SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME

(Code SMJ 201505A)

	True	False
Question 1. Regarding the epidemiology and aetiology of colorectal carcinoma (CRC):		
(a) The incidence and mortality rates for CRC increase with age, with a majority of cases seen in patients 50 years or older.	☐	☐
(b) The adenoma-carcinoma sequence has a natural history of five years.	☐	☐
(c) Most patients with early CRC are symptomatic.	☐	☐
(d) The most common symptom in patients with CRC is rectal bleeding.	☐	☐
Question 2. Regarding computed tomography colonography (CTC) and non-CTC abdominopelvic CT:		
(a) CTC is comparable to optical colonoscopy in CRC detection.	☐	☐
(b) Bowel preparation, faecal tagging and colonic distension are not part of the non-CTC abdominopelvic protocol.	☐	☐
(c) Lack of bowel preparation, residual faecal material and colonic under-distension decrease the sensitivity of non-CTC abdominopelvic CT in the detection of CRC.	☐	☐
(d) The patient is usually scanned only in the supine position on non-CTC abdominopelvic CT.	☐	☐
Question 3. Regarding non-CTC abdominopelvic CT imaging in CRC:		
(a) The typical appearance of CRC is short segment eccentric bowel wall thickening and enhancement.	☐	☐
(b) Focal pericolic neovascularity, fat stranding and locoregional adenopathy, although nonspecific, may represent secondary signs of CRC.	☐	☐
(c) The lung is the most common site of metastasis for CRC.	☐	☐
(d) Imaging findings of inflammatory bowel diseases may mimic CRC.	☐	☐
Question 4. Regarding pitfalls in diagnosis of CRC on non-CTC abdominopelvic CT:		
(a) Colonic under-distension can be mistaken for mural thickening in CRC.	☐	☐
(b) Residual faecal material may obscure small polyps or masses.	☐	☐
(c) Partial volume effect of colonic haustrations, which may mimic colonic wall thickening on axial images, can be resolved by reformatting in another plane (such as coronal).	☐	☐
(d) Historical studies are unhelpful in determining the presence of CRC.	☐	☐
Question 5. Regarding complications and associations of CRC:		
(a) Large bowel obstruction is a common complication of CRC.	☐	☐
(b) CRC presenting as acute appendicitis due to obstruction of the appendix by caecal cancer is usually seen in middle-age patients.	☐	☐
(c) CRC can cause intussusception in adults.	☐	☐
(d) There is no known association between CRC and cryptogenic liver abscess.	☐	☐

Doctor's particulars:

Name in full : _____

MCR number : _____ Specialty: _____

Email address : _____

SUBMISSION INSTRUCTIONS:

(1) Log on at the SMJ website: http://www.sma.org.sg/publications/smjcurrentissue.aspx and select the appropriate set of questions. (2) Provide your name, email address and MCR number. (3) Select your answers and click "Submit".

RESULTS:

(1) Answers will be published in the SMJ July 2015 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 29 June 2015. (3) Passing mark is 60%. No mark will be deducted for incorrect answers. (4) The SMJ editorial office will submit the list of successful candidates to the Singapore Medical Council. (5) One CME point is awarded for successful candidates.

Deadline for submission: (May 2015 SMJ 3B CME programme): 12 noon, 22 June 2015.