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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q176-Q181):

NEW QUESTION # 176

A 54-year-old woman presents to your office to discuss breast cancer screening. She is asymptomatic with no history of breast cancer. She had a fibroadenoma removed when she was 24 years old. The patient is not on any medications. Her family history is significant for a great-aunt with breast cancer. The patient has not had genetic testing but had normal breast screening 2 years ago. Which one of the following is the best next step?

- A. Mammography.
- B. Positron emission tomography scan.
- C. Reassurance.
- D. Monthly self-breast examination.
- E. Breast magnetic resonance imaging.

Answer: A

Explanation:

According to Canadian guidelines, women aged 50 to 74 at average risk for breast cancer should undergo routine screening mammography every 2 to 3 years. A great-aunt with breast cancer does not raise this patient's risk to high. Mammography is appropriate as she is now due for the next screen.

Toronto Notes 2023 - Population Health, "Screening Guidelines" Section:

"Routine mammography is recommended every 2 years for average-risk women aged 50 to 74. Family history in second-degree or more distant relatives (e.g., great-aunt) does not qualify for high-risk screening or MRI." MCCQE1 Objectives (Population Health > 97-5: Screening and Prevention):

"Candidates should apply Canadian screening recommendations including mammography for average-risk women #50 years old." Self-breast exams (C) are not recommended for screening. PET scan (D) and MRI (E) are reserved for high-risk populations or diagnostic clarification.

NEW QUESTION # 177

A 9-year-old girl is brought to the Emergency Department because she has generalized urticaria, abdominal cramping, and postural dizziness 30 minutes after eating at a friend's birthday party. Which one of the following is the most appropriate route of administration for epinephrine?

- A. Intramuscular
- B. Subcutaneous
- C. Inhaled
- D. Intranasal
- E. Intravenous

Answer: A

Explanation:

Anaphylaxis requires immediate administration of epinephrine via the intramuscular (IM) route, typically in the lateral thigh. This route provides the fastest and most reliable absorption for emergency treatment.

Toronto Notes 2023 - Pediatrics, Anaphylaxis:

"Epinephrine 0.01 mg/kg IM is the first-line treatment for anaphylaxis. The intramuscular route provides the most rapid and safe absorption in emergencies." MCCQE1 Objectives - Pediatrics > Allergy and Immunology:

"Candidates must know the emergency management of anaphylaxis, including proper dosage and intramuscular administration of epinephrine." IV administration (A) is reserved for critical care settings. Subcutaneous (C) and intranasal/inhaled routes (D, E) are ineffective in anaphylaxis.

NEW QUESTION # 178

A 4-year-old girl is brought to the family practice by her father. The child has a 2-week history of low-grade fever, fatigue, and sore throat. She has also developed several small, round, mildly tender lumps bilaterally in her neck. She was previously well. Which one of the following is most likely to be found on abdominal examination?

- A. Shifting dullness
- B. Generalized tenderness
- C. Abdominal bruit
- D. Palpable spleen
- E. Renal mass

Answer: D

Explanation:

This child likely has infectious mononucleosis caused by Epstein-Barr virus (EBV), characterized by fever, sore throat, cervical lymphadenopathy, fatigue, and splenomegaly. A palpable spleen is a hallmark of EBV in children.

Toronto Notes 2023 - Pediatrics, "Infectious Mononucleosis":

"Key features include fever, pharyngitis, lymphadenopathy, and splenomegaly. Children may have milder symptoms but often exhibit palpable spleen." MCCQE1 Objectives (Pediatrics > 75-2: Infectious Disease):

"Candidates should recognize common viral syndromes such as EBV and identify complications including splenomegaly." Other options (renal mass, ascites, etc.) are inconsistent with this viral presentation.

NEW QUESTION # 179

A 63-year-old woman presents to your office with a history of progressive abdominal discomfort over the past five months. She reports bloating and difficult digestion with constipation. She has no urinary symptoms and denies vaginal or rectal bleeding. An abdominal ultrasound shows a large complex pelvic mass with internal multiloculation and moderate ascites. The cancer antigen 125 (CA 125) is elevated at 1023 U/mL (< 35 U /mL). Which one of the following is the most likely diagnosis?

- A. Metastatic uterine adenocarcinoma
- B. Chronic hematosalpinx
- C. Serous carcinoma of the ovary
- D. Ovarian hyperstimulation syndrome
- E. Rectosigmoid adenocarcinoma

Answer: C

Explanation:

Comprehensive and Detailed Explanation:

Postmenopausal women with abdominal distension, bloating, a complex pelvic mass, and elevated CA-125 are highly suggestive of epithelial ovarian cancer, especially serous cystadenocarcinoma-the most common type.

Toronto Notes 2023 - Gynecology / Oncology:

"Serous epithelial ovarian carcinoma presents with vague abdominal symptoms, ascites, complex pelvic mass, and elevated CA-125." MCCQE1 Objectives (Gynecology > 82-5: Ovarian Masses):

"Candidates must recognize signs and investigations of ovarian cancer, including elevated tumor markers and imaging findings." Ovarian hyperstimulation (A) occurs in fertility treatments. Colorectal cancer (C) may mimic these symptoms but typically causes rectal bleeding and has lower CA-125 levels. Uterine adenocarcinoma (D) usually causes bleeding. Hematosalpinx (E) presents with pelvic pain, not ascites.

NEW QUESTION # 180

A surgical clinic would like to respond to the Truth and Reconciliation Commission of Canada: Calls to Action report. The clinic has implemented a mandatory cultural safety course for all employees and ongoing faculty development that includes teachings from Elders and Knowledge Keepers and teaching sessions about harm reduction, trauma-informed care, and antiracism. Which one of the following steps would further the clinic's goal of responding to this report?

- A. Evaluate how the staff enjoyed the teaching session.
- B. Display the cultural safety certificate in the waiting room.
- C. Include trauma disclosure on the clinic's intake form
- D. Provide clinic information in the languages spoken by the community.

Answer: D

Explanation:

Providing information in the patient's own language is a concrete way to improve access, cultural safety, and communication - key recommendations in the Truth and Reconciliation Commission's Calls to Action. It moves beyond symbolic gestures and supports equitable care.

Toronto Notes 2023 - ELOM, "Indigenous Health and Cultural Safety" Section:

"Cultural safety includes removing language barriers, engaging with Elders, and using patient-centered practices that respect Indigenous values. Communication in the patient's first language improves trust and outcomes." MCCQE1 Objectives (ELOM > 99-2: Cultural Safety and Health Equity):

"Candidates must apply the principles of culturally safe care including removing barriers to access and effective communication, as highlighted in the Truth and Reconciliation Commission's Calls to Action." Evaluating session enjoyment (A) is not impactful. Certificates (C) are symbolic. Intake questions about trauma (D) must be done with appropriate context and safety - not as a formality.

NEW QUESTION # 181

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