-9.
C. Alphafetoprotein (AFP).
D. Carcinoembryonic antigen (CEA).
E. CYFRA 21-1.
Answer: B

19- **The presence of which marker is a significant poor prognosis variable for patients with breast cancer:**
A. CEA.
B. C-erb B-2.
C. AFP.
D. Human chorionic gonadotropin (hCG).
E. RB-1.
Answer: B

20- **The Lynch Syndrome is also known as hereditary non-polyposis colorectal cancer. Which of the following is/are features of this syndrome?**

a. Left sided colon cancers
b. Autosomal dominant inheritance
c. Multiple polyps beginning in adolescence
d. Multiple cutaneous nevi
Answer: b

21- **Which of the following statements describes an ideal tumor marker?**
A. The ideal tumor marker should be tumor specific; that is, in the normal population or patients with benign diseases, false-positive test

results are rare.
B. The ideal marker must have a low false-negative rate; that means that all patients with a particular type of cancer should test positive.
C. The circulating level of an ideal tumor marker should correlate directly with the amount of viable tumor and be a measure of the response to therapy.
D. The ideal tumor marker should act as a prognostic indicator.
E. All of the above.
Answer: E