

National Board of Examinations

Question Paper Name :	DNB Palliative Medicine Paper2
Subject Name :	DNB Palliative Medicine Paper2
Creation Date :	2024-10-18 15:26:06
Duration :	180
Total Marks :	100
Display Marks:	No
Share Answer Key With Delivery Engine :	No
Actual Answer Key :	No

DNB Palliative Medicine Paper2

Group Number :	1
Group Id :	3271873241
Group Maximum Duration :	0
Group Minimum Duration :	180
Show Attended Group? :	No
Edit Attended Group? :	No
Break time :	0
Group Marks :	100

DNB Palliative Medicine Paper2

Section Id :	3271873244
Section Number :	1
Section type :	Offline
Mandatory or Optional :	Mandatory
Number of Questions :	10
Number of Questions to be attempted :	10
Section Marks :	100
Maximum Instruction Time :	0
Sub-Section Number :	1
Sub-Section Id :	3271873248
Question Shuffling Allowed :	No

Question Number : 1 Question Id : 32718733874 Question Type : SUBJECTIVE Consider As Subjective : Yes

Correct Marks : 10

Please write your answers in the answer booklet within the allotted pages as follows:-

Question Number	Answer to be attempted within	Question Number	Answer to be attempted within
Q. 1	Page 1-5	Q. 6	Page 26-30
Q. 2	Page 6-10	Q. 7	Page 31-35
Q. 3	Page 11-15	Q. 8	Page 36-40
Q. 4	Page 16-20	Q. 9	Page 41-45
Q. 5	Page 21-25	Q. 10	Page 46-50

1. a) Pathophysiology and clinical features of frailty. [4]
- b) Comprehensive geriatric assessment in elderly with cancer. [3]
- c) Principles of geriatric palliative care in oncology. [3]

Question Number : 2 Question Id : 32718733875 Question Type : SUBJECTIVE Consider As Subjective : Yes

Correct Marks : 10

- a) Pathophysiology of malignant pleural effusion. [4]
- b) Pleural fluid analysis in malignant pleural effusion. [3]
- c) Agents used in pleurodesis. [3]

Question Number : 3 Question Id : 32718733876 Question Type : SUBJECTIVE Consider As Subjective : Yes

Correct Marks : 10

- a) Role of methadone in cancer pain. [3]
- b) Drug interactions of methadone. [3]
- c) Principles of methadone prescribing and monitoring. [4]

Question Number : 4 Question Id : 32718733877 Question Type : SUBJECTIVE Consider As Subjective : Yes

Correct Marks : 10

- a) Newer trajectories of illness described for palliative care. [3]
- b) Evidence for upstreaming palliative care in oncology. [3]
- c) Strategies to enable upstreaming palliative care in oncology. [4]

Question Number : 5 Question Id : 32718733878 Question Type : SUBJECTIVE Consider As Subjective : Yes

Correct Marks : 10

- a) Financial toxicity in cancer care. [3]
- b) Tools used to assess financial toxicity. [3]
- c) Management of financial toxicity in oncology setting. [4]

Question Number : 6 Question Id : 32718733879 Question Type : SUBJECTIVE Consider As Subjective : Yes

Correct Marks : 10

- a) Chronic pain syndromes associated with antineoplastic treatments. [4]
- b) G-CSF associated bone pain. [3]
- c) Midline retroperitoneal syndrome. [3]

Question Number : 7 Question Id : 32718733880 Question Type : SUBJECTIVE Consider As Subjective : Yes

Correct Marks : 10

- a) Causes of Xerostomia in a patient with head and neck cancer. [4]
- b) Clinical assessment of Xerostomia. [3]
- c) Management of Xerostomia. [3]

Question Number : 8 Question Id : 32718733881 Question Type : SUBJECTIVE Consider As Subjective : Yes

Correct Marks : 10

- a) Causes of lymphangitis carcinomatosa. [3]
- b) Clinical presentation of lymphangitis carcinomatosa. [3]
- c) Management of lymphangitis carcinomatosa. [4]

Question Number : 9 Question Id : 32718733882 Question Type : SUBJECTIVE Consider As Subjective : Yes

Correct Marks : 10

- a) Pathophysiology of malignant bowel obstruction. [3]
- b) Approach to a patient with recurrent malignant bowel obstruction. [3]
- c) Conservative management of recurrent malignant obstruction. [4]

Question Number : 10 Question Id : 32718733883 Question Type : SUBJECTIVE Consider As Subjective : Yes

Correct Marks : 10

- a) Survivorship care for people affected with advanced cancer. [3]
- b) Issues among patients surviving cancer that needs comprehensive care. [4]
- c) Role of palliative care in survivorship care. [3]