



SAUDI FELLOWSHIP TRAINING PROGRAM

Adult Medical Oncology

Final Written Examination 2020

Examination Format:

The Saudi subspecialty fellowship and diplomas final written examination shall consist of one paper with 80-120 multiple-choice questions (single best answer out of four options). 10 unscored items can be added for pretesting purposes.

Passing Score:

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. Under no circumstances can the passing score be reduced below 65%.

Blueprint Outlines:

No.	Sections	Percentage (%)
1	Hematologic Neoplasms	11%
2	Thoracic Cancer	9%
3	Breast Cancer	15%
4	Genitourinary Cancer	8%
5	Gynecologic Cancer	5%
6	Gastrointestinal Cancer	15%
7	Other Solid Tumours	3%
8	Anticancer Therapeutics	10%
9	Supportive Care, Survivorship, and radiotherapy	8%
10	Head, Neck, Thyroid, and Central Nervous System Malignancies	5%
11	Genetics and Tumour Biology and epidemiology of cancer in Saudi Arabia	3%
Research, Ethics and Professionalism and Patient Safety		8%
Total		100%

Note:

Blueprint distributions of the examination may differ up to +/-3% in each category.

Suggested References:

- www.uptodate.com
- The Basic science of oncology by Ian Tannock.
- Cancer principles and practice of oncology by Devita, Helman, and Rosenberg's.
- Professionalism and Ethics, Handbook for Residents, Practical guide, Prof. James Ware, Dr. Abdulaziz Fahad Alkaabba, Dr. Ghaiath MA Hussein, Prof. Omar Hasan Kasule, SCFHS, Latest Edition.
- Essentials of Patient Safety, SCHS, Latest Edition.

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.



Example Questions

EXAMPLE OF K2 QUESTIONS

Question 1

A 65-year-old man presented with a progressive left breast mass over one year. He sought medical advice and was found to have a 4 cm retroareolar mass. Biopsy revealed Invasive ductal cancer. He had palpable nodes. Staging work was negative. He underwent left Modified Radical Mastectomy 4 weeks ago (see report).

Pathology:

A 3.5 cm Grade 2 Invasive cancer estrogen and progesterone receptor strongly positive and Her 2 negative with negative margins, 2 out of 11 nodes were involved with metastatic cancer.

Which of the following is the best adjuvant therapy?

- A. Chest wall radiation therapy and Adjuvant Tamoxifen
- B. Adjuvant anthracycline based therapy for 3-4 cycles followed by chest wall radiation therapy and Tamoxifen
- C. Adjuvant chemotherapy with anthracycline based therapy followed by taxanes based therapy, followed by chest wall Radiation therapy and Tamoxifen
- D. Adjuvant chemotherapy with anthracycline based therapy followed by taxanes based therapy, followed by chest wall Radiation therapy and aromatase inhibitors (Letrozole)

EXAMPLE OF K1

Question 2

Which of the following best describe the role of anti EGFR biological agents in non-small cell lung cancer?

- A. Erlotinib is best used with Exon 20 deletion
- B. Used in second line in All patient with adeno-carcinoma
- C. Used in all patients with wild type EGFR genetic subtype
- D. Used as maintenance therapy for squamous cell subtype