

CGO SAQ MODEL QUESTIONS

The following question consists of five sections, with the fifteen marks available for the question distributed as indicated. Candidates are reminded that the marks available for each section of the question give a rough indication of the amount of time that they would be expected to allocate to answering the individual sections.

Sample Question 1

Neo-adjuvant chemotherapy and its role in ovarian cancer

- a. What is the definition of neo-adjuvant chemotherapy? (2 marks)
- b. Describe three clinical situations in which the use of neo-adjuvant chemotherapy for ovarian cancer may be appropriate. (3 marks)
- c. What diagnostic steps should be taken before commencing neo-adjuvant chemotherapy? (3 marks)
- d. Discuss briefly the role of interval debulking surgery after neo-adjuvant chemotherapy? (4 marks)
- e. Nominate three differences in study design or outcomes between the EORTC study and the GOG study of interval debulking surgery? (3 marks)

1. Model Answer

- a. **What is the definition of neo-adjuvant chemotherapy? (2 marks)**
 - Primary chemotherapy given prior to definitive surgery
- b. **Describe three clinical situations in which the use of neo-adjuvant chemotherapy for ovarian cancer may be appropriate. (3 marks)**
 - Poor performance status, significant comorbidities, senility
 - Widespread inoperable disease including pleural effusion, massive mesenteric or upper abdominal disease
 - After suboptimal resection, especially outside a tertiary centre
- c. **What diagnostic steps should be taken before commencing neo-adjuvant chemotherapy?(3 marks)**
 - Tissue diagnosis with either cytology or histology is very important and should include H&E and stains for a panel of cytokeratins, Ca125, CEA etc.
 - Presumptive evidence of ovarian cancer on CT and Ca125 is inadequate.
- d. **Discuss briefly the role of interval debulking surgery after neo-adjuvant chemotherapy? (4 marks)**
 - Interval debulking surgery (IDS) after 2-3 cycles of chemotherapy has a definite role in the management of those patients who show a response to chemotherapy. There is level II evidence to support this approach (de Burgh).
 - IDS may delay treatment more than 2 weeks if there are any surgical complications.
 - IDS in non-responding patients has little if any place.

- e. **Nominate three differences in study design or outcomes between the EORTC study and the GOG study of Interval debulking surgery? (3 marks)**
- The EORTC study patients did not receive maximal surgical attempts at diagnosis
 - The EORTC study showed a survival advantage of IDS
 - GOG study suggests no benefit when maximal surgical effort (eg by gyn oncologist) is initially undertaken.



Model Question 2
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The following question requires a short essay-type answer to be constructed. The material below outlines what is expected to be contained in a candidate's answer, along with an indication of how the available marks are apportioned to the different sections of the answer.

Sample Question 2

Immunohistochemistry as an aid to histologic diagnosis of ovarian neoplasms

Discuss the principles that underpin the use of immunohistochemistry as an aid to histologic diagnosis of ovarian neoplasms.

(15 marks)

2. Model answer

Candidates need to demonstrate an understanding of the scientific basis of immunochemistry:

- The technique of immunohistochemistry uses antibodies targeted to chosen tissue antigens and a chromogen to signal the presence of a positive antibody-antigen reaction. **(2 marks)**

Candidates need to demonstrate an understanding of the indications for the use of immunochemistry in differentiating between ovarian tumours. Important points that should be covered should include:

- In patients where the tumour morphology on H&E is not clear-cut, an appropriate panel of immunohistochemical markers can be selected depending upon the likely differential diagnosis. **(2 marks)**
- No immunohistochemical marker is completely sensitive or specific for a particular tumour. **(2 marks)**
- In the case of a undifferentiated tumour immunohistochemical markers can be used to help define tissue origins for secondary ovarian tumours, i.e. CK, LCA, S100, vimentin, etc. **(1 mark)**
- CK7 and CK20 and CEA may be useful markers in differentiating a mucinous ovarian tumour from metastatic disease from the GI tract, particularly colon. **(1 mark)**
- A panel of different markers may be useful in confirming the diagnosis in the cases of less common sex cord, stromal and germ cell tumours, i.e. inhibin, EMA, HCG, CK7 CK30 & c KIT etc. **(1 mark)**

Candidates should demonstrate an appreciation of the role of immunoperoxidases in specific clinical settings relevant to assessment of ovarian neoplasms, eg:

- In the case of a undifferentiated tumour immunohistochemical markers can be used to help define tissue origins for secondary ovarian tumours, i.e. CK, LCA, S100, vimentin, etc. **(1 mark)**
- CK7 and CK20 and CEA may be useful markers in differentiating a mucinous ovarian tumour from metastatic disease from the GI tract, particularly colon. **(1 mark)**
- A panel of different markers may be useful in confirming the diagnosis in the cases of less common sex cord, stromal and germ cell tumours, i.e. inhibin, EMA, HCG, CK7 CK30 & c KIT etc. **(1 mark)**

Candidates should indicate that they understand that the final diagnosis should be reached only after considering the clinical features, tumour morphology in conjunction with the results of immunochemistry. **(1 mark)**

Candidates should organise their answer in a clinically relevant, logical manner. **(2 marks)**