What are the two commonest complications of endoscopic retrograde cholangiopancreatography (ERCP) with sphincterotomy?

1. Cholangitis
2. Perforation
3. Hemorrhage
4. Pancreatitis
5. Hepatic hematoma
6. 3 and 4
Soft tissue sarcomas

1. Most commonly arise from de-differentiation of benign tumors
2. Most commonly metastasize to regional lymph nodes
3. Are more likely to occur in radiated fields
4. Are best diagnosed by excisional biopsy
5. Have 5-year survival of 20% to 30%
A 50-year-old woman presents with left-sided abdominal pain. A large mass is identified on CT. Which of the following statements about this case is TRUE?

1. Biopsy will most likely identify fibrosarcoma
2. Patients rarely develop recurrences more than 2 years after operation
3. **Complete resection is the strongest determinant of survival**
4. More than half of patients have distant metastasis at diagnosis
5. Adjuvant radiation therapy will improve this patient’s survival
A 53-year-old man presents with right thigh pain after exercising. Core needle biopsy identifies a poorly differentiated sarcomatoid neoplasm. T2 weighted MRI images of the extremity demonstrate tumor mass in the vastis lateralis. Which of the following statements about therapy is TRUE?

1. Preoperative is superior to postoperative radiation therapy for local control
2. Doxorubicin and ifosfamide improves overall survival
3. Major wound complications are more likely after postoperative radiation therapy
4. **Amputation and wide excision have equivalent overall survival**
5. Postoperative long-term function is negatively affected by preoperative radiation therapy
A 58-year-old woman presents with a 4-cm mass in her right thigh. Biopsy reports a low-grade soft tissue sarcoma. Physical examination and CT do not demonstrate any metastases. She is treated by excision with 2-cm negative margins. The next step should be:

1. No further treatment
2. Postoperative external-beam radiation therapy
3. Brachytherapy
4. Chemotherapy
5. External-beam radiation therapy and chemotherapy
Which of the following statements about colon cancer screening in patients over age 80 is TRUE?

1. Very few cancers are found in asymptomatic patients
2. Colonoscopy is a high-risk procedure in the elderly
3. Occult blood per rectum is not associated with cancer
4. Colography is the preferred screening test
5. Polypectomy adds no risk to screening colonoscopy
Slide 8-9: A 62-year-old man had a right orchiectomy and radiation therapy for testicular cancer 30 years previously. Three years ago, he noticed a 4-cm mass in the right groin that has now grown to 12 cm. The mass is not painful and he has no associated symptoms. On physical examination, the mass is hard and fixed; there is no lymphadenopathy. The computed tomographic (CT) scan shown is obtained.
The most likely diagnosis is:

1. **Malignant fibrous histiocytoma**
2. Recurrent testicular cancer
3. Metastatic prostate cancer
4. Metastatic adenocarcinoma
5. Metastatic anal cancer
The best management would be:

1. **Wide local excision**
2. Preoperative radiation therapy and wide local excision
3. Chemotherapy
4. Preoperative chemotherapy and wide local excision
5. Chemotherapy and radiation therapy