

Документ подписан простой электронной подписью
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Test task for diagnostic testing in the discipline:

ONCOGYNECOLOGY (12 SEMESTER)

Code, direction of training	31.05.01 General Medicine
Directivity (profile)	General Medicine
Form of education	full-time
Department-developer	Obstetrics, gynecology and perinatology
Graduate department	Internal diseases

Competency tested	Task	Answer options	Question difficulty type
PC-1.1 PC- 1.2 PC-3.1 PC-3.2 PC- 3.3 PC-3.4 PC-5.1 PC- 5.2 PC-5.4 PC-8.2	<i>Please indicate one correct answer</i> 1. PROPOSED SCOPE OF OPERATION FOR SUSPECTED OVARIAN MALIGNANT TUMOR IN POSTMENOPAUSE:	1. removal of the uterine appendages on the affected side and resection of the greater omentum; 2. extirpation of the uterus with appendages and resection of the greater omentum; 3. supravaginal amputation of the uterus with appendages and resection of the greater omentum; 4. removal of the uterine appendages on both sides; 5. supravaginal amputation of the uterus with appendages.	low
PC-1.1 PC- 1.2 PC-3.1 PC-3.2 PC- 3.3 PC-3.4 PC-5.1 PC- 5.2 PC-5.4 PC-8.2	<i>Please indicate one correct answer</i> 2. BASIC TREATMENT METHOD FOR BORDERLINE TUMORS:	1. surgical 2. chemotherapy 3. radiation therapy 4. hormone therapy	low
PC-1.1 PC- 1.2 PC-3.1 PC-3.2 PC- 3.3 PC-3.4 PC-5.1 PC- 5.2 PC-5.4 PC-8.2	<i>Please indicate one correct answer</i> 3. SCREENING FOR BREAST CANCER IS CARRIED OUT:	1. after 40 years, once every 2 years 2. after 35 years, once every 2 years 3. after 45 years, once a year 4. on the recommendation of a mammologist	low
PC-1.1 PC- 1.2 PC-3.1 PC-3.2 PC- 3.3 PC-3.4 PC-5.1	<i>Please indicate one correct answer</i> 4. RULES FOR COLLECTING SPOPS FOR CYTOLOGICAL STUDIES	1. do not take during menstruation 2. material is collected no earlier than 48 hours after sexual intercourse 3. not performed during infection sanitation	low

PC- 5.2 PC-5.4 PC-8.2		4. all answers are correct	
PC-1.1 PC- 1.2 PC-3.1 PC-3.2 PC- 3.3 PC-3.4 PC-5.1 PC- 5.2 PC-5.4 PC-8.2	<i>Please indicate one correct answer</i> 5. VACCINATION AGAINST HPV IS CARRIED OUT:	1. girls before sexual activity 2. without determining HPV status 3. taking into account contraindications to vaccination 4. boys before sexual activity 5. all of the above	low
PC-1.1 PC- 1.2 PC-3.1 PC-3.2 PC- 3.3 PC-3.4 PC-5.1 PC- 5.2 PC-5.4 PC-8.2	<i>Please indicate one correct answer</i> 6. THE MOST INFORMATIVE METHOD FOR DIAGNOSIS OF ENDOMETRIAL PRECANCER:	1. hysterosalpingography; 2. hysteroscopy followed by histological examination of endometrial scraping; 3. radioisotope research; 4. aspiration-cytological method; 5. Ultrasound of the pelvic organs.	medium
PC-1.1 PC- 1.2 PC-3.1 PC-3.2 PC- 3.3 PC-3.4 PC-5.1 PC- 5.2 PC-5.4 PC-8.2	<i>Please indicate one correct answer</i> 7. CERVICAL CANCER IN YOUNG WOMEN IS MORE LOCALIZED:	1. on the vaginal portion of the cervix 2. in the lower third of the cervical canal 3. in the middle third of the cervical canal 4. in the upper third of the cervical canal 5. equally often	medium
PC-1.1 PC- 1.2 PC-3.1 PC-3.2 PC- 3.3 PC-3.4 PC-5.1 PC- 5.2 PC-5.4 PC-8.2	<i>Please indicate all correct answers</i> 8. WHAT FORMS OF HORMONE THERAPY ARE USED IN THE TREATMENT OF BREAST CANCER:	1. estrogens 2. antiestrogens 3. gestagens 4. Aromatase inhibitors 5. combined oral contraceptives	medium
PC-1.1 PC- 1.2 PC-3.1 PC-3.2 PC- 3.3 PC-3.4 PC-5.1 PC- 5.2 PC-5.4 PC-8.2	<i>Please indicate all correct answers</i> 9. SCREENING FOR CERVICAL CANCER IS CARRIED OUT:	1. From 21 to 29 years of age, cytological examination once every 3 years 2. From the age of 18, cytological examination annually 3. From 30 to 65 years of age, co-testing (HPV screening + cytological examination) once every 5 years 4. From 18 years of age, PCR testing for HPV of high carcinogenic risk	medium
PC-1.1 PC- 1.2 PC-3.1 PC-3.2 PC- 3.3 PC-3.4 PC-5.1 PC- 5.2 PC-5.4 PC-8.2	<i>Please indicate all correct answers</i> 10. THE FIRST PATHOGENETIC VARIANT OF ENDOMETRIAL CANCER (ACCORDING TO Y.V. BOKHMAN'S CLASSIFICATION) HAS THE FOLLOWING FEATURES OF THE COURSE:	1. high degree of tumor differentiation; 2. slow progression; 3. tumor sensitivity to progestogens; 4. high frequency of development of synchronous tumors in the ovary, mammary glands, and colon; 5. high frequency of hyperplastic processes in the ovaries.	medium

PC-1.1 PC- 1.2 PC-3.1 PC-3.2 PC- 3.3 PC-3.4 PC-5.1 PC- 5.2 PC-5.4 PC-8.2	<i>Please indicate one correct answer</i> 11. INDICATIONS FOR EXTRACTION OF THE UTERUS AND APPENDIXES:	1. stage I endometrial cancer; 2. cervical cancer stage Ia; 3. choriocarcinoma; 4. endometrial cancer stage 3 B;	medium
PC-1.1 PC- 1.2 PC-3.1 PC-3.2 PC- 3.3 PC-3.4 PC-5.1 PC- 5.2 PC-5.4 PC-8.2	<i>Please indicate all correct answers</i> 12. RISK FACTORS FOR ENDOMETRIAL CANCER:	1. obesity 2. carbohydrate metabolism disorder 3. use of hormonal contraceptives 4. age	medium
PC-1.1 PC- 1.2 PC-3.1 PC-3.2 PC- 3.3 PC-3.4 PC-5.1 PC- 5.2 PC-5.4 PC-8.2	<i>Please indicate all correct answers</i> 13. CHARACTERISTICS OF TROPHOBASTIC TUMORS:	1. always associated with pregnancy 2. characterized by a dynamic increase in serum hCG levels 3. With timely therapy, complete cure is achieved 4. constant values of hCG levels are characteristic. 5. not related to pregnancy.	medium
PC-1.1 PC- 1.2 PC-3.1 PC-3.2 PC- 3.3 PC-3.4 PC-5.1 PC- 5.2 PC-5.4 PC-8.2	<i>Please indicate all correct answers</i> 14. THE STANDARD OF INVESTIGATION FOR OVARIAN TUMORS INCLUDES:	1. FGDS 2. colonoscopy 3. determination of CA-125 4. Ultrasound of the pelvic organs 5. determination of hCG level 6. fine needle aspiration biopsy	medium
PC-1.1 PC- 1.2 PC-3.1 PC-3.2 PC- 3.3 PC-3.4 PC-5.1 PC- 5.2 PC-5.4 PC-8.2	<i>Please indicate all correct answers</i> 15. CLINICAL PICTURE OF TROPHOBASTIC TUMORS:	1. vaginal bleeding (more than 90%), 2. discrepancy between the size of the uterus and the gestational age: the size of the uterus is greater than the gestational age 3. bilateral thecal lutein cysts 8 cm or more 4. thin-walled formation with a smooth capsule; 5. transparent serous contents.	medium
PC-1.1 PC- 1.2 PC-3.1 PC-3.2 PC- 3.3 PC-3.4 PC-5.1 PC- 5.2 PC-5.4 PC-8.2	<i>Please indicate all correct answers</i> 16. WHEN VISUAL INSPECTION OF AN OVARIAN TUMOR (CYSTOM) DURING OPERATION, SIGNS INDICATING ITS POSSIBLE MALIGNIZATION COULD BE:	1. hemorrhagic contents in the formation; 2. gigantic sizes; 3. papillary fragile growths on the inner or outer surface of the capsule; 4. thin-walled formation with a smooth capsule; 5. transparent serous contents	high
PC-1.1 PC- 1.2	<i>Please indicate one correct answer</i>	1. extended hysterectomy; 2. oophorectomy;	high

PC-3.1 PC-3.2 PC- 3.3 PC-3.4 PC-5.1 PC- 5.2 PC-5.4 PC-8.2	17. SCOPE OF RADICAL SURGICAL INTERVENTION FOR OVARIAN CANCER STAGE II-III	3. supravaginal amputation of the uterus with appendages; 4. extirpation of the uterus and appendages with simultaneous resection or extirpation of the greater omentum; 5. bilateral adnexectomy with simultaneous extirpation of the greater omentum.	
PC-1.1 PC- 1.2 PC-3.1 PC-3.2 PC- 3.3 PC-3.4 PC-5.1 PC- 5.2 PC-5.4 PC-8.2	<i>Please indicate all correct answers</i> 18. CERVICAL DESTRUCTION CAN BE PERFORMED	1. in a background process 2. for CIN I 3. for CIN III 4. for invasive cancer	high
PC-1.1 PC- 1.2 PC-3.1 PC-3.2 PC- 3.3 PC-3.4 PC-5.1 PC- 5.2 PC-5.4 PC-8.2	<i>Write down the correct answer</i> 19. A 60-year-old patient was admitted with complaints of blood discharge from the genital tract. The discharge has been bothering the patient intermittently for the last 3 months. I did not go to the doctor and did not receive any treatment. Postmenopause 10 years. There were 2 pregnancies, which ended in urgent birth without complications. At the age of 30, she received treatment for inflammation of the uterine appendages. From objective data, attention is drawn to excess weight (100 kg with a height of 160 cm), arterial hypertension - 150/70 mm Hg. Art. A gynecological examination revealed no pathology. Make a diagnosis.		high
PC-1.1 PC- 1.2 PC-3.1 PC-3.2 PC- 3.3 PC-3.4 PC-5.1 PC- 5.2 PC-5.4 PC-8.2	<i>Please indicate all correct answers</i> 20. THE FOLLOWING DIAGNOSIS METHODS ALLOW YOU TO SUSPECT HYPERPLASTIC PROCESS OF THE ENDOMETRIA:	1. ultrasound examination of the pelvic organs; 2. MRI of the pelvic organs 3. cytological study of aspirate from the uterine cavity; 4. bimanual examination; 5. Ultrasound examination of the abdominal organs	high