SURGICAL ONCOLOGY

PAPER – II

SURG.ONCO/J/16/47/II

Time : 3 hours Max. Marks : 100

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) Rationale and types of neo-adjuvant therapy in solid tumor management.b) Role of neo-adjuvant therapy in the management of locally advanced breast cancer.	5+5
2.	a) Indications, regimes and impact on survival of adjuvant chemotherapy in colon cancer.b) Role of pre-operative chemo-radiation in the management of rectal cancer.	5+5
3.	a) Types and role of tumour markers in the management of testicular tumors.b) Types and role of tumour markers in the management of differentiated thyroid cancer.	5+5
4.	a) Various types of maxillectomy.b) Reconstruction and rehabilitation of post maxillectomy patient.	5+5
5.	a) Enumerate various techniques for non-surgical management of hepatic metastases.b) Role and technique of chemo-embolization for hepatic metastases.	2+8
6.	Indications, types and techniques of nerve sparing surgery for:a) Parotid tumorsb) Rectal cancerc) Testicular tumours	4+3+3
7.	Diagnosis, management and familial syndromes associated with medullary thyroid cancer.	3+3+4

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8.	a) Aetiopathogenesis and management of superior vena cava syndrome.b) Management options for obstructing rectal cancer.	5+5
9.	 Voice preserving therapy for laryngeal cancer: a) Workup and patient selection criteria for voice preserving therapy. b) Various types of surgical procedures for voice preservation. 	5+5
10.	 Malignant surgical obstructive jaundice: a) Causes and investigational modalities. b) Pros and cons of preoperative stenting in patients with resectable pancreatic cancer. 	5+5
