



SAUDI BOARD RESIDENCY TRAINING PROGRAM

RADIATION ONCOLOGY

Final Written Examination

Examination Format:

A Saudi board final specialty written examination shall consist of two papers each with 100-125 Single Best Answer MCQs. Up to 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%.

Suggested References:

- Gunderson and Tepper's Clinical Radiation Oncology, 5th ed. Elsevier, 15th February 2020
- Edward C. Halperin; David E. Wazer; Carlos A. Perez; Luther W. Brady, Perez & Brady's Principles and Practice of Radiation Oncology, 7th ed. Wolters Kluwer Health
- Amin MB, Edge SB, Greene FL, et al, eds. AJCC Cancer Staging Manual. 8th ed. New York: Springer; 2017.
- Eric K. Hansen, Mack Roach, Handbook of Evidence-Based Radiation oncology, 3rd Edition
- Boris Hristov, Steven H. Lin, John P. Christodouleas, Radiation Oncology: A Question-Based Review, 3rd edition. Wolters Kluwer Health
- Daniel M. Trifiletti, Nicholas G. Zaorsky, Absolute Clinical Radiation Oncology Review, 1st edition
- Dennis C. Shrieve, Jay Loeffler Human Radiation Injury 1st ed, Wolters Kluwer Oct 14, 2010
- National Comprehensive Cancer Network (NCCN): <https://www.nccn.org>
- John P. Gibbons, Khan's the Physics of Radiation Therapy, 6th ed. Wolters Kluwer Health, 2020
- Eric J. Hall & Amato J. Giaccia, Radiobiology for the Radiologist, 8th ed. Lippincott Williams & Wilkins (LWW), 2018
- Marks LB et al, The Use of Normal Tissue Complication Probability (NTCP) Models in the Clinic. Int J Radiat Oncol Biol Phys. 2010 Mar 1; 76(3 0): S10–S19
- 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

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:

No.	Sections	Percentage (%)
1	Head and neck and Thyroid cancers	14%
2	Gastrointestinal cancer	12%
3	Basic science for radiation oncology	10%
3	Genitourinary cancer	10%
5	Gynecologic cancer	10%
6	Thoracic malignancies	10%
7	Breast	8%
8	Hematological malignancies	8%
9	Central nervous system and Pediatric malignancies	8%
10	Palliative care and Benign tumors	5%
11	Skin and Musculoskeletal	5%
Total		100%

Note:

- Blueprint distributions of the examination may differ up to +/-5% in each category.
- Percentages and content are subject to change at any time. See the SCFHS website for the most up-to-date information.
- Research, Ethics, Professionalism and Patient Safety are incorporated within various domains.



Example Questions

EXAMPLE OF K1 QUESTIONS

Question 1

A 65-year-old man with non-small cell lung cancer. He had magnetic resonance imaging (MRI) brain which showed multiple intra-axial lesion.

Which of the following is the most common location of brain metastasis?

- A. Cerebellum
- B. Brainstem
- C. Thalamus
- D. Cerebral hemisphere

EXAMPLE OF K2 QUESTIONS

Question 2

A 55-year-old man was diagnosed recently with poorly differentiated keratinizing squamous cell carcinoma of the right pyriform sinus. Flexible fiberoptic nasopharyngoscopy showed a 2x3 cm lesion centered in the right pyriform sinus causing fixation of the right hemilarynx. No palpable lymphadenopathy (see report).

Staging workup:

Besides the finding on nasopharyngoscopy, there is no evidence of invasion through other tissue. No evidence of regional disease or distant metastasis.

Which of the following is the most appropriate treatment?

- A. Surgery
- B. Radiation therapy alone
- C. Concurrent chemoradiotherapy
- D. Surgery followed by adjuvant radiation