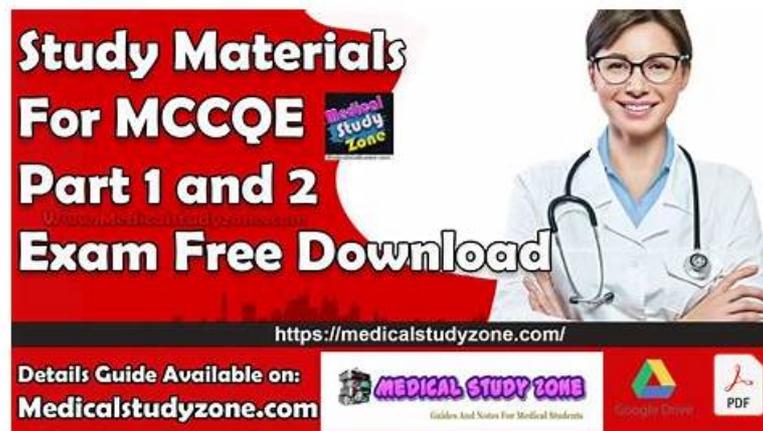


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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q152-Q157):

NEW QUESTION # 152

A 39-year-old woman comes to the office for a periodic health examination. She reports that her father had a recent diagnosis of breast cancer (at age 62 years) and that a paternal aunt had ovarian cancer in her early 40s.

The results of mammography are normal. Which one of the following is the most appropriate recommendation for this patient?

- A. Random fine-needle sampling of the breasts.
- B. Annual mammography starting at age 50 years.
- C. Bilateral mastectomy.
- D. Prophylactic tamoxifen therapy.
- E. Genetic screening.

Answer: E

Explanation:

This patient has a family history of both male breast cancer (father) and early-onset ovarian cancer (aunt), which are red flags for BRCA1/2 mutations. Genetic counseling and BRCA testing are the appropriate next steps to stratify cancer risk and guide screening and prevention.

Toronto Notes 2023 - Oncology, "Breast Cancer Risk" Section:

"BRCA testing is recommended for individuals with a strong family history of breast or ovarian cancer, particularly if involving male relatives or early-onset cases." MCCQE1 Objectives (Population Health > 97-5: Screening and Prevention):

"Candidates must identify high-risk individuals who require genetic counseling and screening beyond population guidelines."

Tamoxifen (A) and prophylactic mastectomy (E) are only considered after confirming mutation status. Annual screening starting at 50 (D) is for average-risk women. Fine-needle sampling (C) is not a screening tool.

NEW QUESTION # 153

A 1-week-old boy born at full term is brought by his parents to the office with a 2-day history of eye swelling and watery discharge. This morning, the discharge became thick and yellow. On physical exam, he is afebrile and fussy with bilateral eyelid edema, purulent discharge, and erythematous conjunctivae. After taking appropriate cultures of the eyes, which one of the following is the best next step?

- A. Recommend lacrimal sac massage
- B. Advise warm compresses every 2 to 3 hours until discharge is cleared
- C. Admit the patient and start antibiotic therapy
- D. Prescribe an oral antibiotic and reassess in 48 hours
- E. Reassure the parents and prescribe a topical antibiotic

Answer: C

NEW QUESTION # 154

A 67-year-old man underwent his first endoscopy. He has long-term reflux and heartburn, treated intermittently with antacids. Biopsies of the distal esophagus reveal Barrett epithelium. Which one of the following is most important in determining the frequency of surveillance endoscopy?

- A. Depth of intestinal metaplasia
- B. Family history of gastrointestinal malignancy
- C. Length of Barrett segment
- D. Stricture formation
- E. Grade of dysplasia

Answer: E

Explanation:

The most important factor in determining the surveillance interval in Barrett esophagus is the presence and grade of dysplasia (e.g., none, low-grade, high-grade). High-grade dysplasia requires more frequent monitoring or intervention due to the risk of progression to esophageal adenocarcinoma.

Toronto Notes 2023 - Gastroenterology, Barrett Esophagus:

"Surveillance intervals depend on histologic findings. No dysplasia: q3-5 years; low-grade: q6-12 months; high-grade: consider endoscopic resection or ablation." MCCQE1 Objectives - Internal Medicine > Gastroenterology:

"Candidates must identify the risk of progression in Barrett esophagus and apply appropriate surveillance strategies based on dysplasia." Length of the segment (A) may influence risk but not surveillance frequency alone. Other options (B, C, E) are less determinative.

NEW QUESTION # 155

A 6-year-old girl is found to have a blood pressure of 130/75 mm Hg. She was born prematurely at 32 weeks' gestation and required ventilation. There is a family history of hypertension in 3 grandparents. Clinical examination reveals a grade 1/6 mid-systolic murmur, no renal bruits, and femoral pulses are difficult to feel.

Which one of the following is the most likely diagnosis?

- A. Renal artery thrombosis
- B. Reflux nephropathy

- C. Aortic coarctation
- D. Ventricular septal defect
- E. Essential hypertension

Answer: C

Explanation:

Comprehensive and Detailed Explanation:

The combination of upper extremity hypertension and weak femoral pulses is classic for aortic coarctation. A soft systolic murmur may be present. This condition often becomes apparent during routine screening in school-aged children.

Toronto Notes 2023 - Pediatrics / Cardiology:

"Coarctation of the aorta presents with upper limb hypertension, diminished femoral pulses, and sometimes a systolic murmur. BP discrepancy is key." MCCQE1 Objectives (Pediatrics > 78-1: Congenital Heart Disease):

"Candidates must recognize signs of aortic coarctation, including weak lower limb pulses and systemic hypertension in children."

VSD (A) typically presents with a louder murmur. Reflux nephropathy (B) may cause hypertension but without femoral pulse discrepancy. Renal artery thrombosis (C) is rare. Essential hypertension (D) is less likely in this age group with these findings.

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NEW QUESTION # 156

A 15-year-old boy is brought to the office by his father because he is having headaches. When alone, the boy appears withdrawn and admits to suicidal ideation. He shares that he is gay but does not want to tell his parents. He says that he faked the headaches so that one of his parents would make an appointment for him.

Which one of the following is the best next step?

- A. Encourage the patient to disclose his sexual orientation to his parents.
- B. Suggest that the patient join a group at school for peer support.
- C. Start an antidepressant medication.
- D. Refer the patient for an immediate mental health assessment.

Answer: D

Explanation:

The presence of suicidal ideation in a minor mandates urgent assessment to ensure safety and access mental health care. Disclosure of sexual orientation should be handled delicately and is not urgent compared to suicidal risk.

Toronto Notes 2023 - Psychiatry, "Child and Adolescent Psychiatry" Section:

"Any adolescent disclosing suicidal ideation should be referred for urgent mental health evaluation.

Concurrent issues such as sexual orientation may contribute to distress and should be addressed with appropriate support over time." MCCQE1 Objectives (Psychiatry > 79-2: Suicide Risk Assessment):

"Candidates must immediately refer for psychiatric assessment when a minor reports suicidal ideation, regardless of other social or developmental concerns." Antidepressants (A) may be appropriate but must follow specialist evaluation. Encouraging disclosure (B) or peer groups (C) is premature without ensuring safety.

NEW QUESTION # 157

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