

THE FACULTY OF CLINICAL ONCOLOGY

**TO: TRAINING PROGRAMME DIRECTORS  
REGIONAL POST-GRADUATE EDUCATION ADVISERS**

**COLLEGE TUTORS**

**EXAMINATION CANDIDATES**

**FIRST EXAMINATION FOR THE FELLOWSHIP IN CLINICAL ONCOLOGY  
SPRING 2020**

The Examining Board has prepared the following report on the SPRING 2020 sitting of the First Examination for the Fellowship in Clinical Oncology. It is the intention of the Specialty Training Board that the information contained in this report should benefit candidates at future sittings of the examinations and help those who train them. This information should be made available as widely as possible.

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Medical Director, Education and Training

**FIRST EXAMINATION FOR THE FELLOWSHIP IN CLINICAL ONCOLOGY  
EXAMINERS' REPORT – SPRING 2020**

The pass rates achieved at the SPRING 2020 sitting of the First Examination for the Fellowship in Clinical Oncology are summarised below.

	<b>All Candidates</b>		<b>UK-trained Candidates</b>		<b>UK First Attempt Candidates</b>	
<b>Overall*</b>	65/130	50%	30/47	64%	8/14	57%
<b>Cancer Biology &amp; Radiobiology</b>	63/102	62%	26/32	81%	16/18	89%
<b>Clinical Pharmacology</b>	75/116	65%	29/33	88%	12/14	86%
<b>Medical Statistics</b>	57/110	52%	26/35	74%	11/14	79%
<b>Physics</b>	65/109	60%	26/37	70%	17/22	77%

This examiners' report does not provide an in depth breakdown of performance on individual questions but is intended to guide trainers and candidates by highlighting particular areas of concern. Candidates are reminded that it is recommended that all modules are attempted at the first sitting, to maximise chances of success over the total of four permitted attempts.

## **Cancer Biology and Radiobiology**

The paper was well answered on the whole. There were not many areas of the curriculum where candidates appeared to lack significant knowledge. However, areas where more detailed knowledge is required include cancer syndromes, the bystander effect, DNA changes related to radiation and their relationship to the cell cycle. Candidates should also fully understand the effect on tissue of IMRT and synchronous integrated boosts (SIB).

## **Clinical Pharmacology**

There were some areas where improved knowledge is required; these include the mechanism of action and toxicity of 5FU/capecitabine, drugs used to treat prostate cancer, the targets for biological agents, the purpose of co-medication prescribed with SACT and questions related to prescribing opioids.

## **Medical Statistics**

Whilst the paper was mainly well answered there were some areas where students should improve their knowledge. In particular they should have a more in depth knowledge of the phases of clinical trials, the concept and calculation of numbers needed to treat, interpretation of survival curves and hazard ratios. There also appeared to be a lack of knowledge of the meaning of some basic statistical concepts including the P value and progression free survival.

## **Physics**

Many areas of the curriculum were answered well, including basic concepts and question about electron therapy. However, there were a number of areas where there were clear gaps in basic knowledge. Questions on depth dose, surface dose and  $D_{max}$  and the effect of a change (eg in SSD) were poorly answered. Candidates are encouraged to have a better understanding of the practical application of IRMER and the Ionising Radiation Regulations 2017. Candidates should practice simple calculations and are encouraged to review depth dose tables.