

## SAUDI BOARD RESIDENCY TRAINING PROGRAM

### RADIATION ONCOLOGY

#### PART ONE EXAMINATION

##### Examination Format:

Part I Examination of Saudi board certificate shall consist of one paper with 150 Single Best Answer MCQs. Up to 10% unscored items can be added for pretesting purposes.

##### Passing Score:

1. The passing score is 65%.
2. If the percentage of candidates passing the exam before final approval is less than 70%, the passing score can be lowered by one mark at a time aiming at achieving 70% passing rate or a score of 60% whichever comes first. Under no circumstances, may the score can be reduced below 60%.



### 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 Benigen tumors                | 5%             |
| 11           | Skin and Musculoskeletal                          | 5%             |
| <b>Total</b> |   | <b>100%</b>    |

**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