SAUDI FELLOWSHIP TRAINING PROGRAM
Paediatric Haematology and Oncology

Final Written Examination 2019

Examination Format:

1. The Saudi subspecialty fellowship and diplomas final written examination shall consist of one of the following:

   a. One paper with 80-120 multiple choice questions (includes clinical scenarios with single best answer out of four options). Ten unscored items can be added for pretesting purposes.
   b. One paper with 40-80 multiple choice questions (includes clinical scenarios with single best answer out of four options), and 10-40 short answer questions (model answer for each question must be handed over to the executive assessment administration before the exam date).

2. If any other assessment format is used, the CAC must agree to its implementation (for example Short Answer Question (SAQ) or Modified Essay Question (MEQ) formats).

Passing Score:

1. The passing score is 70%. However, if the percentage of candidates passing the examination before final approval is less than 70%, the passing score must be lowered by one mark at a time aiming at achieving 70% passing rate or 65% passing score whichever comes first.
2. Under no circumstances can the passing score be reduced below 65%.

Suggested References:

Text Books:

1. Principles and Practice of Pediatric Oncology by PA Pizzo.
2. Lanzkowsky’s Manual of Pediatric Hematology and Oncology.
3. Nathan and Oski’s Hematology and Oncology of Infancy and Childhood.

JOURNALS:

1. Blood
2. Blood Review
3. British Journal of Hematology
4. Hemophilia
5. Journal of Thrombosis and Hemostasis
6. Hematology: ASH Education Program Book
7. Pediatric Blood Cancer
8. Pediatric Hematology and Oncology
10. Bone Marrow Transplantation
11. Biology of Blood and Marrow Transplantation
12. Journal of Clinical Oncology
13. Leukemia and Lymphoma
14. Leukemia
15. The Lancet
16. Lancet Oncology

CLINICAL TRIALS
Examples but not limited to:

1. National Cancer Institute (NCI)
2. Children Oncology Group (COG)
3. The European Society for Pediatric Oncology (SIOP)

Note:
This list is intended for use as a study aid only. SCFHS does not intend the list to imply endorsement of these specific references, nor are the exam questions necessarily taken solely from these sources.
**Blueprint Outlines:**

<table>
<thead>
<tr>
<th>No.</th>
<th>Sections</th>
<th>Percentage (%)</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>Anemias</td>
<td>15%</td>
</tr>
<tr>
<td>2</td>
<td>Hemostasis and Platelets</td>
<td>18%</td>
</tr>
<tr>
<td>3</td>
<td>Bone Marrow Failure Disorders</td>
<td>5%</td>
</tr>
<tr>
<td>4</td>
<td>Immunologic abnormalities and Leukocytes disorders</td>
<td>3%</td>
</tr>
<tr>
<td>5</td>
<td>Pediatric Transfusion Medicine</td>
<td>4%</td>
</tr>
<tr>
<td>6</td>
<td>Leukemias and Lymphomas</td>
<td>15%</td>
</tr>
<tr>
<td>7</td>
<td>Solid Tumors, Neurooncology and Histiocytic Disorders</td>
<td>18%</td>
</tr>
<tr>
<td>8</td>
<td>Supportive Care</td>
<td>7%</td>
</tr>
<tr>
<td>9</td>
<td>Stem Cell Transplantation</td>
<td>5%</td>
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<tr>
<td></td>
<td>Research, Ethics and Professionalism and Patient Safety</td>
<td>10%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>100%</strong></td>
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**Note:**
Blueprint distributions of the examination may differ up to +/-3% in each category
Example Questions

EXAMPLE OF K2 QUESTIONS
Question 1

A 6-year-old boy with sickle cell disease presents with acute onset dizziness, palpitation for one day. Examination reveals pallor and tachycardia No organomegaly, CNS and other clinical exam is unremarkable, a stat PRBC transfusion in Emergency Department is ordered (see lab results).

<table>
<thead>
<tr>
<th>Test</th>
<th>Result</th>
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<tbody>
<tr>
<td>Hb</td>
<td>5.5 g/dl</td>
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<tr>
<td>WBC</td>
<td>7.5 X 10^9/L</td>
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<tr>
<td>Platelets</td>
<td>250 X 10^9/L</td>
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<tr>
<td>Reticulocytes</td>
<td>1%</td>
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</tbody>
</table>

Which of the following is the most likely cause?

A. Acute hemolytic crises  
B. Iron deficiency anemia  
C. Acute sequestration crises  
D. Aplastic crises from Parvovirus B19

EXAMPLE OF K1
Question 2

Which of the following is the most likely cause of hypochromic microcytic anemia?

A. Iron deficiency  
B. Sickle cell anemia  
C. Bone marrow failure  
D. Vitamin B12 deficiency