

**MEDICAL ONCOLOGY**

PAPER – II

Time : 3 hours

MED.ONCO./D/17/17/II

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. Describe about breast cancer under following headings. 3+7
  - a. Her 2 neu gene testing: Immunohistochemistry versus FISH.
  - b. Use of Her-2 neu targeted therapy in neo-adjuvant, adjuvant and metastatic setting.
2. 3+3+4
  - a. List the investigation in a suspected case of chronic myeloproliferative disease (CMPD)
  - b. Molecular biology of Ph negative CMPD
  - c. Ruxolitinib: Indications and side effects
3. 4+6
  - a. Lugano staging of non Hodgkin's lymphoma
  - b. Describe criteria for response assessment in lymphoma
4. 4+6
  - a. Pathology of gastric carcinoma
  - b. Treatment both chemotherapy and targeted for unresectable gastric carcinoma
5. 3+4+3
  - a. List various cytotoxic agents associated with severe emesis.
  - b. Prevention and treatment of chemotherapy induced nausea and vomiting with various agents.
  - c. Explain their mechanism of action and side effects.
6. 3+3+4
  - a. Pathology of medulloblastoma.
  - b. Molecular classification of medulloblastoma
  - c. Staging of medulloblastoma and salient investigations for its staging.

**P.T.O.**

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| 7.  | a. Role of check point inhibitors in non small cell lung cancer (NSCLS)                           | 3+4+3 |
|     | b. Algorithm for first time treatment of metastatic NSCLS   |       |
|     | c. Role of ceritinib and alectinib in NSCLC with brain metastasis                                 |       |
| 8.  | a. Pathology and staging of prostate cancer.  | 5+2+3 |
|     | b. What is androgen resistant prostate cancer?  |       |
|     | c. Chemotherapy indications in prostate cancer with 'supporting indications'.                     |       |
| 9.  | a. Pathology of Rhabdomyosarcoma.   | 4+3+3 |
|     | b. Cytogenetic/ Translocation studies in sarcoma: mention tumours where it is useful in diagnosis |       |
|     | c. Huvos grading in osteosarcoma  |       |
| 10. | a. Grading of pancreatic neuro-endocrine tumours.   | 3+4+3 |
|     | b. Utility of nuclear medicine for diagnosis and treatment of neuroendocrine tumour.              |       |
|     | c. Chemotherapy of neuroendocrine tumor.  |       |

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