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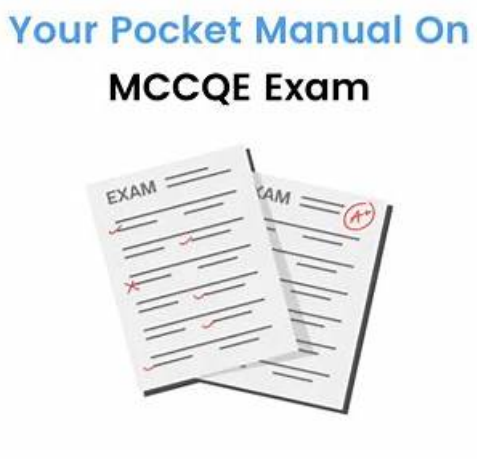

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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q210-Q215):

NEW QUESTION # 210
A 19-year-old woman returns to your clinic to discuss her recent laboratory tests. She initially presented with dysuria, dyspareunia, and abnormal uterine bleeding. Her vulvovaginal examination was normal. Her last sexual encounter was 3 weeks prior to the onset of her symptoms. Which one of the following pathogens is most likely to explain this clinical presentation?

- A. Chlamydia trachomatis
- B. Actinomyces israelii
- C. Herpes simplex virus
- D. Treponema pallidum
- E. Human papillomavirus

Answer: A

Explanation:
Chlamydia trachomatis is the most common cause of cervicitis in young sexually active women and frequently presents with dysuria, dyspareunia, intermenstrual bleeding, and a normal vulvovaginal exam. It may be asymptomatic or have subtle signs and often affects the endocervix.
Toronto Notes 2023 - Gynecology, "Sexually Transmitted Infections" Section:
"Chlamydia is the most common bacterial STI. Symptoms may include intermenstrual bleeding, postcoital bleeding, dyspareunia, mucopurulent cervical discharge, and dysuria. The vulva and vagina may appear normal." MCCQE1 Objectives (Obstetrics and Gynecology > 82-1: Abnormal Uterine Bleeding):
"Candidates should evaluate STI-related cervicitis as a common cause of postcoital and intermenstrual bleeding in young women."
Other options:
* A. Actinomyces israelii is associated with IUD use, not relevant here.
* B. Herpes simplex virus usually presents with painful ulcerations, not abnormal bleeding.
* C. Treponema pallidum (syphilis) causes painless ulcers or systemic symptoms in later stages.
* D. HPV causes warts or asymptomatic cervical dysplasia, not acute symptoms.

NEW QUESTION # 211
A 27-year-old woman presents to her family physician's office and states that she is pregnant and would like to be referred for an abortion. She is at approximately 9 weeks' gestation by dates. The family physician has personal conscience-based objections to the procedure. Which one of the following would be the best next step for this physician?

- A. Explain their personal views about therapeutic abortion to the patient
- B. Recommend that the patient consider adoption
- C. Refer the patient to another physician
- D. Ask the patient to return in 2 weeks to give her time to consider her options

Answer: C

Explanation:
Physicians in Canada who have conscientious objections to procedures such as abortion are legally and ethically required to make an effective referral to another provider or service that can offer the treatment. The provider must not delay access to care.
Toronto Notes 2023 - ELOM, "Conscientious Objection":
"A physician who objects to providing a service for reasons of conscience must make an effective referral to another provider or agency." MCCQE1 Objectives (ELOM > Professionalism > 90-1):
"Candidates must recognize the obligation to refer patients for services they themselves will not provide due to personal or religious beliefs." Delaying care (C), imposing personal beliefs (A), or suggesting alternatives like adoption (D) is inappropriate and may violate patient autonomy.

NEW QUESTION # 212
A health authority implements the first-ever colon cancer screening program in its territory. Which one of the following colon cancer indices will likely increase?

- A. Case fatality rate
- B. Positive biopsy rate
- C. Incidence rate
- D. Positive predictive value of the screening test
- E. Treatment rate

Answer: C

Explanation:
When a screening program is introduced, the incidence rate appears to rise because more cases (including subclinical ones) are identified earlier. This is known as "lead-time bias" or "ascertainment bias." Toronto Notes 2023 - Public Health, Screening and Epidemiology:
"Screening increases the apparent incidence of disease as more early or latent cases are detected." MCCQE1 Objectives - Preventive Medicine > Screening:
"Candidates should understand how implementation of screening programs affects disease incidence and epidemiologic metrics."
Case fatality rate (A) may decrease. PPV (B) depends on prevalence. Positive biopsy rate (C) may remain stable. Treatment rate

(E) could increase, but incidence is the most directly and consistently affected.

NEW QUESTION # 213
A 24-year-old woman has had several episodes of left lower lobe pneumonia. She has a chronic productive cough with occasional blood-streaked sputum. Physical examination is normal except for rales at the left base.
Chest radiograph shows a linear infiltrate in this area. Which one of the following is the most likely diagnosis?

- A. Chronic bronchitis
- B. Bronchiectasis
- C. Mitral stenosis
- D. Pulmonary tuberculosis
- E. Pulmonary infarction

Answer: B

Explanation:
Comprehensive and Detailed Explanation:
Bronchiectasis is characterized by recurrent localized pneumonia, chronic productive cough, and hemoptysis.
A linear infiltrate that persists in the same area suggests localized airway damage-typical of bronchiectasis.
Toronto Notes 2023 - Respirology:
"Bronchiectasis presents with recurrent infections in the same location, productive cough, and hemoptysis.
Chest X-ray may show linear opacities; high-resolution CT is diagnostic." MCCQE1 Objectives (Respiratory > 45-1: Chronic Respiratory Symptoms):
"Candidates must investigate recurrent pneumonias and consider bronchiectasis, especially if localized." Chronic bronchitis (A) presents bilaterally. Mitral stenosis (B) may cause hemoptysis but not localized infiltrates. TB (E) usually affects upper lobes. Infarction (C) is acute and not recurrent.

NEW QUESTION # 214
A 42-year-old businessman known to have type 2 diabetes and ischemic heart disease is admitted to hospital with acute coronary syndrome. He admits to drinking 4 beers a day for the last 6 years and to binge drinking twice a year when his school buddies are in town. Your chart review reveals that he had a seizure secondary to alcohol withdrawal during his last admission. Which one of the following elements of his history puts him at highest risk of having another such seizure?

- A. The number of years he has consumed alcohol.
- B. His binge drinking.
- C. His medical comorbidities.
- D. The quantity of alcohol he consumes daily.
- E. His previous episode of alcohol withdrawal.

Answer: E

Explanation:
A history of previous alcohol withdrawal seizures is the single greatest predictor of future withdrawal seizures. This establishes a sensitization response within the central nervous system.
Toronto Notes 2023 - Addiction Medicine:
"A prior history of alcohol withdrawal seizures is the most important risk factor for recurrent seizures during future withdrawal episodes." MCCQE1 Objectives (Internal Medicine > Substance Use > 58-3):
"Candidates must identify individuals at high risk for severe alcohol withdrawal based on past withdrawal history, including seizures and delirium tremens." Although quantity, duration, and comorbidities contribute to risk, a prior withdrawal seizure most strongly predicts recurrence.

NEW QUESTION # 215
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