POST GRADUATE EXAMINATION, MAY- 2020 MD RADIATION ONCOLOGY

(PAPER ONE)

BASIC SCIENCES RELATED TO ONCOLOGY, RADIATION PHYSICS AND RADIOBIOLOGY

[Time allotted: Three hours]		[Max Marks: 100]
Note:	Attempt all questions Illustrate with suitable diagrams.	
Q. 1.	Describe role of CT-simulation in modern radiotherapy practice.	(20)
Q. 2.	Mention various radiobiological models used in radiotherapy. Give details of L.Q.	model. (20)
Q. 3.	Describe briefly:	$(3 \times 10 = 30)$
	a. Compton effect	
	b. Tumor markers in diagnosis of cancers	
	c. Role of HPV in cancer	
Q. 4.	Write short notes on:	$(5 \times 6 = 30)$
	a. Dynamic wedges	
	b. Bragg's peak	
	c. MOSFET	
	d. Multileaf collimator	
	e. Biological dosimetry	
	_XX	

POST GRADUATE EXAMINATION, MAY- 2020 MD RADIATION ONCOLOGY (PAPER TWO)

PRINCIPLE AND PRACTICE OF RADIOTHERAPY

[Time allotted: Three hours] [M		[Max Marks: 100
Note:	Attempt all questions Illustrate with suitable diagrams.	
Q. 1.	Describe the principles and techniques of radiation treatment early carcinoma beam radiotherapy and brachytherapy.	prostate using external (20)
Q. 2.	Describe in detail the diagnostic and investigative work up for a suspected cast nasopharynx. Discuss in detail the line management and radiotherapy technique nasopharynx.	
Q. 3.	 Describe briefly: a. Indications of adjuvant radiotherapy in Ca breast b. The role of radiotherapy in the management of Hodgkin's disease c. Classification and staging of testicular tumors 	$(3 \times 10 = 30)$
Q. 4.	 Write short notes on: a. Role of intraluminal brachytherapy in Ca oesophagus b. Role of EBRT in seminoma testis c. RECIST & PERCIST response criteria d. Screening for cancer colon 	$(5 \times 6 = 30)$
	e. Radiation reactions in head & neck radiotherapy	

_X____

POST GRADUATE EXAMINATION, MAY- 2020

MD RADIATION ONCOLOGY

(PAPER THREE)

CHEMOTHERAPY, BIOLOGICAL THERAPY AND PALLIATIVE CARE

[Time	Time allotted: Three hours] [Max M	
Note:	Attempt all questions Illustrate with suitable diagrams.	
Q. 1.	What is the rationale of using concurrent chemo-radiotherapy in solid cance evidence in at least one cancer site.	ers? Illustrate with clinical (20)
Q. 2.	What is the WHO ladder for pain control in cancer? How should we manage control? Discuss the status in India.	ge palliation in terms of pain (20)
Q. 3.	 Describe briefly: a. Cetuximab b. Current management of gestational trophoblastic tumors c. Quality of life studies with emphasis on patient reported outcomes 	$(3 \times 10 = 30)$
Q. 4.	 Write short notes on: a. Taxanes b. Tumor lysis syndrome c. Management of high dose methotrexate toxicities d. Two examples of immunotherapy in cancer e. Drugs crossing the blood brain barrier (anti-cancer agents) 	$(5 \times 6 = 30)$
	X	

POST GRADUATE EXAMINATION, MAY- 2020 MD RADIATION ONCOLOGY (PAPER FOUR)

RECENT ADVANCES IN RADIOTHERAPY AND ONCOLOGY

[Time allotted: Three hours] [N		[Max Marks: 100]
Note:	Attempt all questions Illustrate with suitable diagrams.	
Q. 1.	Describe with the help of a diagram the functioning of proton beam therapy unit an indications and limitations.	d enumerate the (20)
Q. 2.	Describe the recent advances in the molecular profile of non-small cell lung cancer enumerate the various TKI's used in the management of NSCLC based on mutation	
Q. 3.	Describe briefly: a. Role of accelerated partial radiotherapy in breast cancer b. Role of PET CT scan in oncology c. SBRT and their role in liver lesions	$(3 \times 10 = 30)$
Q. 4.	 Write short notes on: a. MGMT methylation and IP19q status b. Super selective chemotherapy c. P53 gene d. Bragg peak e. Tomotherapy 	$(5 \times 6 = 30)$
	X	