1. Colorectal cancer (CRC) is the most common cancer in Singapore.

2. Risk factors for developing CRC are older age, male gender, family history, smoking and obesity.

3. Screening is defined as the application of tests or procedures for the early detection of disease in asymptomatic people.

4. Evidence shows that CRC screening in adults aged 50–75 years reduces CRC mortality.

5. Screening methods for CRC include stool-based tests and direct visualisation tests.

6. Stool-based tests require bowel preparation and sedation before the tests.

7. Both guaiac-based faecal occult blood test (gFOBT) and faecal immunochemical test (FIT) can detect the presence of components of haemoglobin in faeces.

8. gFOBT can be confounded by blood loss proximal to the colon.

9. Results of FIT can be affected by antioxidants such as vitamin C or vegetable peroxidases.

10. Multitargeted stool DNA testing has both higher sensitivity and specificity than the use of FIT alone for detecting CRC.

11. Studies on flexible sigmoidoscopy showed no reduction in proximal CRC incidence.

12. Colonoscopy is considered the ‘gold standard’ test for CRC screening.

13. Risks of colonoscopy include sedation-related adverse events, perforations and major bleeding.

14. CT colonography is invasive testing of the entire colon and rectum.

15. It is common to have incidental extracolonic findings during CT colonography.

16. Radiation risk is a relative disadvantage of CT colonography.

17. An individual at average risk for CRC is someone who has a family history of CRC.

18. An individual at high risk for CRC is someone who has a hereditary or genetic predisposition for CRC.

19. For individuals with an affected first-degree relative diagnosed before 60 years of age or two first-degree relatives with CRC at any age, colonoscopy is recommended every five years, beginning ten years prior to the earliest diagnosis in the family or at 40 years of age at the latest.

20. Specialist referral is indicated if patients have a positive faecal occult blood test.

Doctor’s particulars:

Name in full: ________________________________________________________________

MCR number: _____________________________ Specialty: _______________________

Email address: ____________________________________________________________

SUBMISSION INSTRUCTIONS:

(1) Visit the SMJ website: http://www.smj.org.sg/current-issue 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 online in the SMJ March 2017 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 3 March 2017. (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.