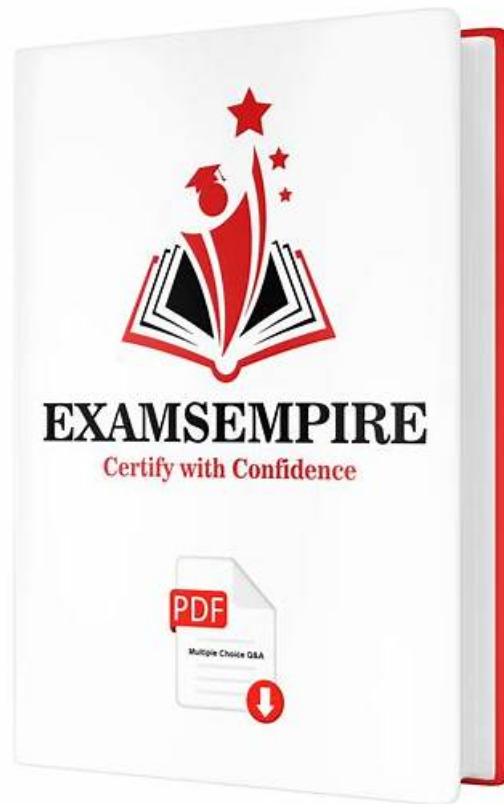


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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q258-Q263):

NEW QUESTION # 258

You are evaluating a 75-year-old man with recently diagnosed prostate cancer and 2 painful metastases of the lumbar spine. Which one of the following therapeutic options is the most appropriate?

- A. Fentanyl patch and breakthrough opioids
- B. Oral anti-androgen plus gonadotropin-releasing hormone agonist
- C. Intrathecal steroid injection
- D. Surgical castration (orchidectomy)
- E. Palliative radiotherapy to the lumbar spine

Answer: E

Explanation:

Palliative radiotherapy is the treatment of choice for painful bone metastases, including those from prostate cancer. It provides localized pain relief and functional improvement.

Toronto Notes 2023 - Oncology, "Metastatic Bone Pain":

"External beam radiotherapy is first-line treatment for localized bone pain from metastases. Relief occurs within days to weeks."

MCCQE1 Objectives (Internal Medicine > Oncology > 52-1):

"Candidates must identify treatment options for symptom control in metastatic cancer, including palliative radiotherapy for painful bone lesions." Androgen deprivation therapy (B, C) treats systemic disease but doesn't address acute pain. Opioids (D) may be used, but radiotherapy provides disease-targeted relief. Intrathecal steroids (A) are not standard for prostate metastases.

NEW QUESTION # 259

A 52-year-old man presents to the Emergency Department with a history of back, neck, and shoulder pain sustained from a workplace incident 4 years ago. He is under observation by a multidisciplinary pain clinic, and his next appointment is not for another 4 weeks. He does not report any recent change in his symptoms.

His medications are as follows:

Acetaminophen

1000 mg orally 4 times daily

Naproxen

500 mg orally twice daily

Amitriptyline

25 mg orally at bedtime

* Acetaminophen 1000 mg orally four times daily

* Naproxen 500 mg orally twice daily

* Amitriptyline 25 mg orally at bedtime

The patient has not taken his medications for several weeks because he thinks they are not working. He requests a prescription for oxycodone because he tried some that a friend sold him, and it worked very well.

After completing an assessment and providing counseling, which one of the following is the best next step?

- A. Offer to prescribe cannabis.
- B. Prescribe a short course of tramadol.
- C. Obtain a urine toxicology screen.
- D. Provide a naloxone kit.

Answer: C

Explanation:

Given the request for opioids and history of non-prescribed opioid use (oxycodone obtained from a friend), the next appropriate step is to conduct a urine drug screen. This helps assess current substance use and guides safe prescribing decisions.

Toronto Notes 2023 - Pain Management and Addiction Medicine:

"Urine drug screening is recommended before initiating opioid therapy or when there is suspicion of substance misuse. A history of using non-prescribed opioids mandates assessment for opioid use disorder and further risk stratification." MCCQE1 Objectives - Internal Medicine > Chronic Pain:

"Candidates must assess for opioid misuse and dependence before initiating opioid therapy. Urine drug testing is a standard tool in

this assessment." Providing naloxone (A) may be appropriate later if opioids are prescribed, but the priority is evaluation. Cannabis (B) is not first-line and lacks controlled evidence in chronic pain. Tramadol (D) is an opioid-like agent and not appropriate until misuse risk is evaluated.

NEW QUESTION # 260

A system administrator needs to install a GPU/DPU in a server. The server has a free PCI-e slot, there are enough free PCI-e lanes, and there is enough room for the card. Which procedure should be followed?

- **A. Ensure the server has enough power. Verify compatibility of cables with server 's platform. Make sure the server is down to remove cables safely. Wear an ESD bracelet.**
- B. Ensure the server has enough power. Make sure the server is down to remove cables safely. Wear an ESD bracelet.
- C. Ensure the server has enough power. Make sure the server is up and running with attached cables. Wear an ESD bracelet.
- D. Ensure the server has enough power. Verify compatibility of cables with server 's platform. Make sure the server is down to remove cables safely. Do not wear an ESD bracelet.

Answer: A

Explanation:

Comprehensive and Detailed Explanation:

The physical installation of high-performance NVIDIA components, such as H100 PCIe GPUs or BlueField DPUs, requires strict adherence to data center safety and hardware preservation standards. Option D is the only "100% verified" procedure because it covers three critical pillars: Power, Compatibility, and Safety.

First, high-end GPUs can draw up to 300W-450W individually; verifying the server 's PDU and internal PSU capacity is essential to prevent over-current shutdowns. Second, verifying cable compatibility (such as 12VHPWR or specific PCIe power 8-pin layouts) is vital to avoid electrical damage. Third, "Cold Service" (ensuring the server is powered down and cables are removed) is the standard for non-hot-plug PCIe components to prevent short circuits. Finally, wearing an ESD (Electrostatic Discharge) bracelet is non-negotiable when handling NVIDIA hardware, as static charges can destroy the sensitive HBM (High Bandwidth Memory) or the GPU die itself. Skipping ESD protection (as suggested in Option A) or performing the install while the system is "up and running" (as suggested in Option C) are leading causes of hardware infant mortality in AI infrastructure.

NEW QUESTION # 261

A new patient, a 19-year-old man, presents to your office with low back pain. He has a history of opioid dependence and is now on a methadone maintenance treatment program. He is requesting opiate analgesics.

After examination, you decide not to prescribe opiates for pain control. The patient gets upset and threatens to file a complaint with your licensing authority. Which one of the following is the best next step?

- **A. Direct him to his methadone management program.**
- B. Send him for a lumbar spinal radiography.
- C. Give a single opiate injection.
- D. Call the police to have the patient removed from the office.
- E. Prescribe a small amount of oral opiate.

Answer: A

Explanation:

MCCQE ELOM objectives stress that physicians must prescribe controlled substances responsibly, use evidence-based pain management, and maintain professional boundaries despite pressure or threats of complaints. A threat to complain does not obligate opioid prescribing, especially in a patient with opioid use disorder where opioids increase risk of relapse, overdose, and diversion. The appropriate response is to remain calm, document the assessment and rationale, and ensure the patient is offered safe alternatives and continuity of care. Directing him to his methadone maintenance program is best because it supports coordinated management within an established addiction-treatment framework (often with structured monitoring, agreements, and access to addiction/pain expertise).

Prescribing "a small amount" or giving an injection undermines safe prescribing practices and reinforces drug-seeking behavior. Calling police is reserved for immediate safety threats, not dissatisfaction. Lumbar radiography is not the next step unless red flags are present; it does not address the ethical issue. Coordinated care with the methadone program and non-opioid strategies is the safest, most appropriate action.

NEW QUESTION # 262

A 79-year-old woman presents to the Emergency Department with sudden-onset severe chest and back pain that started 1 hour ago. She has a history of hypertension and looks unwell. Her vital signs are as follows: blood pressure 168/108 mm Hg, heart rate 110/min, respiratory rate 22/min, temperature 36.7°C. Findings of a physical examination of the chest and abdomen are normal. An urgent computed tomography (CT) scan of the chest and abdomen shows an aortic dissection extending from the descending thoracic aorta to the upper abdominal aorta. The branches of the abdominal aorta are patent. Following initial resuscitation, which one of the following is the best next step?

- A. Perform endovascular repair of the thoracic and abdominal aorta.
- B. Admit the patient to the Intensive Care Unit and repeat CT in 6 hours.
- C. Start intravenous heparin.
- **D. Initiate intravenous labetalol.**
- E. Conduct open repair of the thoracic and abdominal aorta.

Answer: D

Explanation:

This patient has a Stanford type B aortic dissection, involving the descending thoracic aorta distal to the left subclavian artery, with no evidence of branch vessel compromise or rupture. MCCQE objectives emphasize that uncomplicated type B dissections are managed medically, whereas type A dissections (ascending aorta) require urgent surgical repair.

The immediate priority is to reduce shear stress on the aortic wall by controlling heart rate and blood pressure.

Intravenous beta-blockers such as labetalol or esmolol are first-line therapy. The goal is to reduce heart rate to approximately 60 bpm and lower systolic blood pressure to 100-120 mm Hg. This decreases the force of left ventricular contraction (dP/dt), limiting propagation of the dissection.

Endovascular or open repair is reserved for complicated cases (e.g., malperfusion, rupture, refractory pain, uncontrolled hypertension). Anticoagulation with heparin is contraindicated due to bleeding risk. Observation alone without blood pressure control is inappropriate.

Therefore, intravenous labetalol is the best next step.

NEW QUESTION # 263

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