

1. Which of the following muscles form the pelvic diaphragm?
 - A. Coccygeus muscle, Pubovaginalis muscle, Puborectalis muscle, Iliococcygeus muscle
 - B. Deep transverse perineal muscle, Coccygeus muscle, Iliococcygeus muscle, Puborectalis muscle
 - C. Iliococcygeus muscle, Coccygeus muscle, Pubovaginalis muscle, Deep transverse perineal muscle
 - D. Puborectalis muscle, Deep transverse perineal muscle, Coccygeus muscle, Iliococcygeus muscle
 - E. Pubovaginalis muscle, Iliococcygeus muscle, Deep transverse perineal muscle, Coccygeus muscle

2. The histological spectrum of familial cancer contains various histological types. Which of the following histological types do NOT belong to the familial cancer spectrum?
 - A. Clear cell carcinoma
 - B. Endometrioid adenocarcinoma
 - C. Mixed adenocarcinoma
 - D. Serous adenocarcinoma
 - E. Serous borderline tumour

3. Which of the following genes does NOT confer an elevated risk for breast cancer?
 - A. BRCA (Breast Cancer gene) syndrome
 - B. Cowden syndrome (PTEN)
 - C. Hereditary Diffuse Gastric Cancer (CDH1)
 - D. Li Fraumeni syndrome (TP53)
 - E. Von Hippel-Lindau syndrome

4. The expression of which immunohistochemical biomarker is the most informative in the diagnosis of a vulvar intraepithelial neoplasia (VIN)?
 - A. Cytokeratin expression
 - B. Gross cystic disease fluid protein 15 (GCDFFP-15) expression
 - C. Increased Ki67 in the upper epithelial layers expression
 - D. Strong and diffuse p53 expression
 - E. Strong and diffuse p16 expression

5. Recall bias...
 - A. Is controlled for in directed acyclic graphs
 - B. Is controlled for in multivariate regression analyses.
 - C. Typically occurs in cohort studies.
 - D. Typically occurs in randomised controlled trials.
 - E. Typically occurs in retrospective case-control trials.

6. Which statement is correct?
 - A. Escherichia Coli (E. Coli) infection is transmitted through the blood
 - B. Escherichia coli (E. Coli) is an aerobe coliform
 - C. Escherichia Coli (E. Coli) is a gram negative bacterium
 - D. Escherichia Coli (E. Coli) is part of normal gut flora producing vitamin B6
 - E. Escherichia Coli (E. Coli) is responsible for 10% of urinary tract infections

7. Which statement is NOT correct regarding human Chorionic Gonadotropin (hCG)?
- A. Beta subunit is produced mainly by trophoblastic tissues
 - B. It can be detected in urine.
 - C. It may be elevated in dysgerminoma
 - D. It may be elevated in embryonal carcinoma
 - E. It may be elevated in ovarian choriocarcinoma
8. Mechanism of radiation induced damage is based on
- A. Changes to bone marrow, resulting in activation of immune response
 - B. Double-strand DNA breaks
 - C. Inhibition of proliferative RNA activity
 - D. Mitochondrial aberrations
 - E. Single-strand DNA breaks
9. What is true about the cancer immune-editing concept of RD Schreiber?
- A. A tumor becomes clinically apparent in the escape phase
 - B. Immunosuppressive cells will help in the elimination phase to destroy neoplastic cells
 - C. The equilibrium phase means that all cancer cells have been destroyed by the immune system
 - D. The innate immune system does not take part in the protection of the host against neoplastic cells
 - E. When neoplastic cells arise, T cells are the first line of defence
10. Carboplatin is widely used in gynaecological oncology. This drug:
- A. Can be administered orally
 - B. Causes local toxicity in case of extravasation
 - C. Has biliary excretion as major route of elimination
 - D. Induces significantly less thrombocytopenia than cisplatin
 - E. Is classified as alkylating-like agent
11. Which of the following is the most important for the staging of cervical cancer?
- A. Colposcopy
 - B. Cystoscopy
 - C. Pelvic examination
 - D. Rectoscopy
 - E. Transvaginal or transrectal ultrasound
12. All of the following malignant features predicting ovarian malignant tumor are included in IOTA (the International Ovarian Tumor Analysis) simple rules EXCEPT:
- A. Smooth multilocular tumor with the largest diameter <10 cm
 - B. Irregular solid tumor
 - C. Presence of ascites
 - D. At least four papillary structures
 - E. Very strong blood flow (color score 4)

13. A 61 year-old patient, diagnosed 3 years ago with vulvar cancer FIGO stage IB, was treated with local wide excision with surgical margins of at least 1 cm and inguino-femoral sentinel node detection (negative). She has currently a local recurrence confirmed with biopsy. What would be the treatment of the recurrence?
- A. Chemotherapy before surgical excision with free margins
 - B. External radiotherapy
 - C. External radiotherapy and brachytherapy
 - D. Surgical excision with the aim of free margins and surgical groin staging in clinically node negative groins
 - E. Surgical excision with free margins and brachytherapy
14. Both the randomized NSGO/EORTC trial (Hogberg et al Eur J Cancer 2010) and the PORTEC-3 trial (de Boer S et al Lancet Oncol 2018) have shown that for high-risk endometrial cancer:
- A. Chemotherapy given in addition to radiotherapy increases progression-free survival
 - B. Chemotherapy leads to an overall survival improvement of 9%
 - C. Chemotherapy should better be given before radiotherapy
 - D. Radiotherapy should always be followed by chemotherapy
 - E. Radiotherapy should be omitted if chemotherapy is given
15. What is the correct statement, regarding weekly regimen of paclitaxel and carboplatin chemotherapy in advanced ovarian / fallopian tubal cancer?
- A. It cannot be combined with bevacizumab
 - B. It has a confirmed benefit in the neoadjuvant setting
 - C. It is associated with a significant benefit on progression free survival (PFS) in the ICON8 trial
 - D. It is associated with a significant increase of severe acute neutropenia
 - E. Progression free survival (PFS) is similar to the 3 weekly regimen
16. Which non-epithelial ovarian malignancy is most likely to respond to anti-hormonal treatment?
- A. Brenner tumors
 - B. Germ cell tumors
 - C. Gestational trophoblastic disease
 - D. Granulosa cell tumors
 - E. Ovarian sarcomas
17. Which factor is the most important one for bowel perforation during bevacizumab treatment?
- A. Bowel wall infiltration
 - B. Inflammatory bowel disease
 - C. Number of prior chemotherapies
 - D. Previous exposure to bevacizumab
 - E. Previous radiotherapy

19. Which is the most frequent adverse event of anti-PD-1/anti-PD-L1 therapy?
- A. Diarrhoea
 - B. Fatigue
 - C. Liver toxicity
 - D. Skin toxicity
 - E. Thyroid gland disorders
20. Cancer in pregnancy is a major challenge. Which statement is correct?
- A. Anti-angiogenetic substances are safe during pregnancy.
 - B. Anti-hormonal treatment is possible during pregnancy.
 - C. Anthracyclines can be given during second and third trimester of pregnancy
 - D. Chemotherapy should not be given within 20 to 30 weeks of gestation
 - E. Radiotherapy of the abdomen can be given during pregnancy.
21. Psychosocial care of cancer patients is based on a structured stepped care model:
- A. For patients above a certain threshold score information and counselling may be sufficient
 - B. Further psychological assessment is also necessary for patients under a certain threshold level
 - C. It is not necessary to ask the patient's wish for psychosocial counselling
 - D. Includes early assessment and identification of the individuals distress level
 - E. The individual needs should not be considered in the decision for the type of psychosocial treatment
22. A patient presents with ovarian epithelial cancer platin refractory relapse after 6 prior lines of chemotherapy, PARP inhibitor, bevacizumab and immunotherapy, and a gastric outlet stenosis. What is correct statement?
- A. Debulking surgery including gastrectomy is the first line approach
 - B. Palliative endoscopic stenting has a low risk of re-obstruction and migration
 - C. Gastrojejunostomy can be provided via laparoscopic or laparotomy approach
 - D. Oral metronomic chemotherapy is effective palliative treatment
 - E. Retreatment with bevacizumab can be added to oral metronomic chemotherapy