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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q50-Q55):

NEW QUESTION # 50

You are treating a 78-year-old man for recent onset of diarrhea, tenesmus, and minor bleeding when he wipes.

He has a history of prostate cancer that was treated by radiotherapy. Rectal examination findings are normal.

Colonoscopy reveals a pale rectum with ulcerations and areas of mucosal hemorrhage. Which one of the following is the most likely explanation for this clinical presentation?

- A. Rectal cancer
- B. Diverticulosis
- C. Ulcerative colitis
- **D. Radiation proctitis**
- E. Recurrent prostate cancer

Answer: D

Explanation:

Radiation proctitis is a well-known complication of pelvic radiation therapy (e.g., for prostate cancer). It presents months to years after treatment with rectal bleeding, tenesmus, and mucosal ulceration on colonoscopy.

Toronto Notes 2023 - Gastroenterology, "Radiation-Induced GI Injury":

"Radiation proctitis presents with rectal bleeding, tenesmus, urgency. Colonoscopy shows pale, friable mucosa, ulcerations, and telangiectasia." MCCQE1 Objectives (Gastroenterology > 47-2: GI Bleeding and Complications):

"Candidates must recognize radiation proctitis based on history of radiation and characteristic endoscopic findings." Ulcerative colitis (B) usually starts younger and is more diffuse. Diverticulosis (C) affects the left colon and causes painless bleeding. Recurrent prostate cancer (D) and rectal cancer (E) would show mass or infiltration.

NEW QUESTION # 51

A 26-year-old woman, gravida 2, para 1, presents with a positive pregnancy test. Her previous pregnancy was associated with preeclampsia, and she delivered a 1000 g boy at 34 weeks' gestation. Her blood pressure is 130/86 mmHg. Which one of the following is the best recommendation for this pregnancy?

- A. Prophylactic labetalol.
- B. Genetic assessment and counseling.
- C. Accurate dating by ultrasound.
- D. Complete bed rest starting at 20 weeks' gestation.
- E. Amniocentesis for karyotyping.

Answer: C

Explanation:

Accurate dating is critical in pregnancies at high risk for preeclampsia and intrauterine growth restriction.

First-trimester ultrasound is used to establish gestational age, which guides monitoring and interventions.

Toronto Notes 2023 - Obstetrics, High-Risk Pregnancy:

"In women with a history of preeclampsia, early and accurate dating allows for appropriate fetal surveillance and timely delivery."

MCCQE1 Objectives - Obstetrics > Prenatal Care:

"Candidates should recognize the importance of accurate pregnancy dating in high-risk pregnancies." Prophylactic labetalol (E) is not indicated in normotensive patients. Genetic testing (A, B) is not appropriate unless additional risk factors are present. Bed rest (D) is not evidence-based for preeclampsia prevention.

NEW QUESTION # 52

An 85-year-old woman who is your patient has advanced metastatic lung cancer. You are visiting her at her home for palliative care. She has previously indicated to you and her family that she hoped to die at home and that comfort is her priority. She is now weak to get out of bed and has had no oral intake for 2 days. She is confused most of the time, with brief lucid episodes. Despite attentive symptom management, her family reports that she is suffering and asks that you increase her medications to expedite her death. Which one of the following is the best next step?

- A. Contact the regional medical assistance in dying (MAID) team to assist in the family's request.
- B. Add midazolam to ensure the patient is completely sedated.
- C. Obtain written consent from the family to expedite the patient's death.
- D. Acknowledge the family's distress and offer support.

Answer: D

Explanation:

This scenario raises end-of-life ethics: balancing relief of suffering with the prohibition against intentionally hastening death. MCCQE1 ELOM objectives emphasize compassionate communication, capacity, consent, and appropriate use of palliative interventions. The immediate best step is to acknowledge the family's distress, explore what they are witnessing (pain, dyspnea, agitation, delirium), and reassure them that you will continue to prioritize the patient's comfort.

Options B and C are inappropriate because the family cannot authorize "expediting death," and MAID requires a voluntary request from the patient with decision-making capacity (and other legal safeguards); a substitute decision-maker cannot request MAID on the patient's behalf. Option D (midazolam for deep sedation) may be appropriate only if the patient has refractory symptoms despite optimal treatment and after careful assessment, consent discussions (with the patient if capable or SDM for goals-of-care), and proportional dosing aimed at symptom relief-not to cause death.

Therefore, the ethically correct next step is supportive, clarifying communication and reassessment of symptom control.

NEW QUESTION # 53

The developers of a urinary protein dipstick test have indicated that they have reduced the problem of false positive results by changing the test so that it becomes positive at a higher concentration of protein. Which one of the following statements best describes how this screening test will be affected?

- A. The positive predictive value will remain the same.
- B. Both sensitivity and specificity will improve.
- C. The validity of the test will be reduced.
- D. The accuracy of the test will be reduced.
- E. There will be more false negatives.

Answer: E

Explanation:

By increasing the threshold required for a positive test result, the developers have made the test more stringent. This reduces false positives, thereby increasing specificity. However, increasing the cutoff also means that some individuals with lower (but still clinically significant) levels of proteinuria will now test negative. As a result, the number of false negatives increases and sensitivity decreases. This reflects the fundamental trade-off between sensitivity and specificity when adjusting a diagnostic threshold. Screening tests typically favor high sensitivity to minimize missed cases, particularly for serious but treatable conditions.

Raising the threshold shifts the balance toward higher specificity at the expense of sensitivity. Positive predictive value (PPV) would likely increase because fewer false positives occur, but PPV also depends on disease prevalence. According to MCCQE objectives, candidates must understand how changes in diagnostic thresholds affect test characteristics, including sensitivity, specificity, predictive values, and false positive

/false negative rates, and apply these principles appropriately in screening and clinical decision-making.

NEW QUESTION # 54

A 47-year-old man presents to the office with a 1-month history of passing blood in his stool 2 to 3 times per week. He is otherwise healthy and denies any systemic symptoms. Other than a small lateral skin tag on digital rectal examination, the physical examination findings are unremarkable. Which one of the following is the best next step?

- A. Rigid sigmoidoscopy
- B. Colonoscopy
- C. Fecal immunochemical test (FIT)
- D. Computed tomographic colonography
- E. Carcinoembryonic antigen

Answer: B

Explanation:

Visible rectal bleeding, even in the absence of systemic symptoms, warrants diagnostic colonoscopy to rule out colorectal cancer, polyps, or IBD—especially in adults over 40. FIT is for asymptomatic screening only.

Toronto Notes 2023 - Gastroenterology, "Approach to Lower GI Bleeding":

"In patients with overt rectal bleeding, colonoscopy is the investigation of choice regardless of age or FIT status." MCCQE1 Objectives (Internal Medicine > Gastroenterology > 47-1):

"Candidates must evaluate rectal bleeding with colonoscopy, even in the presence of minor findings on physical exam (e.g., skin tag)." FIT (A) is not appropriate for symptomatic patients. CEA (D) is a tumor marker for surveillance, not diagnosis. CT colonography (C) is less sensitive for lesions than colonoscopy.

NEW QUESTION # 55

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