

ESOPHAGUS – STOMACH - PANCREAS

1. The initial examination in the evaluation of patients with esophageal complaints is:
 - 1) Contrast-enhanced CT
 - 2) MRI
 - 3) Barium esophagography
 - 4) Ultrasound

2. The most common histological type of low esophageal cancer is:
 - 1) Squamous cell carcinoma
 - 2) Spindle cell carcinoma
 - 3) Adenocarcinoma
 - 4) Mucoepidermoidal carcinoma

3. The most common histological form of esophageal cancer is:
 - 1) Squamous cell carcinoma
 - 2) Adenocarcinoma
 - 3) It depends on the location of tumor (proximal, middle, distal part)

4. Gastroesophageal reflux disease is important in development
 - 1) cardial gastric ulcer
 - 2) esophageal and gastric polyposis
 - 3) pylorostenosis
 - 4) Barrett's esophagus

5. What symptom do not belong to "small signs of stomach cancer syndrome":
 - 1) weakness, diminished ability to work
 - 2) heaviness in the stomach
 - 3) intensive vomiting
 - 4) physical depression
 - 5) aversion of some food

6. What is the mean method of diagnosis of esophagus cancer:
 - 1) Anamnesis
 - 2) Clinical examination
 - 3) Esophagoscopy
 - 4) X-ray examination

7. Most patients with pancreatic cancer at the time of diagnosis are:
 - 1) asymptomatic
 - 2) have some symptoms

8. Mutant genes have been found in the most specimens of human pancreatic cancer and their metastases:
 - 1) BRCA-1
 - 2) C-K-Ras
 - 3) Her-2-neo

9. Predominal initial symptoms at the time of diagnosis include (except one):
 - 1) abdominal pain
 - 2) anorexia
 - 3) weight loss

- 4) early satiety
- 5) jaundice
- 6) easy fatigability
- 7) xerostomia
- 8) hemoptoe
- 9) depression
- 10) vomiting
- 11) taste change
- 12) cough
- 13) diarrhea
- 14) dysphagia

Determine 3 most often for pancreatic cancer symptoms, 3 most rare, and 1 not typical.

10. What are the cardiac gland secreting?

- 1) mucus
- 2) pepsinogen
- 3) hydrochloric acid

11. What factor doesn't play any role in the etiology of stomach CA?

- 1) male sex
- 2) infection with helicobacter pylori
- 3) the food with large concentration of nitrites, nitrates and salt
- 4) nervous style of live
- 5) Pernicious anemia
- 6) smoking
- 7) menetrier's disease
- 8) genetic factors
- 9) after surgical treatment of gastric ulcer disease

12. What anatomical parts does not belong to stomach anatomy?

- 1) cardia
- 2) antrum
- 3) body
- 4) fundus
- 5) pylorus
- 6) pancreato-piloric region

13. The incident rate of stomach CA in Europe

- 1) rises
- 2) decreases
- 3) stay on the same level approximately 18,9 per 100000 a year

What is the right answer?

14. Infection with microorganisms is a precursor of gastric CA:

- 1) Penicillin resistant streptococcus
- 2) Helicobacter pylori
- 3) HIV-infection
- 4) Streptomycin-sensitive staphylococcus

15. Late postoperative complication include such clinical situations except:

- 1) Dumping syndrome
- 2) Reflux-esophagitis

- 3) Transit failure at the anastomosis
 - 4) Bone disorders
 - 5) Vitamin B-12 deficiency
16. The subtotal stomach resection is performed
- 1) In cardiac CA T₃
 - 2) In stomach body CA T₂
 - 3) In distal part stomach CA T₂
 - 4) In total CA stomach invasion
17. What factor does not play significant role in gastric CA pathogenesis?
- 1) Diet-factor
 - 2) Hereditary factor
 - 3) Hormonal factor
 - 4) Geographical factor
18. The early postoperative complications include all mentioned clinical situations except:
- 1) Anastomotic failure
 - 2) Bleeding
 - 3) Dumping syndrome
 - 4) Pancreatitis
 - 5) Thromboembolism
19. What is the most common malignancy of stomach:
- 1) Leyomyosarcoma
 - 2) Carcinoid
 - 3) Adenocarcinoma
 - 4) Squamous cell carcinoma
20. The optimal method of gastric cancer diagnosis is:
- 1) MRI of abdomen
 - 2) Endoscopy with biopsy
 - 3) Fine-needle aspiration cytology
 - 4) Ph-metry
21. Which histological form of stomach cancer does not belong to the WHO classification of stomach tumors:
- 1) Adenocarcinoma
 - 2) Ca adeno-planocellulare
 - 3) Undifferentiated cancer
 - 4) Unclassified cancer
 - 5) Pigmentous carcinoma
22. What tumors of stomach are of epithelial origin?
- 1) Leiomyoma
 - 2) Fibroma
 - 3) Lipoma
 - 4) Polyps

- 5) Neurofibroma
 - 6) Ganglioneuroma
23. Which diet correlates with an increased incidence of gastric cancer?
- 1) Diet which includes fruits and vegetables rich in vit.C
 - 2) Diet rich in pickled vegetables, salt, smoked meat
 - 3) Diet rich in red grapes, dry red wine, sugar
 - 4) Diet which includes fresh meat
24. What factor does not play significant role in gastric CA pathogenesis?
- 1) Diet factor
 - 2) Hereditary factor
 - 3) Hormonal factor
 - 4) Geographic factor
25. The precancerous diseases of the stomach are:
- 1) Acute gastritis
 - 2) Acute gastroenteritis
 - 3) Chronic hyperplastic gastritis
 - 4) Chronic cholecystitis
26. The extent of gastric resection depends on:
- 1) The stage of cancer
 - 2) The form of its growth
 - 3) The general state of the patient
 - 4) No of mentioned above
 - 5) All of mentioned
27. The best results of surgery in gastric cancer cases are achieved in:
- 1) Patients with T2N2M0
 - 2) Patients with T1N0M0
 - 3) Patients with T3N0M0 tumors
 - 4) None of the above
28. The optimal method of gastric cancer diagnosis is:
- 1) MRI of abdomen
 - 2) Endoscopy with biopsy
 - 3) Fine-needle aspiration cytology
 - 4) Ph-metry
29. The most common principles in treatment of gastric cancer is:
- 1) Cancer small tumor needs intensive chemotherapy
 - 2) This cancer needs deep gamma-therapy
 - 3) This cancer needs extensive operation
30. What signs are not typical for stomach cancer:
- 1) Indigestion
 - 2) Nausea or vomiting
 - 3) Neutropenia
 - 4) Weight loss

- 5) Loss of appetite
31. Gastric cancer afflicts slightly more men than women. The male-to-female ratio is:
- 1) 1:100
 - 2) 3:2
 - 3) 10:1
 - 4) 5:1
32. Gastric CA is most common in:
- 1) Germany
 - 2) USA
 - 3) Japan
 - 4) Australia
 - 5) GB
33. The best results of surgery in gastric cancer cases are achieved in:
- 1) Patients with T2N2M0
 - 2) Patients with T1N0M0
 - 3) Patients with T3N0M0 tumors
 - 4) None of the above
34. In what countries is the rate of stomach cancer high:
- 1) Australia
 - 2) Japan
 - 3) Indonesia
 - 4) Africa
 - 5) India
35. Mostly patients with gastric CA are in the age:
- 1) More 10 years
 - 2) 10-20 years
 - 3) 20-40 years
 - 4) 40-70 years
36. Which histological form of stomach cancer does not belong to the WHO classification of stomach tumors:
- 1) Adenocarcinoma
 - 2) Ca adeno-planocellulare
 - 3) Undifferentiated cancer
 - 4) Unclassified cancer
 - 5) Pigmentous carcinoma
37. What tumor (metastasis) is not typical for stomach cancer?
- 1) Schnitzler's-metastasis
 - 2) Virchow's- metastasis
 - 3) Paget disease
 - 4) Sister Mary Yoseph-MTS
38. Single contrast X-ray study of the stomach have the sensitivity:
- 1) Less than 25%

- 2) More than 90%
- 3) Nearly 70%
- 4) Nearly 50%

M-39. What symptom do not belong to “small signs of gastric cancer syndrome”?

- 1) Weakness, diminished ability to work
- 2) Heaviness in the stomach
- 3) Intensive vomiting
- 4) Psychological depression
- 5) Aversion for some food

40. What tumors of stomach are of epithelial origin?

- 1) Leiomyoma
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- 4) Polyps
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41. What factor does not play significant role in gastric CA pathogenesis?

- 1) Diet factor
- 2) Hereditary ifactory
- 3) Hormonal factor
- 4) Geographic factor

42. Infection with microorganisms is a precursor of gastric CA:

- 1) Penicillin resistant streptococcus
- 2) Helicobacter pylori
- 3) HIV-infection
- 4) Streptomycin-resistant staphylococcus

43. The most common histological type of stomach cancer is:

- 1) Lymphoma
- 2) Squamous cell CS
- 3) Adenocarcinoma
- 4) Sarcoma

44. Usually one of the earliest symptoms of gastric cancer is:

- 1) Anorexia
- 2) Weight loss
- 3) An epigastric mass
- 4) Postprandial abdominal heaviness

45. Which of the following statements is /are correct regarding gastric cancer:

- A) Prophylactic gastrectomy should be considered strongly in families with germ line E-cadherin mutation even without gross mucosal abnormalities and endoscopic examination of the stomach
- B) P-53 tumor suppressor gene is not involved in most gastric cancer

C) “microsatellite instability” is one of the mechanisms involved in the pathogenesis of sporadic gastric cancers

46. Which of the following statements is TRUE about molecular genetic alterations in gastric CA?

- A) Many sporadic diffuse cancers display altered E-cadherin, a transmembrane, calcium-dependent adhesion molecule important in epithelial cell homophilic interaction.
- D) The p53 tumor suppressor gene is consistently altered in most gastric cancers.
- C) Microsatellite instability has been found in 13% to 44% of sporadic gastric carcinomas.

47. A 65-year old woman underwent a D2 subtotal gastrectomy for a T3N1 moderately differentiated gastric CA at a community hospital. On recovery from the operation, 9 weeks later, she was offered adjuvant 5-FU based chemo-radiation. Which of the following statements about adjuvant therapy for completely resected gastric CA is TRUE?

- A) Comparable local control can be achieved with optimal surgery that includes D2 lymph node dissection, and if this can be performed by a second pathology review, she does not need additional therapy.
 - B) Chemotherapy (adjuvant) alone based on data from the MAGIC trial is indicated because she has had adequate surgery. Radiation will not add any further improvement in local control.
 - C) The recommendation is based on results of the Intergroup study where D2 dissection were performed in only 10% of patients, thus, this may not be the best approach for this patients.
 - D) Adjuvant 5-FU based chemoradiation with 45 Gy radiotherapy has been shown to have a major advantage in survival, disease-free survival, and local –regional control compared with surgery alone, with much of the advantage in terms of improved local and regional control.
- What statement would you choose, is correct.

48. A 22-year old woman is diagnosed with metastatic gastric cancer, with diffuse involvement of the stomach and linitis plastica, her father died of the same cancer at age 42 years. Her mother is concerned about familial gastric cancer and is asking for information about hereditary gastric cancer and appropriate screening for the other children which of the following would be the most appropriate recommendation to this family?

- A) Hereditary gastric cancer is rare and unlikely. She may just have some environmental exposures or DNA mismatch repair gene mutation that cannot be screened
- B) She may well have hereditary early-onset diffuse gastric cancer, but no surveillance or workup is recommended because this has yet to be confirmed in larger studies.
- C) E-cadherin mutations testing should be considered here, and in fact, prophylactic gastrectomy should be considered strongly for her siblings if a germ line E-cadherin mutation is confirmed and mucosal abnormality can be documented by endoscopic examination of the stomach.
- D) E-cadherin mutations testing should be considered and in fact prophylactic gastrectomy should be considered even when no mucosal abnormality.

49. Which of the following statements regarding the use of capecitabine and oxaliplatin in pts with advanced carcinoma of the esophagus or stomach is FALSE?

- A) Capecitabine and oxaliplatin are non-inferior to infusion 5-FU and cisplatin, respectively.
- B) Oxaliplatin was associated with higher incidence of neutropenia compared to cisplatin.
- C) The median survival for EOX(epirubicin, oxaliplatin and capecitabine) is superior to ECF (epirubicin, cisplatin and 5-FU).
- D) None of the above.