

SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME

(Code SMJ 201701A)

	True	False
1. Colorectal cancer (CRC) is the most common cancer in Singapore.	<input type="checkbox"/>	<input type="checkbox"/>
2. Risk factors for developing CRC are older age, male gender, family history, smoking and obesity.	<input type="checkbox"/>	<input type="checkbox"/>
3. Screening is defined as the application of tests or procedures for the early detection of disease in symptomatic people.	<input type="checkbox"/>	<input type="checkbox"/>
4. Evidence shows that CRC screening in adults aged 50–75 years reduces CRC mortality.	<input type="checkbox"/>	<input type="checkbox"/>
5. Screening methods for CRC include stool-based tests and direct visualisation tests.	<input type="checkbox"/>	<input type="checkbox"/>
6. Stool-based tests require bowel preparation and sedation before the tests.	<input type="checkbox"/>	<input type="checkbox"/>
7. Both guaiac-based faecal occult blood test (gFOBT) and faecal immunochemical test (FIT) can detect the presence of components of haemoglobin in faeces.	<input type="checkbox"/>	<input type="checkbox"/>
8. gFOBT can be confounded by blood loss proximal to the colon.	<input type="checkbox"/>	<input type="checkbox"/>
9. Results of FIT can be affected by antioxidants such as vitamin C or vegetable peroxidases.	<input type="checkbox"/>	<input type="checkbox"/>
10. Multitargeted stool DNA testing has both higher sensitivity and specificity than the use of FIT alone for detecting CRC.	<input type="checkbox"/>	<input type="checkbox"/>
11. Studies on flexible sigmoidoscopy showed no reduction in proximal CRC incidence.	<input type="checkbox"/>	<input type="checkbox"/>
12. Colonoscopy is considered the 'gold standard' test for CRC screening.	<input type="checkbox"/>	<input type="checkbox"/>
13. Risks of colonoscopy include sedation-related adverse events, perforations and major bleeding.	<input type="checkbox"/>	<input type="checkbox"/>
14. CT colonography is invasive testing of the entire colon and rectum.	<input type="checkbox"/>	<input type="checkbox"/>
15. It is common to have incidental extracolonic findings during CT colonography.	<input type="checkbox"/>	<input type="checkbox"/>
16. Radiation risk is a relative disadvantage of CT colonography.	<input type="checkbox"/>	<input type="checkbox"/>
17. An individual at average risk for CRC is someone who has a family history of CRC.	<input type="checkbox"/>	<input type="checkbox"/>
18. An individual at high risk for CRC is someone who has a hereditary or genetic predisposition for CRC.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
20. Specialist referral is indicated if patients have a positive faecal occult blood test.	<input type="checkbox"/>	<input type="checkbox"/>

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.

Deadline for submission: (January 2017 SMJ 3B CME programme): 12 noon, 24 February 2017.