

SASGO is pleased to present this CPD programme to those who have received a copy of SAJGO, or read it online at www.sajgo.co.za, and are interested in gynaecological oncology and breast cancer.

To participate, please follow the instructions below and submit your answers by 28 March 2024.

- Visit our new CPD portal at www.mpconsulting.co.za.
- · Register with your email address as username and MP number with seven digits as your password and then click on the icon "Journal CPD".
- Scroll down until you get the correct journal. On the right hand side is an option "ACCESS". This will allow you to answer the questions. If you still can not access please send your Name and MP number to cpd@medpharm.co.za in order to gain access to the questions.
- · Once you click on this icon, there is an option below the title of the journal: Click to read this issue online.
- Complete the questionnaire and click on submit.
- · Your points are automatically submitted to the relevant authority.
- Please call MPC Helpdesk if you have any questions: 0861 111 335.

Thank you for your participation, we trust you have enjoyed the read!

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1.	Choose the correct answer: Women living with HIV (WLWH)
	should have cervical screening:

- a. yearly
- b. at diagnosis, then every 3 years
- c. at diagnosis, then yearly
- d. every 2-3 years
- e. when they complain of abnormal vaginal bleeding

2. The preferred cervical screening test is:

- a. The pap smear
- b. Co-testing with cytology and HPV DNA test
- c. Visual inspection with acetic acid (VIA)
- d. HPV DNA test
- e. Colposcopy

3. In South Africa, the overall cervical cancer screening coverage is:

- a. Less than 20%
- b. 20-40%
- c. 40-60%
- d. 60-80%
- e. Over 80%

4. In South Africa, the commonest stage of cervical cancer at diagnosis is:

- a. Stage 1b1
- b. Stage 3a
- c. Stage 3c2
- d. Stage 4a
- e. Stage 3b

The Reid's Colposcopic Index (RCI) is an objective method of grading the severity of premalignant cervical lesions colposcopically. Which of the below are NOT part of the RCI:

- a. lesion margin
- b. colour of acetowhitening
- c. lesion size
- d. blood vessels
- e. iodine staining

The following conditions can precede a gestational choriocarcinoma:

- a. Term pregnancy
- b. Molar pregnancy
- c. Ectopic pregnancy
- d. Miscarriage
- e. All of the above
- f. None of the above

7. Women with gestational trophoblastic neoplasia (GTN) most commonly present with:

- a. Abnormal uterine bleeding
- b. Abdominal distension
- c. Nausea and vomiting
- d. Vaginal nodules
- e. Shortness of breath

8. The optimal management of a woman with a molar pregnancy includes:

- a. Resuscitation, dilatation and curettage, chemotherapy
- Resuscitation, evacuation under ultrasound guidance, follow-up BHCG monitoring
- c. Resuscitation, hysterectomy, monitoring of thyroid function tests
- d. Chemotherapy with methotrexate

9. Which of the following statements is false?

- In high-income countries, a pregnancy test is recommended three weeks after a miscarriage if no products were sent for histology.
- If a BHCG test remains positive after a miscarriage, further investigations should be performed to exclude an ectopic pregnancy and GTD.
- c. GTN is part of the differential diagnosis of all women presenting with abnormal bleeding post-delivery.
- d. Histology is essential for the diagnosis of choriocarcinoma.

10. The mainstay of treatment for choriocarcinoma is:

- a. Radiotherapy
- b. Chemotherapy
- c. Surgery hysterectomy
- d. Surgery dilatation and curettage

I declare this is my own unguided work. Signature:...... Date: Date:

