## SURGICAL ONCOLOGY PAPER-II

Time: 3 hours SURGONCO/J/20/47/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.	Define Borderline Resectable Pancreas Cancer (BRPC). Outline the management protocol for BRPC. Discuss merits and demerits of SMA-first approach.	2+5+3
2.	<ul><li>a) Breast conservation surgery after neoadjuvant chemotherapy.</li><li>b) Surgical options in a breast cancer patient with unfavourable breast tumour ratio who desires breast conservation surgery.</li></ul>	5+5
3.	Define and sub-classify FIGO Stage III ovary/fallopian-tube/primary peritoneal carcinoma. Discuss the role of neoadjuvant chemotherapy in Stage III ovary carcinoma, with evidence.	5+5
4.	<ul><li>a) Enumerate the genetic mutations associated with colorectal cancers.</li><li>b) Rectal sparing options in colorectal cancer syndromes.</li></ul>	5+5
5.	Outline Siewert's Classification of gastroesophageal junction carcinoma. Discuss the role of perioperative therapy in gastroesophageal junction carcinoma, with evidence.	3+7
6.	Imaging, biopsy considerations and management of a deep situated 6 cm soft tissue mass in upper thigh of a 35 year male.	3+2+5
7.	<ul><li>a) Near total laryngectomy.</li><li>b) Indications of supra-cricoid laryngectomy and its complications.</li></ul>	5+5
8.	<ul><li>a) Anatomic basis of total mesorectal excision in rectal cancer.</li><li>b) Outline the role of MRI in the management of rectal cancer, with evidence.</li></ul>	5+5
9.	What are the relevant lymph node stations for non-small cell lung cancer? Outline the strategies for mediastinal staging in NSCLC.	5+5
10.	<ul><li>a) Evaluation of an asymptomatic renal mass.</li><li>b) Discuss Partial Nephrectomy, focusing on the technical aspects of the surgery.</li></ul>	5+5

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