# BJOG yearly CME program

#### Objectives:

After evaluating a specific article published in Bangladesh Journal of Obstetrics& Gynaecology participants of BJOG CME program should be able to demonstrate an increase in their knowledge in obstetrics & gynaecology. Participants will be able of evaluate the appropriateness of the clinical information as it applies to the promotion of patients care.

## Participants:

This program is designed for physician who are involved in providing patient care and who wish to advance their current knowledge in obstetrics & gynaecology.

#### **BJOG CME award**

To earn the award the participants must read the article and complete the exam answer sheet and the evaluation form below. Please send it to OGSB office by 30th August 2018. Address to: **Editor, BJOG**. And mention the subject as **BJOG yearly CME program**. Either scan your answer sheet and email these to ogsb@agni.com. Or, send it in a sealed envelop by surface mail to:

Editor, BJOG

Obstetrical and Gynaecological Society of Bangladesh (OGSB)

Halcyon Heights

2/3 Mirpur Road, Flat-A/3, Block-A, Mohammadpur, Dhaka-1207.

Please write down your full mailing address (both surface mail & email)

Answer sheets will be graded and certificates including answer keys will be mailed to each participant for CME participation. Three highest credit winners will get award during annual conference of OGSB.

## CME on BJOG, 2017, 32(1)

Article: "Screening for Ovarian Cancer" Editorial, BJOG, 2017, 32(1): 1-3

# Question no.1.

Which one of the following are true regarding ovarian cancer?

- A. Ovarian cancer accounts for 3% cancer of women
- B. Ovarian cancer is the fifth leading cause of all deaths related to cancer among women
- C. In stage I ovarian cancer, survival rate is 90%
- D. In stage III & IV ovarian cancer, survival rate is 50%
- E. Two third of ovarian cancer are diagnosed in women under 35 years of age.

# Question no.2.

What are the recommendations for screening of ovarian cancer

A. Do not screen asymptomatic women without known genetic mutation

- B. Do not screen women with BRCA 1 and 2 genetic history of ovarian cancer
- C. Screen women having 2 or more first/second degree relatives with history of ovarian cancer
- D. Do not screen women who's first degree relative had a combination of breast and ovarian cancer
- E. Trans vaginal sonography and CA-125 testing is the recommended methods of screening for ovarian cancer.

# Question no. 3.

A 56-year-old woman presents to her physician, requesting screening for ovarian cancer. She reports the recent death of a friend from ovarian cancer at the age of 65 years. The patient has no family history of ovarian or breast cancer. The physical examination including pelvic and rectal examination, is normal. Should the physician recommendscreening for ovarian cancer?

- A. Yes
- B. No.

Occurrence and Histopathological pattern of ovarian tumour in a Tertiary Hospital, BJOG, 2017; 21(1): 5-9

#### Question no. 4.

Which statements are true regarding this article?

- A. It is a prospective study
- B. About 70% of all ovarian tumours were benign
- C. Most commonly occurring vanish tumour is mature cystic teratoma
- D. Commonest malignant tumours is serous cyst adenocarcinoma
- E. Borderline ovarian tumours were about 5%

Article: latrogenic genito-urinary fistula: A rising trend. BJOG 2017;32(1)10-13.

#### Question no. 5.

What statements are true regarding Genito-urinary fistula?

- A. Majority (75%) of iartogenic fistula occurred between the ages 20-40 years.
- B. Most of the iartogenic fistula occurred after caesarean section
- C. Most of the obstetric fistula occurred after vaginal delivery.
- D. Rate of success of repair of obstetric geneto urinary fistula is better than iartogenic genitourinary fistula
- E. There are about 50% increase in number of iatrogenic genitourinary fistula from the year 2010 to 2012.

Article: Evaluation of osteopenia and osteoporosis among female doctors. BJOG, 2017; 32(1). 25-28

## Question no. 6

Which statements are true regarding osteopenia and osteoporosis?

- A. A woman may lose 3-5% of her bone per year 5-7 year after menopause
- B. Bone loss in postmenopausal woman can also be measured by ultrasonogram
- C. Age range of the doctors included in the study was 25 to 80 years
- D. BMD level of the study subjects was normal in 88.75% percent cases
- E. It was a cross sectional study

Article: Updates on FIGO Staging Classification and The New WHO Cassiûcation for Cancer of the Ovary. BJOG, 2017; 32(1):33-41.

#### Question no. 7.

Based on histopathology, immunohisto- chemistry and molecular genetic analysis 5 main types of ovarian cancer are currently diagnosed. These are:

- A. High grade serous carcinoma (HGSC)
- B. Endo Metroid carcinoma (EC)
- C. Transitional care carcinoma
- D. Mucinous carcinoma
- E. Low grade serous carcinoma

## Question no. 8.

Following are for new FIGO staging of ovarian cancer:

- A. Stage 1 tumors are confined to ovaries.
- B. Stage 2 tumors involve one or both ovaries with extension below pelvic wall
- C. Stage 3 tumors involve one or both ovaries with extension beyond pelvic wall
- D. Stage 4 tumors are ovarian tumor with distant metalasis including peritoneal metaslasis.
- E. Stage 1 cancer with dense adhesion with histologically proven tumor cells are upgraded to stage II

#### Question no. 9.

In new (2014) WHO classification of cancer of ovary.

- A. Previous focus on mesothelial origin of ovarian cancer has been highlighted
- B. Tubal carcinogenesis of serous carcinoma are featured
- C. Earlier transitional cell type of ovarian cancer has been removed
- D. Sero mucinous tumors have been added as a new entities
- E. Rate of some borderline tumors for progression from benign to invasive lesion is discarded.

## Question no. 10.

Which ones of these are true in new (2014) WHO classification of cancer of ovary?

- A. The previously named transitional cell tumors is now entitled as "Brenner tumors"
- B. Former endocervical-type mucinous borderline tumors is termed as seromucinous tumours
- C. Cystic serous termous with < 10% Borderline architecture are now classified as SBOTS
- D. Sub categorization of mucinous borderline tumors has been done.
- E. Typical endometriosis may be associated with developing endometroid ovarian cancer.

# Answer Sheet: BJOG yearly CME program: Examination: BJOG 2017:32(1).

CME or																		
Please answer the questions on page by filling in the appropriate boxes below. Please mark the box for true answer and																		
fill in the box until the letter is no longer visible. To process your exam, you must also provide the following information:																		
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	Please list at least one (1) change you will make to your practice as a result of this activity:																	
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How long did it take you to complete these activities?hoursminutes																		
• Wha	• What, in your opinion, are the biggest clinical challenges related to obstetrics and gynecology?																	