CLINICAL**CHALLENGE**

Questions for this month's clinical challenge are based on articles in this issue. The style and scope of questions is in keeping with the MCQ of the College Fellowship exam. The quiz is endorsed by the RACGP Quality Assurance and Continuing Professional Development Program and has been allocated 4 CPD points per issue. Answers to this clinical challenge will be published next month, and are available immediately following successful completion online at www.racgp.org.au/clinicalchallenge. Check clinical challenge online for this month's completion date.

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SINGLE COMPLETION ITEMS

DIRECTIONS Each of the questions or incomplete statements below is followed by five suggested answers or completions. Select the most appropriate statement as your answer.

Case 1 – Olivia Nguyen

Mrs Olivia Nguyen, 58 years of age, has been your patient for many years. Two months ago she presented with anaemia and was diagnosed with colorectal carcinoma. Mrs Nguyen has been home for 2 weeks after successful resection.

Question 1

You and Mrs Nguyen devise a care plan to ensure a holistic approach. What will you recommend for disease surveillance:

A. colonoscopy every 3–6 months for 3 years, then yearly to 5 years
B. colonoscopy at 12 months then every 3–5 years
C. history and examination every 3–6 months for 3 years, then yearly to 5 years
D. A and C
E. B and C.

Question 2

Mrs Nguyen's bowel habit is different since surgery, with diarrhoea and urgency. You explain that:

A. altered bowel habit only occurs after pelvic radiotherapy
B. altered bowel habit usually indicates a recurrence of the cancer
C. altered bowel habit is a relatively common complaint after CRC surgery and/or radiotherapy
D. altered bowel habit is extremely uncommon after treatment of CRC
E. altered bowel habit almost always indicates a major surgical complication.

Question 3

Mrs Nguyen asks how she can improve her chance of seeing her grandchildren grow up. Which of the following reduce mortality:

A. high dose vitamin supplements
B. increased physical activity
C. a high protein, low carbohydrate diet
D. abstinence from alcohol
E. a high fat, low fibre diet.

Question 4

Mrs Nguyen does well over the next year but then presents to you tired, tearful and 'stressed'. Which of the following is true of depression and psychosocial stressors after CRC treatment:

A. there is a high frequency of depression following treatment
B. there is a low frequency of depression following treatment
C. very few patients have ongoing concerns about their health
D. very few patients have negative feelings about their body image
E. there is no need to screen or monitor for psychosocial distress.

Case 2 – James Horn

James Horn, 50 years of age, is a construction worker who consults you infrequently. He received a faecal occult blood test (FOBT) in the mail during phase 2 of the National Bowel Cancer Screening Pilot Program (NBCSP). His wife has sent him to discuss it.

Question 5

In regards to the FOBT you explain:

A. he must not eat meat for 3 days before taking the test
B. the test will be inaccurate if he has recently taken aspirin or other medications
C. screening with FOBTs can prevent one in 6 CRC deaths
D. he will need to provide the sample while at the clinic
E. if only one of the tests is positive he will not need any further investigation.

Question 6

James decides to go ahead. Which of the following is NOT part of the GP's role in the NBCSP:

A. encouraging patients to make an informed choice about participating in the program
B. investigating people with a positive FOBT
C. searching for eligible patients in the practice database
D. notifying the program of referral for positive results
E. notifying the colonoscopist that the patient is in the program.

Question 7

James has a negative result. What do you tell him about ongoing screening:

A. no further screening is recommended until he is 65 years of age
B. the NBCSP register will automatically send him another test in 2 years
C. FOBT is not useful for rescreening but he should have a colonoscopy in 2 years
D. FOBT screening is recommended in 1–2 years and you can arrange this
E. FOBT screening is recommended in 1–2 years but he will need to see a gastroenterologist.

Question 8

James recommends you to his 54 year old colleague, Mick, who has 'a bit of trouble'. You elicit a history of altered bowel habit and PR bleeding. After history and examination, which is an appropriate next step:

A. referring Mick to the NBCSP for appropriate screening
B. referring Mick for a colonoscopy through normal referral pathways

C. no further action needed – Mick is not in the right age group for screening
D. no further action needed – Mick's bleeding will be from haemorrhoids
E. no further action needed – Mick will have been screened recently.

Case 3 – Sarah Cohen

Sarah Cohen, 35 years of age, has recently been diagnosed with CRC. Given her young age and family history the tumour is tested for microsatellite instability and the diagnoses of hereditary nonpolyposis colorectal cancer (HNPCC) is considered.

Question 9

In regards to the possible diagnosis of HNPCC you tell Sarah:

A. the majority of people with HNPCC have no family history of CRC
B. HNPCC involves a rare inherited gene mutation – around one in 10 000
C. HNPCC is not associated with any other sites of increased cancer risk
D. If HNPCC is confirmed, Sarah and her family should be referred to a familial cancer service
E. If HNPCC is confirmed, her 22 year old sister requires immediate colonoscopy.

Question 10

HNPCC is confirmed and Sarah is concerned about the gene affecting her children Josh (aged 14 years) and Sally (aged 9 years). Your understanding is:

A. her children have a one in 4 chance of being affected as the inheritance is autosomal recessive
B. her children have a 100% chance of getting CRC as the inheritance is autosomal dominant
C. there is autosomal dominant inheritance, but with incomplete penetrance resulting in <100% of carriers developing cancer
D. her children are likely to be affected and require immediate genetic testing
E. her children are likely to be affected and Josh requires immediate colonoscopy.

Question 11

Sarah's friend, Ruth Finklestine, presents worried about her family history of breast cancer. In assessing Ruth's risk of familial breast cancer you take particular note of:

A. two generations of maternal and paternal cancer history
B. breast cancers occurring before the age of 50 years
C. combination of breast and ovarian cancers
D. unilateral breast cancers
E. Sephardic Jewish ancestry.

Question 12

If Ruth has a BRCA gene mutation, how will this help guide you in Ruth's management:

A. this would not affect Ruth's management but she should have mammograms from 50 years of age
B. Ruth should have immediate bilateral preventive mastectomies
C. Ruth should have yearly Pap tests to assist in early detection of ovarian cancer
D. Ruth will be at increased risk of breast and ovarian cancer and will require more intensive monitoring
E. Ruth will be at increased risk of renal carcinoma and requires monitoring.

Case 4 – Jan Simons

Jan Simons, 49 years of age, is new to your practice. She would like 'all the tests for cancer'. You discuss screening with her.

Question 13

Which of the following is NOT true about RACGP recommended screening tests:

A. the condition should be an important health problem
B. the test should be simple, safe and validated
C. the test should be acceptable to the population targeted
D. patients identified by screening must be curable
E. patients should be informed of the evidence so they can make an informed choice about participation.

Question 14

Jan has not had any previous screening, has no significant family or personal history, has a healthy lifestyle and has not been sexually active for 2 years. What test would be routinely recommended for Jan this year:

A. mammogram
B. Pap test
C. FOBT
D. pelvic ultrasound
E. chest X-ray.

Question 15

Which of the following is true about informed participation in screening programs:

A. patients are adequately informed by the media about screening
B. patients do not need extra information – screening is always beneficial
C. patients who are informed about both the disadvantages and advantages are no less likely to participate in national screening programs
D. quality frameworks and incentives are always aligned with a patient centred model of informed choice
E. there are no appropriate decision aids to help inform patients.

Question 16

A year later you discuss breast cancer screening with Jan. Which of the following is true of biennial mammography screening programs:

A. they reduce breast cancer mortality by ~15%
B. they reduce breast cancer mortality by ~50%
C. they result in no overdiagnosis or overtreatment
D. they result in overdiagnosis and treatment of approximately 50% of women
E. the net benefit decreases slightly with age, with younger women benefiting more.

ANSWERS TO MARCH CLINICAL CHALLENGE

Case 1 – David Chee

1. Answer E
Men in the 14–25 years age group tend to move quite quickly into a new relationship after a break up. These men are less likely to have children or property. Depression can occur and should be screened for, but most men in this age group will have a healthy emotional response to such a loss.

2. Answer C
HEADSS stands for H = Home environment, E = Education/ Employment, A = Activities and peer relationships, D = Drugs/ cigarettes/alcohol, S and S = Sexuality and Suicide/depression/ mood.

3. Answer D
Until recently, men in this age group have been at highest risk for completed suicide, but this has changed over recent years. In 2006 men aged 35–49 years were at highest risk.

4. Answer E
Chlamydia is common in this age group. Screening with a PCR test on a first pass urine sample is recommended.

Case 2 – Martin McCormick

5. Answer C
Evidence suggests that divorced men are less healthy than married men. They are more likely to smoke, be depressed and suffer from asthma and diabetes.

6. Answer A
In response to loss, men tend to keep busy by throwing themselves into work or hobbies and may realise what they have lost rather late. They are more likely than women to quickly replace their marital partner with other sexual partners and are less likely to have a wide emotional support network.

7. Answer A
There are inevitable changes to male sexual function with age. It is important to screen for pathological causes, but at the same time reassure men about the normal aging process and the effect of this on sexual function. Sexually transmitted infection risk and use of PDE5 inhibitors are important topics.

8. Answer B
Men who have sex with other men should be screened for HIV, syphilis, chlamydia, gonorrhoea and hepatitis B if not immune. Hepatitis C screening is required if injecting drug use has occurred.

Case 3 – Doug Scott

9. Answer B
Men who are depressed express their distress differently to women: they tend to be irritable, withdraw emotionally and socially and are more likely to abuse drugs and alcohol and display risk taking behaviours. They are less likely to cry, overeat, talk about their problems or seek help.

10. Answer D
Rates of depression are highest in men with early onset anxiety disorders or who are single, socially isolated, medically ill, or who abuse alcohol or other substances.

11. Answer E
Emotional repression increases the likelihood of alcohol abuse, substance abuse, risk taking behaviour (including sexual risk taking), self harm and a range of medical illnesses, particularly cardiovascular disease.

12. Answer D
When assessing men for depression it is important to be respectful when considering fears about vulnerability and loss of control, to check understanding and to encourage discussion with others. Useful treatment strategies in men include providing practical tools to deal with stress, cognitive behavioral therapy, and problem solving techniques.

Case 4 – Engaging men in health care

13. Answer A
Men's underutilisation of existing health services means that strategies need to be developed to address barriers both within the community and within the health system. Improvements are required in social, community, legal and educational spheres, to change embedded cultural attitudes, provide positive models of masculinity and provide services that reflect men's views and changing roles. Men are not disinterested in their own health, rather have difficulty in accessing services that meet their needs.

14. Answer D
Workplace health programs result in significant health benefits for workers and in benefits to the organisation in decreased absenteeism and staff turnover, increased productivity and improved staff morale.

15. Answer B
Men may often be unfamiliar with Medicare and billing procedures and therefore may be concerned about the unknown cost of health care. Men's work commitments need to be taken into account when providing appointments and in managing waiting time. While most men may prefer a direct style of communication, it is important to consider individual and cultural differences. Indigenous men may find frequent eye contact threatening and prefer 'side by side' communication with time for reflection.

16. Answer B
Men may be unfamiliar with appointment and Medicare systems and anxious about cost, so informing them about these things will assist in engaging them.

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