

Tanta University
Faculty of Medicine
Clinical Oncology Department

15/6/2021

Time allowed: 3 Hours

MD Exam

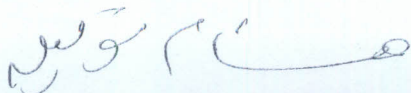
Clinical Oncology & Nuclear Medicine

Chemotherapy

All Questions should be answered:

- | | marks |
|--|-------|
| 1- Explain in detail causes of rare spread of GM outside the brain? | 60 |
| 2- Unmet needs and challenges in locally advanced gastric cancer? | 60 |
| 3- 6-year-old boy was brought to the emergency room by his parents with left hip pain in May 2021. The x-ray of the pelvis revealed serious destruction in the medullary spongiosus structure of the left iliac wing, and irregular and ill-defined sclerosis and osteolytic areas in the vicinity of the left sacroiliac joint. On bilateral sacroiliac joint MRI, a 60 × 58 × 78 mm soft tissue mass infiltrating the left iliac muscle, causing expansion and cortical irregularity in the iliac bone with a suspicion of invasion to the minimus and medius gluteus muscles was observed. The true-cut biopsy from the left iliac wing revealed a small round cell neoplasm, and the fluorescent in-situ hybridization (FISH) supporting the presence of EWSR gene, ES was diagnosed. Thorax CT revealed a parenchymal nodule in the left lung:

*What is the treatment guideline for this case? | 60 |



4- 53 years old woman had her yearly scanning mammogram which revealed an abnormal density in the UOQ of right breast. The size of density was 16 mm. Her breast examination reveals palpable mass but no axillary lymph nodes. She was still premenopausal. A core needle biopsy revealed a high grade invasive ductal carcinoma. ER (+), PR (+), HER 2 (+2). Ki 67 was 12%. FISH was negative. Clinical staging was cT1c N 0 M0. The patient underwent lumpectomy and sentinel lymph node dissection. The previous pathology was confirmed. Oncotype DX was 20.

How to manage this case? 60

5- What are recognized risk factors and histogenesis for MCC? 60

6- CDK4/6 inhibitors are a class of medicines used to treat certain types of metastatic breast cancer:

a- What is the mechanism of action of CDK4/6 inhibitors? 10

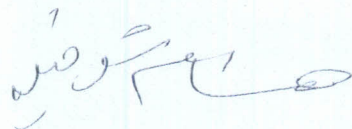
b- Enumerate the three CDK4/6 inhibitors used to treat metastatic breast cancer? 10

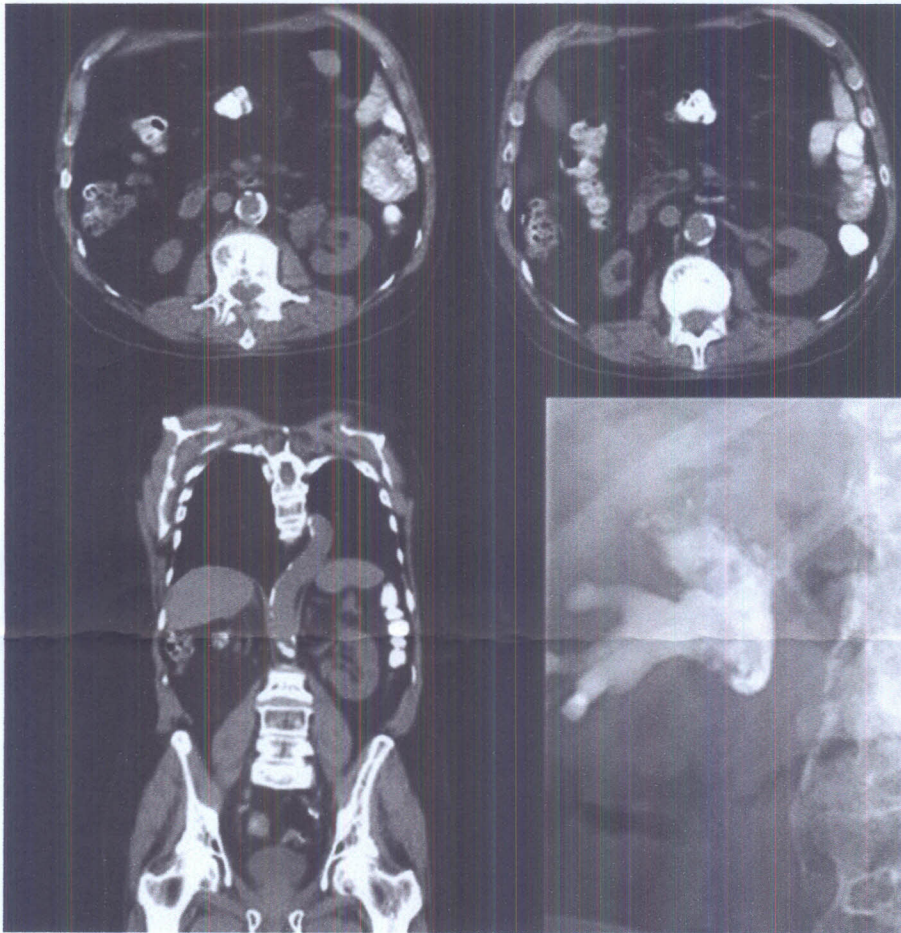
c- Mention the choosing precautions for each type of CDK4/6 inhibitors? 15

d- Explain the side effects of CDK4/6 inhibitors? 15

e- What is the rational for switching between CDK4/6 inhibitors? 10

GOOD LUCK





Case1 A 72 year old man presents with acute renal failure and uraemic symptoms. His creatinine on admission is 8.9 mg/dl and his potassium is 7.6 mmol/L. He has a past history of prostatic carcinoma for which he had external beam radiotherapy and is currently on a LHRH analogue with a stable PSA of 1.89ng/ml. He is haemodynamically stable and his examination reveals no abnormality. He goes on to have a CT KUB (and subsequent nephrostogram).

1. What do these images show?
2. What should his immediate management be?
3. What should we do next?
4. What are the possible causes of the appearances in the CT?

Case 2: A 48-year-old woman with BMI of 35 and NO past history of surgical problems or history of trauma. She is diabetic, hypertensive and on antiplatelets therapy because of history of stroke 10 years ago. She presents with recurrent gross hematuria and left flank pain. Abdominal CT shows a large left perinephric hematoma associated with a 8 cm left renal mass with fat contents. There are also multiple right renal masses ranging from 1.5 to 3.5 cm. Discuss the possible diagnosis and how to manage.