

794153

प्रश्न-पुस्तिका संख्या व बारकोड /
Question Booklet No. & Barcode

MPA-25

इस प्रश्न-पुस्तिका को तब तक न खोलें जब तक
कहा न जाए। Do not open this Question
Booklet until you are asked to do so.

पुस्तिका में पृष्ठों की संख्या : 32
Number of Pages in Booklet : 32
पुस्तिका में प्रश्नों की संख्या : 150
No. of Questions in Booklet : 150

Paper Code : 78

Sub : Urology

समय : 02:30 घण्टे + 10 मिनट अतिरिक्त*
Time : 02:30 Hours + 10 Minutes Extra*

Exam Date 03/07/2025

अधिकतम अंक : 150
Maximum Marks : 150



प्रश्न-पुस्तिका के पेपर की सील/पोलिथीन बैग को खोलने पर प्रश्न-पत्र हल करने से पूर्व परीक्षार्थी यह सुनिश्चित कर लें कि :

- प्रश्न-पुस्तिका संख्या तथा ओ.एम.आर. उत्तर-पत्रक पर अंकित बारकोड संख्या समान हैं।
- प्रश्न-पुस्तिका एवं ओ.एम.आर. उत्तर-पत्रक के सभी पृष्ठ व सभी प्रश्न सही मुद्रित हैं। समस्त प्रश्न, जैसा कि ऊपर वर्णित है, उपलब्ध हैं तथा कोई भी पृष्ठ कम नहीं है / मुद्रण त्रुटि नहीं है। किसी भी प्रकार की विसंगति या दोषपूर्ण होने पर परीक्षार्थी वीक्षक से दूसरा प्रश्न-पत्र प्राप्त कर लें। यह सुनिश्चित करने की जिम्मेदारी अभ्यर्थी की होगी। परीक्षा प्रारम्भ होने के 5 मिनट पश्चात् ऐसे किसी दावे/आपत्ति पर कोई विचार नहीं किया जायेगा।

On opening the paper seal/polythene bag of the Question Booklet before attempting the question paper, the candidate should ensure that :

- Question Booklet Number and Barcode Number of OMR Answer Sheet are same.
- All pages & Questions of Question Booklet and OMR Answer Sheet are properly printed. All questions as mentioned above are available and no page is missing/misprinted.

If there is any discrepancy/defect, candidate must obtain another Question Booklet from Invigilator. Candidate himself shall be responsible for ensuring this. No claim/objection in this regard will be entertained after five minutes of start of examination.

परीक्षार्थियों के लिए निर्देश

1. प्रत्येक प्रश्न के लिये एक विकल्प भरना अनिवार्य है।
2. सभी प्रश्नों के अंक समान हैं।
3. प्रत्येक प्रश्न का मात्र एक ही उत्तर दीजिए। एक से अधिक उत्तर देने की दशा में प्रश्न के उत्तर को गलत माना जाएगा।
4. OMR उत्तर-पत्रक इस प्रश्न-पुस्तिका के अन्दर रखा है। जब आपको प्रश्न-पुस्तिका खोलने को कहा जाए, तो उत्तर-पत्रक निकाल कर ध्यान से केवल नीले बॉल पॉइंट पेन से विवरण भरें।
5. कृपया अपना रोल नम्बर ओ.एम.आर. उत्तर-पत्रक पर सावधानीपूर्वक सही भरें। गलत रोल नम्बर भरने पर परीक्षार्थी स्वयं उत्तरदायी होगा।
6. ओ.एम.आर. उत्तर-पत्रक में करेक्शन पेन/व्हाइटनर/सफेदा का उपयोग निषिद्ध है।
7. प्रत्येक गलत उत्तर के लिए प्रश्न अंक का 1/3 भाग काटा जायेगा। गलत उत्तर से तात्पर्य अशुद्ध उत्तर अथवा किसी भी प्रश्न के एक से अधिक उत्तर से है।
8. प्रत्येक प्रश्न के पाँच विकल्प दिये गये हैं, जिन्हें क्रमशः 1, 2, 3, 4, 5 अंकित किया गया है। अभ्यर्थी को सही उत्तर निर्दिष्ट करते हुए उनमें से केवल एक गोले (बबल) को उत्तर-पत्रक पर नीले बॉल पॉइंट पेन से गहरा करना है।
9. यदि आप प्रश्न का उत्तर नहीं देना चाहते हैं तो उत्तर-पत्रक में पाँचवें (5) विकल्प को गहरा करें। यदि पाँच में से कोई भी गोला गहरा नहीं किया जाता है, तो ऐसे प्रश्न के लिये प्रश्न अंक का 1/3 भाग काटा जायेगा।
- 10.* प्रश्न-पत्र हल करने के उपरांत अभ्यर्थी अनिवार्य रूप से ओ.एम.आर. उत्तर-पत्रक जाँच लें कि समस्त प्रश्नों के लिये एक विकल्प (गोला) भर दिया गया है। इसके लिये ही निर्धारित समय से 10 मिनट का अतिरिक्त समय दिया गया है।
11. यदि अभ्यर्थी 10% से अधिक प्रश्नों में पाँच विकल्पों में से कोई भी विकल्प अंकित नहीं करता है तो उसको अयोग्य माना जायेगा।
12. मोबाइल फोन अथवा अन्य किसी इलेक्ट्रॉनिक यंत्र का परीक्षा हॉल में प्रयोग पूर्णतया वर्जित है। यदि किसी अभ्यर्थी के पास ऐसी कोई वर्जित सामग्री मिलती है तो उसके विरुद्ध आयोग द्वारा नियमानुसार कार्यवाही की जायेगी।

चेतावनी : अगर कोई अभ्यर्थी नकल करते पकड़ा जाता है या उसके पास से कोई अनधिकृत सामग्री पाई जाती है, तो उस अभ्यर्थी के विरुद्ध पुलिस में प्राथमिकी दर्ज कराते हुए राजस्थान सार्वजनिक परीक्षा (भर्ती में अनुचित साधनों की रोकथाम अध्यापक) अधिनियम, 2022 तथा अन्य प्रभावी कानून एवं आयोग के नियमों-प्रावधानों के तहत कार्यवाही की जाएगी। साथ ही आयोग ऐसे अभ्यर्थी को भविष्य में होने वाली आयोग की समस्त परीक्षाओं से विवर्जित कर सकता है।

INSTRUCTIONS FOR CANDIDATES

1. It is mandatory to fill one option for each question.
2. All questions carry equal marks.
3. Only one answer is to be given for each question. If more than one answers are marked, it would be treated as wrong answer.
4. The OMR Answer Sheet is inside this Question Booklet. When you are directed to open the Question Booklet, take out the Answer Sheet and fill in the particulars carefully with Blue Ball Point Pen only.
5. Please correctly fill your Roll Number in OMR Answer Sheet. Candidates will themselves be responsible for filling wrong Roll No.
6. Use of Correction Pen/Whitener in the OMR Answer Sheet is strictly forbidden.
7. 1/3 part of the mark(s) of each question will be deducted for each wrong answer. A wrong answer means an incorrect answer or more than one answers for any question.
8. Each question has five options marked as 1, 2, 3, 4, 5. You have to darken only one circle (bubble) indicating the correct answer on the Answer Sheet using BLUE BALL POINT PEN.
9. If you are not attempting a question then you have to darken the circle '5'. If none of the five circles is darkened, one third (1/3) part of the marks of question shall be deducted.
- 10.* After solving question paper, candidate must ascertain that he/she has darkened one of the circles (bubbles) for each of the questions. Extra time of 10 minutes beyond scheduled time, is provided for this.
11. A candidate who has not darkened any of the five circles in more than 10% questions shall be disqualified.
12. Mobile Phone or any other electronic gadget in the examination hall is strictly prohibited. A candidate found with any of such objectionable material with him/her will be strictly dealt with as per rules.

Warning : If a candidate is found copying or if any unauthorized material is found in his/her possession, F.I.R. would be lodged against him/her in the Police Station and he/she would be liable to be prosecuted under Rajasthan Public Examination (Measures for Prevention of Unfair means in Recruitment) Act, 2022 & any other laws applicable and Commission's Rules-Regulations. Commission may also debar him/her permanently from all future examinations.

उत्तर-पत्रक में दो प्रतियाँ हैं - मूल प्रति और कार्बन प्रति। परीक्षा समाप्ति पर परीक्षा कक्ष छोड़ने से पूर्व परीक्षार्थी उत्तर-पत्रक की दोनों प्रतियाँ वीक्षक को सौंपेंगे, परीक्षार्थी स्वयं कार्बन प्रति अलग नहीं करें। वीक्षक उत्तर-पत्रक की मूल प्रति को अपने पास जमा कर, कार्बन प्रति को मूल प्रति से कट लाइन से मोड़ कर सावधानीपूर्वक अलग कर परीक्षार्थी को सौंपेंगे, जिसे परीक्षार्थी अपने साथ ले जायेंगे। परीक्षार्थी को उत्तर-पत्रक की कार्बन प्रति चयन प्रक्रिया पूर्ण होने तक सुरक्षित रखनी होगी एवं आयोग द्वारा मंगी जाने पर प्रस्तुत करनी होगी।

1. Which of the following best explains how alternative RNA splicing contributes to drug resistance in prostate cancer?

(1) It allows for the removal of all exons, resulting in a completely non-functional Androgen Receptor (AR), leading to resistance.

(2) It enables the production of Androgen Receptor (AR) variants that lack the ligand-binding domain, allowing them to remain constitutively active despite androgen deprivation therapy.

(3) Alternative splicing reduces the expression of AR protein by increasing the retention of introns, making the cancer cells insensitive to androgen signals.

(4) It promotes the random recombination of exons and introns; leading to the formation of entirely new protein structures that evade targeted therapies.

(5) Question not attempted

2. In bladder cancer, DNA methylation's role in TP53 mutations is primarily through:

(1) Random mutation induction.

(2) Increased deamination of methylated cytosines.

(3) Prevention of genetic instability.

(4) Direct causation of most CpG site mutations in Western cases.

(5) Question not attempted

3. Which of the following best describes the role of the VHL protein in Renal Cell Carcinoma (RCC)?

(1) It acts as a tumor suppressor by regulating HIF-1 degradation.

(2) It directly stimulates VEGF production to promote angiogenesis.

(3) It functions as a transcription factor for glucose metabolism genes.

(4) It repairs DNA damage in response to hypoxia.

(5) Question not attempted

4. Which of the following best represents the typical corporal aspirate findings in ischemic priapism?

(1) $pO_2 > 90$ mmHg, $pCO_2 < 40$ mmHg, pH 7.40.

(2) $pO_2 = 40$ mmHg, $pCO_2 = 50$ mmHg, pH 7.35.

(3) $pO_2 < 30$ mmHg, $pCO_2 > 60$ mmHg, pH < 7.25 .

(4) $pO_2 = 60$ mmHg, $pCO_2 = 40$ mmHg, pH 7.45.

(5) Question not attempted

5. Which of the following is true regarding the use of duplex ultrasound for diagnosing vasculogenic Erectile Dysfunction (ED)?

- (1) A Peak Systolic Velocity (PSV) of less than 25 cm/s suggests normal cavernous arterial inflow.
- (2) A PSV greater than 35 cm/s consistently defines normal cavernous arterial inflow.
- (3) Diameter changes in the cavernous artery after vasodilator injection are typically greater than 75% in patients with severe vascular ED.
- (4) Asymmetrical cavernous artery blood flow measurements greater than 10 cm/s between sides are not considered clinically significant.
- (5) Question not attempted

6. What does the acronym PLISSIT stand for in the context of sexual health counselling?

- (1) Patient Listening, Information Sharing, Symptom Treatment, Individual Therapy
- (2) Permission, Limited Information, Specific Suggestions, Intensive Therapy.
- (3) Physical Limitations, Interpersonal Skills, Sexual Techniques, Individual Treatment.
- (4) Psychological Learning, Informative Sessions, Sexual Strategies, Integrated Treatment.
- (5) Question not attempted

7. A 45-year-old male presents with acute ischemic priapism. The urologist prepares a phenylephrine solution at a concentration of 200 µg/mL. Which of the following represents the MOST appropriate initial administration?

- (1) 0.5 mL injected intracavernosally, repeated every 15 minutes as needed.
- (2) 1 mL injected intracavernosally, repeated every 3-5 minutes as needed.
- (3) 2 mL injected intracavernosally, repeated every 30 minutes as needed.
- (4) 5 mL injected intracavernosally, repeated every hour as needed.
- (5) Question not attempted

8. A 26-year-old male with Sickle Cell Disease (SCD) presents with a history of recurrent, self-resolving episodes of priapism lasting 2-3 hours over the past 3 months. He now experiences episodes almost daily, leading to anxiety and sexual avoidance. He seeks a long-term preventive strategy.

Which of the following statements regarding stuttering priapism management is TRUE?

- (1) PDE5 inhibitors like sildenafil are contraindicated in stuttering priapism due to their pro-erectile effects.
- (2) Self-administration of intracorporal phenylephrine is recommended only for ischemic priapism lasting more than 6 hours.
- (3) Oral α -adrenergic agonists, such as etilefrine, have been shown to reduce the frequency of episodes in stuttering priapism.
- (4) Hydroxyurea is used in stuttering priapism primarily for its direct vasoconstrictive effects on cavernosal smooth muscle.
- (5) Question not attempted

9. A 40-year-old man is found to have 75% transection of the proximal bulbar-urethra after penetrating wound with 1 cm urethral defect on cystoscopy. What is the most appropriate treatment ?
- (1) Buccal mucosal graft urethroplasty
 - (2) End to End; spatulated repair of the urethra
 - (3) Suprapubic tube placement
 - (4) Urethral catheterization alone
 - (5) Question not attempted
10. Which one is the best option for a short mid ureteral contusion caused by a high velocity bullet ?
- (1) Observation
 - (2) Ureteral stent placement
 - (3) Transuretero ureterostomy
 - (4) Excision and ureteroureterostomy
 - (5) Question not attempted
11. Which is a common cause of ureteral injury during stone basketing ?
- (1) Ureteroscopy without dilating the ureteral orifice first.
 - (2) Ureteroscopy in non-dilated systems.
 - (3) Use of the Holmium laser.
 - (4) Persistence in stone basketing attempts in the face of a ureteral tear.
 - (5) Question not attempted
12. What is the typical cystogram finding of extraperitoneal bladder rupture ?
- (1) Dense flame shaped pattern of extravasated contrast.
 - (2) Contrast material surrounding loops of bowel.
 - (3) Extravasation of contrast in scrotum.
 - (4) None of these
 - (5) Question not attempted
13. Four months after a urethral destruction injury a 25 years male developed impotence along with 2 cm obliterative posterior urethral defect, which of the following is true about the repair ?
- (1) One stage, open perineal end to end anastomosis urethroplasty is preferred.
 - (2) This patient is more vulnerable to long bulbar urethral restricture.
 - (3) Buccal mucosa graft urethroplasty is recommended.
 - (4) One stage, open perineal end to end anastomosis urethroplasty is preferred and this patient is more vulnerable to long bulbar urethral restricture.
 - (5) Question not attempted
14. The peritoneum may be accessed transvaginally through the :
- (1) Posterior fornix
 - (2) Anterior fornix
 - (3) Rectovaginal septum
 - (4) Lateral fornices
 - (5) Question not attempted

15. A 40 yr. old female is undergoing few symptoms of Urinary hesitancy. She is noted to have an absence of electromyography (EMG) recruitment with a squeezing of the clitoris. This represents a

- (1) disruption at the level of sacral nerve root 2 to 4.
- (2) dysfunction in the cauda equina.
- (3) positive Bulbocavernosus Reflex (BCR).
- (4) normal finding in 30% of normal females.
- (5) Question not attempted

16. In contrast that of male, the female bladder neck

- (1) has extensive Adrenergic innervation.
- (2) has a thickened middle smooth muscle layer.
- (3) is largely responsible for urinary continence.
- (4) has longitudinal smooth muscle fibers that extend to the external meatus.
- (5) Question not attempted

17. A 55 years old woman is advised to start on estrogen replacement therapy. She should be told

- (1) past history of birth control pill or systemic hormone use can increase the risk of stress incontinence.
- (2) active systemic exogenous estrogen can decrease stress incontinence.
- (3) low endogenous estrogen level is a risk for the development of stress incontinence.
- (4) hormone replacement has no established effect on continence.
- (5) Question not attempted

18. Which is not the part of pelvic floor ?

- (1) Obturator internus muscle
- (2) Levator ani muscle
- (3) Psoas major muscle
- (4) Rhomboid muscle
- (5) Question not attempted

19. Which of the following is false regarding the Renal pelvic pace maker and its activity ?

- (1) In human pacemaker cells are located near the pelvicalyceal border.
- (2) In pacemaker electric activity arises spontaneously.
- (3) Autonomic neurotransmitters have little role in pyeloureteric motility.
- (4) Interstitial cells of Cajal like cells in the urinary tract appear to be primary pacemaker.
- (5) Question not attempted

20. Which of the following statements most accurately reflects a potential disadvantage specifically associated with the extraperitoneal approach during Laparoscopic Radical Prostatectomy (LRP) ?

- (1) Increased risk of postoperative ileus due to peritoneal violation.
- (2) Difficulty in simultaneously managing inguinal hernias compared to the transperitoneal approach.
- (3) A tendency for the patient to require a steeper Trendelenburg position, potentially impacting obese or pulmonary-compromised individuals.
- (4) Compromised visualization due to the limited working space being susceptible to collapse with suctioning.
- (5) Question not attempted

21. Which substance appears to be involved in the recanalization process of ureteral lumen during development ?

- (1) Prostaglandin E₂
- (2) C-kit
- (3) Angiotensin
- (4) Calcitonin Gene Related Peptide (CGRP)
- (5) Question not attempted

22. Which of the following is a β -adrenergic agonist ?

- (1) Cromakalim
- (2) Physostigmine
- (3) Propranolol
- (4) Isoproterenol
- (5) Question not attempted

23. Which statement is false regarding erythropoiesis ?

- (1) Reduced erythropoiesis and anaemia are common in chronic renal disease.
- (2) Erythropoiesis is inhibited by low circulating oxygen tension.
- (3) During chronic inflammation erythropoiesis is decreased.
- (4) The kidney makes most of the erythropoietin in the body.
- (5) Question not attempted

24. Which is false regarding loop of Henle ?

- (1) It is responsible for the generation of a hypertonic medullary interstitium which is necessary for Urinary concentration.
- (2) It is able to increase or decrease reabsorption rates in response to changes in GFR.
- (3) The descending limb is highly water permeable.
- (4) The thin ascending limb actively reabsorbs sodium, chloride and urea.
- (5) Question not attempted

25. The most common cause of ESRD

- (1) Focal Segmental Glomerulosclerosis (FSGS)
- (2) Membranoproliferative glomerulonephritis (type 2)
- (3) Membranous glomerulonephritis.
- (4) Diabetes mellitus
- (5) Question not attempted

26. The best renal replacement therapy for an otherwise healthy 40 year old woman with chronic interstitial nephritis is

- (1) Pre-emptive transplantation.
- (2) Stabilize with hemodialysis 1 year then transplant.
- (3) Stabilize with peritoneal dialysis 1 year, then transplant.
- (4) Home haemodialysis.
- (5) Question not attempted

27. Which is not a management of a low volume urine leak after renal transplantation ?

- (1) Bladder catheterization
- (2) JJ stent placement
- (3) Percutaneous nephrostomy tube placement.
- (4) Fluid restriction
- (5) Question not attempted

28. The following statement is true regarding the management of Benign Prostatic Hypertrophy (BPH) in renal transplant recipients –

- (1) TURP can be done in the first 3 weeks after transplant.
- (2) TURP can be done in presence of ureteral stent.
- (3) TURP should be avoided in the first 3 weeks after transplant.
- (4) Medical treatment of BPH should be avoided in renal transplant recipients.
- (5) Question not attempted

29. A 62-year-old kidney transplant recipient develops lower limb edema and deteriorating graft function several weeks post-transplant. Ultrasound reveals a fluid collection around the graft. Which of the following is the most likely contributing factor to the formation of a lymphocele in this patient ?

- (1) Use of mTOR inhibitors during immunosuppression therapy.
- (2) Prolonged cold ischemia time during organ procurement.
- (3) Previous history of bladder compression during surgery.
- (4) Increased graft vascularity due to high-dose corticosteroids.
- (5) Question not attempted

30. Which condition is associated with increased risk of nephrolithiasis ?
- (1) Under weight
 - (2) Metabolic syndrome
 - (3) Rheumatoid arthritis
 - (4) Hypothyroidism
 - (5) Question not attempted
31. The proteinaceous portion of stones is composed of
- (1) Concentric lamination
 - (2) Protein-crystal complex
 - (3) Matrix
 - (4) Nephrocalcin
 - (5) Question not attempted
32. The most common abnormal urinary finding in patient undergoing Roux-en-Y gastric bypass surgery is -
- (1) Hypercalciuria
 - (2) Low urine pH
 - (3) Low urine volume
 - (4) Hyperoxaluria
 - (5) Question not attempted
33. The most important factor predisposing patients to gouty diathesis is
- (1) Hypercalciuria
 - (2) Low urine pH
 - (3) Hypocitraturia
 - (4) Low urine volume
 - (5) Question not attempted
34. The most significant factor contributing to stone formation in patient with struvite calculi is
- (1) gouty diathesis
 - (2) recurrent urinary tract infection
 - (3) family history
 - (4) hypercalciuria
 - (5) Question not attempted
35. What is the single most important factor when choosing among SWL, Ureteroscopic stone removal and PNL for renal calculi ?
- (1) Stone composition
 - (2) Stone location
 - (3) Anatomic abnormalities
 - (4) Stone burden
 - (5) Question not attempted
36. What is the preferred choice of treatment in case of 10 mm renal pelvic calculus in Horseshoe - kidney ?
- (1) SWL
 - (2) Flexible ureteroscopy
 - (3) PNL
 - (4) Laparoscopic pyelolithotomy
 - (5) Question not attempted
37. Irreversible loss of renal function can occur within what time period when a completely obstructing stone is present ?
- (1) 1 week
 - (2) 2 to 4 weeks
 - (3) 4 to 6 weeks
 - (4) More than 6 weeks
 - (5) Question not attempted

38. The risk of Ureteral perforation is greatest with which one of the following modalities ?

- (1) Electro Hydraulic Lithotripsy (EHL)
- (2) Holmium laser
- (3) Ultrasonic lithotripsy
- (4) Ballistic lithotripsy
- (5) Question not attempted

39. What are the preferred initial power settings for holmium laser lithotripsy of ureteral stones ?

- (1) 0.6 J, 6 Hz
- (2) 0.6 J, 10 Hz
- (3) 1.0 J, 10 Hz
- (4) 1.2 J, 10 Hz
- (5) Question not attempted

40. If uncontrolled bleeding persists after nephrostomy tube placement after PNL, what would be the preferred approach ?

- (1) Insertion of a double T stent
- (2) Administration of furosemide to promote diuresis.
- (3) Immediate angiography
- (4) Insertion of a Kaye tamponade balloon.
- (5) Question not attempted

41. What is the treatment of choice available for bladder calculi in patient post urinary diversion and augmentation ?

- (1) Percutaneous approach
- (2) Open cystolithotomy
- (3) Poucholithotomy
- (4) All of these
- (5) Question not attempted

42. Which of the following changes occurs during pregnancy ?

- (1) Increase calcium excretion by the kidneys.
- (2) Decrease uric acid excretion by the kidneys.
- (3) Decrease excretion of magnesium by the kidneys.
- (4) Decrease excretion of citrate by the kidneys.
- (5) Question not attempted

43. Which is the most sensitive test for identifying post PCNL residual fragments ?

- (1) MRI
- (2) NCCT scan
- (3) CT urogram
- (4) Ultrasonography
- (5) Question not attempted

44. The most common indication for laparoscopic or robotic stone removal is renal stones with a concomitant :

- (1) Ureteral stricture.
- (2) UPJ obstruction.
- (3) Bladder outlet obstruction.
- (4) Renal artery stenosis.
- (5) Question not attempted

45. Which of the following BEST reflects the primary distinction between "primary" and "secondary" bladder stones as described in the text?
- (1) Primary stones are more commonly associated with foreign bodies, while secondary stones are linked to nutritional deficiencies.
 - (2) Primary stones are typically found in older adults, while secondary stones occur in younger children.
 - (3) Primary stones form without a known predisposing cause, particularly related to nutritional factors, while secondary stones are linked to underlying bladder pathologies.
 - (4) Primary stones are exclusively composed of calcium oxalate, while secondary stones have a more diverse composition.
 - (5) Question not attempted
46. Primary mediastinal Non-Seminomatous Germ Cell Tumors (NSGCTs) differ from their testicular and retroperitoneal counterparts in several aspects. One key difference is their:
- (1) Uniformly favourable prognosis and high sensitivity to standard chemotherapy regimens.
 - (2) Lower likelihood of containing yolk-sac tumor components and elevated serum α -fetoprotein (AFP).
 - (3) Association with a similar incidence of Klinefelter syndrome as testicular seminomas.
 - (4) Reduced sensitivity to chemotherapy and poorer overall survival rates.
 - (5) Question not attempted
47. Choriocarcinoma is characterized by extremely high levels of which serum marker?
- (1) Alpha-Fetoprotein (AFP)
 - (2) Beta-Human Chorionic Gonadotropin (HCG)
 - (3) Lactate Dehydrogenase (LDH)
 - (4) Placental Alkaline Phosphatase (PLAP)
 - (5) Question not attempted
48. Serum tumor markers are NOT used in the IGCCCG (International Germ Cell Cancer Collaborative Group) risk classification for
- (1) Non-Seminomatous Germ Cell Tumors (NSGCT).
 - (2) All germ cell tumors.
 - (3) Seminoma.
 - (4) Advanced germ cell tumors.
 - (5) Question not attempted
49. Which of the following is NOT considered a standard second-line regimen for the treatment of relapsed Non-Seminomatous Germ Cell Tumors (NSGCT)?
- (1) TIPx4 (paclitaxel, ifosfamide, and cisplatin)
 - (2) VIPx4 (etoposide, ifosfamide, and cisplatin)
 - (3) VeIPx4 (vinblastine, ifosfamide, cisplatin)
 - (4) BEP (bleomycin, etoposide, cisplatin)
 - (5) Question not attempted
50. Most common histologic subtype of male anterior urethral cancer is
- (1) Adenocarcinoma
 - (2) Squamous cell carcinoma
 - (3) Urothelial carcinoma
 - (4) Melanoma
 - (5) Question not attempted

51. Which organ is not situated in Retroperitoneum ?

- (1) Kidney
- (2) Ascending colon
- (3) Adrenal gland
- (4) Transverse colon
- (5) Question not attempted

52. Which of the following GCT subtypes is most likely to spread hematogenously ?

- (1) Choriocarcinoma
- (2) Embryonal carcinoma
- (3) Immature teratoma
- (4) Teratoma \bar{C} malignant transformation
- (5) Question not attempted

53. Which is an indication for partial orchiectomy in patient with testicular mass ?

- (1) A polar tumor more than 2 cm in greatest dimension.
- (2) A normal contralateral testicle.
- (3) Hypogonadism
- (4) Suspicion for the benign tumor
- (5) Question not attempted

54. A 22 year old man with clinical stage-I. NSGCT undergoes laparoscopic RPLND. During surgery, a 2 cm lymph node is encountered. Which of the following is the most appropriate next step ?

- (1) Abort the procedure and start chemotherapy.
- (2) Convert to an open procedure.
- (3) Perform a unilateral template dissection and administer chemotherapy.
- (4) Continue the procedure & perform bilateral dissection.
- (5) Question not attempted

55. Which penile lesion is not associated with viral infection ?

- (1) Balanitis xerotica obliterans
- (2) Condylomata acuminatum
- (3) Kaposi's sarcoma
- (4) Bowenoid papulosis
- (5) Question not attempted

56. Which of the following is NOT a factor favoring Active Surveillance (AS) in patients with renal masses ?

- (1) Tumor size < 3 cm
- (2) Tumor growth >1 cm/year
- (3) Elderly patient
- (4) Marginal renal function
- (5) Question not attempted

57. Doege-Potter syndrome, associated with solitary fibrous tumors, is characterized by which of the following ?

- (1) Hypercalcemia
- (2) Hypoglycemia
- (3) Hyponatremia
- (4) Hypertension
- (5) Question not attempted

58. A 42-year-old male presents with recurrent spontaneous pneumothorax, and multiple skin papules on his face and neck. Imaging reveals several bilateral pulmonary cysts and a solitary renal mass. Genetic testing confirms a heterozygous mutation in the FLCN gene. Which of the following renal tumor types is MOST strongly associated with this patient's genetic condition?

- (1) Clear cell renal cell carcinoma.
- (2) Papillary renal cell carcinoma.
- (3) Chromophobe renal cell carcinoma.
- (4) Renal angiomyolipoma.
- (5) Question not attempted

59. What percentage of enhancement with intravenous gadolinium-based contrast on MRI is suggestive of Renal Cell Carcinoma (RCC) in a renal mass?

- (1) Less than 10%
- (2) Between 10% and 20%
- (3) Greater than 20%
- (4) Any enhancement indicates RCC
- (5) Question not attempted

60. Which of the following renal findings is MOST consistently associated with strong enhancement on contrast-enhanced imaging?

- (1) Papillary renal cell carcinoma.
- (2) Chromophobe renal cell carcinoma.
- (3) Metastasis.
- (4) Clear cell renal cell carcinoma.
- (5) Question not attempted

61. Assertion (A) : Inactivation of the VHL gene in clear cell Renal Cell Carcinoma (RCC) leads to increased angiogenesis.

Reason (R) : The VHL protein complex normally targets HIF-2 α for degradation, and when VHL is inactivated, the resulting accumulation of HIF-2 α upregulates VEGF, a potent angiogenic factor.

Which of the following is true?

- (1) Both (A) and (R) are true, and (R) is the correct explanation of (A).
- (2) Both (A) and (R) are true, but (R) is not the correct explanation of (A).
- (3) (A) is true, but (R) is false.
- (4) (A) is false, but (R) is true.
- (5) Question not attempted

62. The key finding on CT imaging that differentiate I-II from Bosniak III-IV renal cyst is –

- (1) enhancement on administration of intravenous contrast.
- (2) high density cystic fluid
- (3) intraseptal calcification
- (4) septal nodularity.
- (5) Question not attempted

63. A 40 year old woman is referred for a suspected angiomyolipoma. Which finding is not consistent with diagnosis ?
- (1) Hyperintensity on T₁ MRI Sequences.
 - (2) Hyperintensity on T₂ MRI Sequences.
 - (3) Hyperintense borders on in and opposed phase MRI sequences.
 - (4) Intralesional density of 30 HU on non-contrast CT.
 - (5) Question not attempted
64. What is the most accurate imaging study for characterizing a renal mass ?
- (1) Intravenous pyelography
 - (2) Ultrasonography
 - (3) Computed Tomography (CT) with and without contrast
 - (4) CT-DET scan.
 - (5) Question not attempted
65. Most accurate and practical assessment of renal function after nephrectomy in routing
- (1) Serum creatinine measurement.
 - (2) Urinary dipstick test for protein.
 - (3) 24 hours urinary protein measurement.
 - (4) Serum creatinine based estimation of GFR and analysis for proteinuria.
 - (5) Question not attempted
66. True about inverted papillomas :
- (1) Benign and only surveillance is necessary.
 - (2) Benign but may harbor malignancy 8%.
 - (3) Benign but may harbor malignancy 18%.
 - (4) Divided into two types based on their morphology.
 - (5) Question not attempted
67. True about squamous cell carcinoma of upper urinary tract ?
- (1) Is related to analgesic abuse and chronic inflammation.
 - (2) Has an incidence 6 times higher in the renal pelvis than the ureter.
 - (3) Has an incidence 6 times higher in the ureter than renal pelvis.
 - (4) Is related to analgesic abuse and chronic inflammation & has an incidence 6 times higher in the renal pelvis than the ureter.
 - (5) Question not attempted
68. The majority of ureteral tumors occur in the
- (1) proximal ureter
 - (2) midureter
 - (3) distal ureter
 - (4) distal and midureter
 - (5) Question not attempted
69. Injury to the genitofemoral nerve will result in which neurologic manifestation ?
- (1) Loss of anterograde ejaculation.
 - (2) Weakness with hip flexion of the lower extremity.
 - (3) Paraesthesia of the anterior thigh & lateral scrotal skin.
 - (4) Erectile dysfunction.
 - (5) Question not attempted

70. Which are the main packets in performing full bilateral RPLND for mixed germ cell tumor ?

- (1) Paracaval, supraaortic, interaortocaval, ipsilateral gonadal vein.
- (2) Retrocrural, interaortocaval, paraaortic.
- (3) Paracaval, interaortocaval, paraaortic, interiliac
- (4) Paracaval, interaortocaval, para-aortic, ipsilateral gonadal vessels.
- (5) Question not attempted

71. Which is false regarding laparoscopic and robotic surgical approaches to renal surgery ?

- (1) Transperitoneal is the most widely used approach.
- (2) Retroperitoneal partial nephrectomy is best suited for anterior renal tumors.
- (3) Disadvantages of retroperitoneal approach include the limited working space.
- (4) The advantages of robotic approach include greater degree of instrument motion, elimination of tremor and the ability to scale motions.
- (5) Question not attempted

72. Which of the following is not a part of the Roizen criteria for preoperative readiness in pheochromocytoma ?

- (1) No blood pressure >160/90 mmHg for at least 24 hours before surgery.
- (2) No orthostatic hypotension with blood pressure <80/45 mmHg.
- (3) Heart rate >120 bpm during hypertensive episodes.
- (4) No ST-T wave changes for at least 1 week before surgery.
- (5) Question not attempted

73. In case of renal ectopia, the ipsilateral adrenal gland is typically

- (1) absent
- (2) found in its normal anatomic position in the upper retroperitoneum.
- (3) found in association with the contralateral adrenal gland.
- (4) found closely applied to the superior pole of the ectopic kidney.
- (5) Question not attempted

74. At birth the adrenal cortex

- (1) is completely developed.
- (2) weighs half as much as the adrenal cortex in adults.
- (3) is composed of fetal and adult components.
- (4) is composed of a single histologic zone.
- (5) Question not attempted

75. The most abundant product of the adrenal cortex is

- (1) mineralocorticoids
- (2) glucocorticoids
- (3) adrenal androgens
- (4) ACTH
- (5) Question not attempted

76. Absolute contraindications to laparoscopic adrenalectomy include :

- (1) significant abdominal adhesion
- (2) adrenal mass greater than 12 cm in size.
- (3) invasive adrenal cortical carcinoma with thrombus in the inferior vena cava.
- (4) Malignant pheochromocytoma
- (5) Question not attempted

77. A 58-year-old female presents with frequent daytime urination, nocturia, and a strong urge to void. She also complains of suprapubic pain that worsens as her bladder fills. Which of the following is the MOST likely diagnosis?

- (1) Overactive Bladder (OAB).
- (2) Bladder Pain Syndrome (BPS).
- (3) Stress Urinary Incontinence (SUI).
- (4) Mixed Urinary Incontinence (MUI).
- (5) Question not attempted

78. Diabetes mellitus is MOST likely to contribute to Detrusor Underactivity (DUA) through which of the following mechanisms ?

- (1) Primarily myogenic, by directly impairing the contractile ability of detrusor myocytes.
- (2) Primarily neurogenic, by affecting afferent and efferent pathways involved in the micturition reflex.
- (3) Both myogenic and neurogenic mechanisms can be involved in diabetes-related DUA.
- (4) Neither myogenic nor neurogenic mechanisms are directly affected by diabetes; DUA in this context is due to other factors.
- (5) Question not attempted

79. Which of the following 24-hour urine outputs would classify a 60 kg individual (with daytime urinary frequency and nocturia) as having global polyuria ?

- (1) 2000 mL
- (2) 2200 mL
- (3) 2400 mL
- (4) 2600 mL
- (5) Question not attempted

80. The sustained resting tone of the pelvic floor, crucial for supporting pelvic viscera and continence, is primarily maintained by which of the following groups of muscles ?

- (1) Obturator internus, piriformis, and coccygeus.
- (2) Rectus abdominis, internal obliques, and external obliques.
- (3) Pubococcygeus, iliococcygeus, and puborectalis.
- (4) Pubococcygeus, ischiocavernosus and bulbospongiosus.
- (5) Question not attempted

81. The paralytic effect of OnabotulinumtoxinA is MOST directly due to its interference with :

- (1) The binding of acetylcholine to receptors on the muscle cell membrane.
- (2) The production of acetylcholine within the nerve ending.
- (3) The release of acetylcholine-containing vesicles from the nerve terminal.
- (4) The ability of the muscle fiber to contract in response to acetylcholine.
- (5) Question not attempted

82. A 58-year-old male undergoes TURBT for a 3 cm papillary bladder tumor. Histopathology reveals high-grade Ta urothelial carcinoma with complete resection and presence of muscularis propria in the specimen. According to AUA guidelines, what is the most appropriate next step?

- (1) Immediate radical cystectomy due to high-grade pathology.
- (2) Intravesical BCG therapy without repeat TURBT.
- (3) Repeat TURBT within 6 weeks to confirm complete resection and staging.
- (4) No further treatment required; surveillance cystoscopy at 3 months.
- (5) Question not attempted

83. A 62-year-old male with painless hematuria undergoes cystoscopy, which reveals an erythematous, velvety flat lesion suspicious for Carcinoma In Situ (CIS). Biopsy confirms CIS of the bladder. Which of the following statements regarding CIS is most accurate?

- (1) Mild dysplasia on histopathology is considered equivalent to CIS and requires aggressive treatment.
- (2) Untreated CIS has a low risk (<10%) of progression to muscle-invasive disease.
- (3) CIS is a flat, non-invasive, high-grade urothelial carcinoma with potential to progress to invasive cancer if left untreated.
- (4) CIS lesions are typically composed of well-organized urothelial cells with minimal nuclear atypia.
- (5) Question not attempted

84. A 65-year-old male with small cell carcinoma of the bladder is considered for treatment. Which of the following treatment approaches is currently considered the standard initial therapy, regardless of the stage of presentation?

- (1) Radical cystectomy followed by adjuvant chemotherapy.
- (2) Radiation therapy alone.
- (3) Platinum-based chemotherapy.
- (4) Trimodal therapy (chemotherapy, radiation, and surgery).
- (5) Question not attempted

85. A 68-year-old male with a large, papillary bladder tumor undergoes en bloc resection. Which of the following is the MOST significant advantage of this technique compared to traditional piecemeal TURBT?

- (1) Reduced risk of bladder perforation.
- (2) Improved pathological assessment of muscle invasion.
- (3) Shorter operative time.
- (4) Reduced need for general anesthesia.
- (5) Question not attempted

86. The Southwest Oncology Group (SWOG) trial demonstrated a significant benefit of BCG maintenance therapy in patients with non-muscle invasive bladder cancer. Which of the following statements BEST reflects the interpretation of the trial's findings regarding treatment duration and toxicity?

- (1) The maximum benefit of BCG maintenance is achieved after the full 3-year regimen, despite significant toxicity.
- (2) Shorter maintenance schedules and reduced dosages are likely to achieve the same results with less toxicity, as most patients did not tolerate the full regimen.
- (3) The increased 5-year overall survival in the maintenance arm is directly correlated with the high rate of treatment completion.
- (4) The median recurrence-free survival of 76.8 months in the maintenance arm indicates that prolonged therapy is necessary for long-term benefit.
- (5) Question not attempted

87. Which of the following statements accurately describes ALL the boundaries of a recommended STANDARD pelvic lymph node dissection during radical cystectomy?

- (1) Superior : Aortic bifurcation;
Lateral : Genitofemoral nerve;
Medial : Ureter.
- (2) Superior : Common iliac bifurcation : Lateral : External iliac vessels : Medial : Ureter.
- (3) Superior : Common iliac bifurcation : Lateral : Genitofemoral nerve : Medial : Ureter.
- (4) Superior : Inferior mesenteric artery : Lateral: Genitofemoral nerve : Medial : Ureter.
- (5) Question not attempted

88. Which of the following factors is MOST likely to influence the decision to proceed with radical cystectomy instead of trimodal therapy in a surgically fit patient with muscle-invasive bladder cancer?

- (1) The patient's age and overall health.
- (2) The presence of diffuse Carcinoma In Situ (CIS) and poor baseline bladder function.
- (3) The patient's strong preference for bladder preservation.
- (4) The availability of experienced radiation oncologists.
- (5) Question not attempted

89. A 70-year-old male with a history of a solitary bladder tumor overlying the left ureteral orifice undergoes TURBT. Post-operatively, he develops left-sided flank pain and decreased urine output. Which of the following intraoperative techniques would MOST likely have prevented this complication?

- (1) Utilizing a blended current to achieve better hemostasis and minimize tissue damage.
- (2) Performing prolonged resection strokes to ensure complete tumor eradication.
- (3) Employing pure cutting current and rapid resection strokes to minimize ureteral orifice cauterization.
- (4) Placing a ureteral stent prophylactically at the conclusion of the procedure.
- (5) Question not attempted

90. During Gender-Affirming Surgery (GAS) for male-to-female transsexuals (transwomen), the prostate gland is typically:

- (1) Surgically removed along with the testes and penis.
- (2) Left in place.
- (3) Reduced in size through hormonal therapy.
- (4) Repositioned to form part of the neovaginal canal.
- (5) Question not attempted

91. A 68-year-old male undergoing radical cystectomy is found to have a positive urethral margin on frozen section analysis. Which of the following urinary diversions is MOST appropriate in this scenario?

- (1) Orthotopic neobladder.
- (2) Ileal conduit.
- (3) Continent cutaneous reservoir.
- (4) Any of the these, as the positive margin does not affect diversion choice.
- (5) Question not attempted

92. Which of the following statements regarding the mechanism of action of the Temporary Implantable Nitinol Device (TIND) is LEAST accurate?

- (1) The TIND exerts radial force on the prostatic urethra, leading to tissue changes.
- (2) The device is designed to provide immediate relief from Lower Urinary Tract Symptoms (LUTS) without side effects of a permanent implant.
- (3) The TIND is retrieved after five days, theoretically leaving newly formed channels for urine flow.
- (4) The primary mechanism of the TIND involves a direct, immediate mechanical widening of the prostatic urethra upon deployment.
- (5) Question not attempted

93. A 70-year-old male with a history of hepatic dysfunction and portal hypertension presents with massive bleeding from his ileal conduit. Which of the following is the MOST likely cause of this bleeding?

- (1) Stomal stenosis.
- (2) Parastomal hernia.
- (3) Ileal conduit varices.
- (4) Stomal retraction.
- (5) Question not attempted

94. The newer prostate-specific markers used in PSA-negative poorly differentiated prostatic adenocarcinoma include:

- (1) Uroplakin and Thrombomodulin
- (2) CK7 and CK20
- (3) p501S (prostein) and NKX3.1
- (4) p63 and High Molecular Weight Cytokeratin
- (5) Question not attempted

95. Which of the following are criteria for biochemical progression in CRPC?

- (a) Three consecutive PSA rises at least 1 week apart
 - (b) At least two 50% increases over the PSA nadir
 - (c) PSA > 2 ng/mL
 - (d) Presence of skeletal-related symptomatic progression
- (1) (a), (b) and (c) only
 - (2) (a) and (d) only
 - (3) (b), (c) and (d) only
 - (4) All of these
 - (5) Question not attempted

96. According to EAU guidelines, adjuvant radiotherapy (IMRT/VMAT + IGRT) after radical prostatectomy in pN0 patients should be offered in which of the following conditions?

- (1) pN0, ISUP grade group 1-2, pT2, negative margins.
- (2) pN0, ISUP grade group 4-5, pT3 with or without positive margins.
- (3) pN0, ISUP grade group 1-2, pT2, positive margins.
- (4) pN0, ISUP grade group 1-2, pT1, negative margins.
- (5) Question not attempted

97. Regarding PSA (Prostate Specific Antigen) binding proteins in serum, match the following binding proteins with their correct characteristics :

Binding Protein	Characteristics
A. α 1-antichymotrypsin (ACT)	1. Irreversible binding, Immunodetectable, Inactivates protease
B. α 2-macroglobulin (A2M)	2. Masks all PSA epitopes, Undetectable by assays, Some proteolytic activity retained
C. α 1-protease inhibitor (API)	3. Minor binding (1-2%), Immunodetectable by PSA assays
D. Free PSA (fPSA)	4. Unbound form, Directly detectable in serum

- (1) A-1, B-2, C-3, D-4
- (2) A-2, B-1, C-3, D-4
- (3) A-1, B-2, C-4, D-3
- (4) A-3, B-1, C-2, D-4
- (5) Question not attempted

98. The gene encoding Prostate Specific Membrane Antigen (PSMA) is located

- (1) Chromosome 8q24
- (2) Chromosome 11p11-12
- (3) Chromosome 17q21
- (4) Chromosome 1p36
- (5) Question not attempted

99. All of the following are risk factors for increased Acute Urinary Retention (AUR) in BPH EXCEPT :

- (1) Moderate to severe LUTS
- (2) Flow rate < 12 mL/sec
- (3) Prostate volume > 30 mL
- (4) PSA level < 1 ng/mL
- (5) Question not attempted

100. Pressure flow study before invasive treatment in BPH is indicated in all except -

- (1) Patients with previously unsuccessful invasive treatments for LUTS.
- (2) Patients who can void more than 150 mL.
- (3) Patients with PVR volume greater than 300 mL.
- (4) Patients younger than 50 years of age with predominantly voiding LUTS.
- (5) Question not attempted

101. A fetus with a 46, XY karyotype exhibits normal testosterone production but lacks the enzyme 5-alpha-reductase. Given the provided information, which of the following BEST reflects the MOST likely developmental outcome of the Wolffian ducts and the rationale behind it ?

- (1) Normal development of the seminal vesicles, epididymis, vas deferens, ampulla, and ejaculatory duct, as testosterone alone is sufficient for Wolffian duct differentiation.
- (2) Failure of Wolffian duct differentiation, resulting in the absence of seminal vesicles, epididymis, vas deferens, ampulla, and ejaculatory duct, as DHT is essential for the stabilization of these structures.
- (3) Partial development of the Wolffian ducts, with potential abnormalities in the epididymis and vas deferens, as testosterone's effects are partially mediated through conversion to DHT.
- (4) Paradoxical development of female internal genitalia, as the absence of DHT leads to the unopposed action of estrogenic pathways on the Wolffian ducts.
- (5) Question not attempted

102. Why is it important for clinicians to understand the natural history of Benign Prostatic Hyperplasia (BPH)?

- (1) To determine the most effective surgical interventions for all patients.
- (2) To compare the benefits and risks of therapeutic interventions with the risks of observation.
- (3) To identify the specific genetic mutations responsible for BPH development.
- (4) To predict the exact rate of disease progression in all patients with BPH.
- (5) Question not attempted

103. A 65-year-old male presents with moderate Lower Urinary Tract Symptoms (LUTS), a prostate volume of 40 mL, a peak urinary flow rate of 10 mL/sec, and a serum PSA of 1.6 ng/mL. Based on the Olmsted County study findings, which of the following BEST reflects the MOST appropriate interpretation of his risk for requiring BPH treatment and the implications for his management?

- (1) His elevated PSA is the strongest predictor of future treatment, necessitating immediate intervention to prevent disease progression and potential complications.
- (2) His enlarged prostate and impaired flow rate, while significant, are less predictive of treatment compared to his moderate LUTS, suggesting conservative management with close monitoring is appropriate.
- (3) His combined risk factors (moderate LUTS, enlarged prostate, and impaired flow rate) significantly increase his likelihood of requiring treatment, warranting a discussion of treatment options despite his currently moderate symptoms.
- (4) His age and PSA level suggest a low risk of requiring treatment, as the study indicates that only 9% of men over 60 undergo prostatectomy for BPH.
- (5) Question not attempted

104. An 82-year-old male presents with predominantly voiding LUTS. He reports nocturia (x4), frequency, and a weak stream. His average voided volume is approximately 100 mL, and a bladder scan reveals a PVR of 180 mL. He is considering minimally invasive surgical therapy for his symptoms. According to the guidelines, is PFS (*Pressure-Flow Study*) indicated before proceeding with surgery?

- (1) No, because his PVR is less than 300 mL.
- (2) Yes, because he is older than 80 years of age with predominantly voiding LUTS and is considering invasive treatment.
- (3) No, because his average voided volume is greater than 150 mL.
- (4) Yes, because he has significant nocturia, which can be indicative of complex bladder dysfunction.
- (5) Question not attempted

105. Assertion (A) : Silodosin is highly effective in treating Lower Urinary Tract Symptoms (LUTS) associated with Benign Prostatic Hyperplasia (BPH) due to its high selectivity for the α_{1a} -AR subtype.

Reason (R) : The high selectivity of silodosin for the α_{1a} -AR subtype results in a significant decrease in detrusor pressure at Q_{max}, leading to a reduction in Bladder Outlet Obstruction (BOO).

Choose the correct option :

- (1) Both (A) and (R) are true, and (R) is the correct explanation of (A).
- (2) Both (A) and (R) are true, but (R) is not the correct explanation of (A).
- (3) (A) is true, but (R) is false.
- (4) (A) is false, but (R) is true.
- (5) Question not attempted

106. A 70-year-old male with moderate Lower Urinary Tract Symptoms (LUTS) secondary to BPH is considering initiating dutasteride therapy. He has a history of well-controlled hypertension and borderline insulin resistance. Given the conflicting data regarding the safety of 5ARIs, which of the following BEST reflects the MOST appropriate approach to managing his BPH and the rationale behind it ?

- (1) Initiate dutasteride therapy with close monitoring for cardiovascular events, as the REDUCE trial showed a higher incidence of cardiac failure, outweighing the potential benefits for his LUTS.
- (2) Avoid dutasteride therapy altogether due to his pre-existing insulin resistance, as preclinical data suggest a potential increased risk of diabetes, despite the lack of confirmation in clinical trials.
- (3) Initiate dutasteride therapy while closely monitoring his metabolic parameters and bone mineral density, recognizing the potential for both positive and negative effects based on conflicting study results.
- (4) Initiate dutasteride therapy only if his LUTS significantly worsen, as the long-term safety profile of 5ARIs is well-established, and the potential risks are outweighed by the benefits in severe cases.
- (5) Question not attempted

107. One proposed mechanism by which PDE5 inhibitors may help with Lower Urinary Tract Symptoms (LUTS) is :

- (1) By increasing the production of testosterone in the prostate.
- (2) By relaxing the smooth muscle in the prostate and bladder neck.
- (3) By directly shrinking the size of the enlarged prostate.
- (4) By decreasing the oxygenation of the bladder.
- (5) Question not attempted

108. Which of the following is the PRIMARY cause of TUR syndrome during Transurethral Resection of the Prostate (TURP) ?

- (1) Excessive liberation of ammonia from glycine metabolism.
- (2) Acute dilutional hyponatremia due to absorption of hypo-osmolar irrigating fluid.
- (3) Direct mechanical injury to the central nervous system from the resectoscope.
- (4) Rapid correction of hyponatremia leading to central pontine myelinolysis.
- (5) Question not attempted

109. A 68-year-old male with moderate Lower Urinary Tract Symptoms (LUTS) secondary to BPH is being considered for the Prostatic Urethral Lift (PUL) procedure. He has a prostate volume of 70 g, a peak urinary flow rate (Q_{max}) of 11 mL/s, and reports significant bother from ejaculatory dysfunction. Which of the following BEST reflects the MOST appropriate next step in his management and the rationale behind it ?

- (1) Proceed with the PUL procedure, as it is a minimally invasive option that preserves ejaculatory function and is suitable for prostates up to 80 g.
- (2) Perform a transrectal ultrasound (TRUS) to assess for the presence of a median lobe or bar, as this is a contraindication for PUL, and his ejaculatory dysfunction is likely to improve post-procedure.
- (3) Recommend TURP, as his Q_{max} indicates significant obstruction, and PUL is not effective in patients with severe voiding symptoms.
- (4) Recommend a trial of alpha-blockers, as PUL is primarily indicated for patients with mild to moderate LUTS who are refractory to medical therapy.
- (5) Question not attempted

110. Which of the following BEST reflects the recommended daily dose of tadalafil for the treatment of Lower Urinary Tract Symptoms (LUTS) and the rationale behind it?

- (1) 2.5 mg, due to its minimal side effect profile and comparable efficacy to higher doses.
- (2) 20 mg, as it provides the most significant reduction in IPSS compared to placebo.
- (3) 10 mg, as it balances efficacy and tolerability in most patients.
- (4) 5 mg, as it offers the best risk-benefit profile in terms of symptom reduction and adverse events.
- (5) Question not attempted

111. What is the “mushroom” technique in Holmium Laser Enucleation of the Prostate (HoLEP)?

- (1) A method of coagulating bleeding vessels with a defocused laser.
- (2) A method of fragmenting prostate lobes into smaller pieces within the bladder.
- (3) A method of leaving the prostate lobes attached at a stalk and resecting them into smaller pieces.
- (4) A method of removing residual tissue fragments with a large-bore syringe.
- (5) Question not attempted

112. A 72-year-old male with a history of localized prostate cancer treated with radical prostatectomy and subsequent Androgen Deprivation Therapy (ADT) now presents with a rising PSA despite castrate levels of testosterone. Imaging studies show no evidence of metastatic disease. He is asymptomatic. Which of the following BEST reflects the MOST appropriate next step in his management, based on current guidelines?

- (1) Initiate high-dose chemotherapy to delay the development of metastatic disease.
- (2) Continue monitoring PSA levels and initiate second-line hormonal therapy (e.g., ketoconazole) if symptoms develop.
- (3) Begin treatment with apalutamide or enzalutamide to prolong metastasis-free survival.
- (4) Recommend external beam radiation therapy to the prostate bed to control the rising PSA.
- (5) Question not attempted

113. A 75-year-old male with metastatic Castration-Resistant Prostate Cancer (mCRPC) presents with progressive back pain, lower extremity weakness, and bowel incontinence. Spinal MRI reveals epidural cord compression at the T10-T11 level. Which of the following BEST reflects the MOST appropriate initial step in his management?

- (1) Initiate immediate radiation therapy to the affected spinal segment.
- (2) Perform decompressive surgery.
- (3) Administer high-dose intravenous dexamethasone, followed by either decompressive surgery and then radiation therapy, or radiation therapy alone, depending on clinical response and patient status.
- (4) Begin chemotherapy to address the systemic disease and reduce tumor burden.
- (5) Question not attempted

114. In a urethrogram of a patient with suspected Lichen Sclerosus and "secondary intravasation of urine into the glands of Littre," the primary underlying mechanism leading to this finding is:

- (1) Atrophy and fibrosis of the corpus spongiosum.
- (2) Increased contractility of the urethral smooth muscle.
- (3) Meatal stenosis and increased intraurethral pressure during voiding.
- (4) Infection and inflammation of the periurethral tissues.
- (5) Question not attempted

115. During the Orandi procedure, what is the purpose of the lateral urethrotomy on the side opposite the initial skin incision?

- (1) To access the corpora cavernosa for graft placement.
- (2) To avoid injuring the dorsal penile nerves.
- (3) To reduce the extent of flap dissection needed for a tension-free anastomosis.
- (4) To create a second opening for urine drainage.
- (5) Question not attempted

116. Which of the following grafts is specifically highlighted for its numerous vascular properties that make it desirable for urethral reconstruction?

- (1) Full-thickness Skin Graft (FTSG).
- (2) Oral Mucosal Graft (OMG).
- (3) Bladder epithelial graft.
- (4) Rectal mucosal graft.
- (5) Question not attempted

117. According to McCallum and Colapinto, the MOST important characteristic of radiographic studies for evaluating urethral strictures is that they should be:

- (1) Static images providing detailed anatomical views.
- (2) Performed only after endoscopic evaluation.
- (3) Dynamic, capturing the urethra during contrast injection and voiding.
- (4) Limited to a single projection to minimize radiation exposure.
- (5) Question not attempted

118. Visual Internal Urethrotomy (VIU) might be a reasonable first-line treatment option for:

- (1) All anterior urethral strictures regardless of length or location.
- (2) Short (<1.5 cm) bulbous urethral strictures with minimal associated spongiofibrosis.
- (3) Long-segment strictures involving the penile urethra.
- (4) Strictures caused by external trauma other than straddle injuries.
- (5) Question not attempted

119. Mr. Sharma, a 55-year-old with well-controlled type 2 diabetes on metformin, has a scheduled CT scan with contrast for abdominal pain. His latest kidney function tests show a normal estimated GFR.

Based on this, what is the recommended management of Mr. Sharma's metformin therapy around the time of his CT scan?

- (1) Stop metformin the day before the CT scan.
- (2) Stop metformin on the morning of the CT scan.
- (3) Continue metformin as usual.
- (4) Reduce his metformin dose for 24 hours before and after the scan.
- (5) Question not attempted

120. The diagnosis of Contrast-Induced Nephropathy (CIN) is considered if any of the following is noted within 48 hours of iodinated contrast administration except:

- (1) increase in serum creatinine of >0.3 mg/dL.
- (2) $>50\%$ increase in serum creatinine from baseline.
- (3) urine output reduced to <0.5 mL/kg/h for at least 6 hours.
- (4) urine output reduced to <1 mL/kg/h for at least 2 hours.
- (5) Question not attempted

121. Urine osmolality usually varies between :

- (1) 50 and 1200 mOsm/L.
- (2) 20 and 500 mOsm/L.
- (3) 10 and 200 mOsm/L.
- (4) 10 and 1000 mOsm/L.
- (5) Question not attempted

122. 18F-FDG PET is recommended for which indication in testicular cancer in men ?

- (1) Post chemotherapy imaging of a residual (>3 cm) retroperitoneal mass in men with a seminomatous germ cell tumors.
- (2) To guide the selection of second line chemotherapy agents.
- (3) In residual masses after chemotherapy in non-seminomatous germ cell tumors.
- (4) Initial cancer staging of patients with elevated post orchidectomy tumor markers.
- (5) Question not attempted

123. Which of the following is not a risk factor for developing Contrast Induced Nephropathy (CIN) ?

- (1) Type-2 DM
- (2) Dehydration
- (3) Ventricular ejection fraction less than 50%.
- (4) Chronic Kidney Disease (CKD) (GFR < 60 ml/min)
- (5) Question not attempted

124. Which Renal lesion may exhibit central scar on T2-weighted images other than oncocytoma ?

- (1) Clear cell carcinoma
- (2) Angiomyolipoma
- (3) Chromophobe carcinoma
- (4) Transitional cell carcinoma
- (5) Question not attempted

125. Metoidioplasty is considered an alternative to which other surgical procedure for transmen ?

- (1) Orchiectomy
- (2) Vaginectomy
- (3) Phalloplasty
- (4) Scrotoplasty
- (5) Question not attempted

126. Bladder filling may precipitate autonomic dysreflexia in patient with spinal cord injury above :

- (1) S₂
- (2) L₄
- (3) T₁₀
- (4) T₆
- (5) Question not attempted

127. Which is true about Renal isotope study ?

- (1) Tc⁹⁹ DTPA primarily secreted by the renal tubules, so it is not for Glomerular Filtration (GFR).
- (2) Tc⁹⁹ MAG₃ primarily filtered by Glomerulus so it is good for GFR assessment.
- (3) Tc⁹⁹ DTPA is good for assessment in Pelviureteric Junction (PUJ) obstruction in renal insufficiency patients.
- (4) Tc⁹⁹ MAG₃ is good for assessment in PUA obstruction in renal insufficiency patients.
- (5) Question not attempted

128. Most common cause of transfusion related fatality is due to

- (1) Acute lung injury
- (2) Acute kidney injury
- (3) Infection
- (4) Acute liver failure
- (5) Question not attempted

129. According to current guidelines in the prevention of thrombotic events, a 78-year-old male with a recent history of colon cancer, medical history of hypertension, coronary artery disease (Postoperative angioplasty) and CKD (Creatinin 2.9 mg/dl) undergoing laparoscopic transabdominal surgery have pneumatic compression stockings and

- (1) aspirin and early anbution
- (2) low molecular weight heparin
- (3) low molecular weight heparin and aspirin
- (4) unfractionated heparin and aspirin.
- (5) Question not attempted

130. Lateral spinothalamic tract transmits pain sensation of the bladder to the brain. Which is true about it ?

- (1) It crosses to opposite side.
- (2) It continues upwards in the same side.
- (3) It continues upwards and decussate at craniocerval level.
- (4) None of these
- (5) Question not attempted

131. A 74-year-old man with muscle invasive Bladder cancer is scheduled for radical cystectomy and ileal conduit urinary diversion. Preoperative urine culture show no growth at 72 hrs. The most important factor in the prevention of surgical site infection in this patient is :

- (1) Preoperative bowel preparation with oral Antibiotics and sodium phosphate solution
- (2) Administration of 2 g cefoxitin 1 hr. before incision
- (3) Continuation of perioperative antibiotics for 48 hrs. following surgery
- (4) Perioperative hair removal
- (5) Question not attempted

132. Intraoperative hypothermia may lead to :

- (1) Bleeding perioperative
- (2) Wound infection
- (3) Both bleeding perioperative and wound infection
- (4) None of these
- (5) Question not attempted

133. Which is incorrect about Gel foam (Absorbed gelatin matrix agent)?

- (1) Plant derived agent
- (2) Porcine delivered agent
- (3) Long dissolving time
- (4) Increase risk of infection
- (5) Question not attempted

134. Following Accident (RTA), 35-yr-old male found to have right sided renal hilar injury and hemodynamically unstable after resuscitation & transfusion protocol. Decision was made to take him in operation theatre. The incision of choice would be :

- (1) Flank incision
- (2) Complete midline incision
- (3) Chevron incision
- (4) Subcostal incision
- (5) Question not attempted

135. The most common cause of inability to catheterize an Indiana pouch is _____.

- (1) perforation
- (2) catheter malfunction
- (3) overdistension
- (4) None of these
- (5) Question not attempted

136. Which of the following is not included in the Rome IV criteria for diagnosing functional constipation in children ?

- (1) Two or fewer defecations per week
- (2) History of large-diameter stools that obstruct the toilet
- (3) Daily episodes of fecal incontinence for three consecutive months
- (4) Presence of a large fecal mass in the rectum
- (5) Question not attempted

137. Assertion : In a duplex kidney with complete ureteral duplication, the ureter associated with the upper renal pole is more likely to be obstructed.

Reason : Due to its origin from a more cephalad position on the mesonephric duct, this ureter migrates further caudally and medially, often inserting ectopically.

Which of the following is true ?

- (1) Both the assertion and the reason are true, and the reason is the correct explanation of the assertion.
- (2) Both the assertion and the reason are true, but the reason is NOT the correct explanation of the assertion.
- (3) The assertion is false, but the reason is true.
- (4) Both the assertion and the reason are false.
- (5) Question not attempted

138. Which embryologic abnormality is primarily responsible for the development of MultiCystic Dysplastic Kidney (MCDK)?

- (1) Abnormal signaling between ureteric bud and metanephric differentiation
- (2) Abnormal fusion of the metanephric blastema
- (3) Persistent mesonephric duct remnants
- (4) Incomplete division of the ureteric bud
- (5) Question not attempted

139. Bladder neck reconstruction is considered a failure if a 3-hour dry interval is not achieved within 2 years after surgery. What is the appropriate management for such a failure ?

- (1) Collagen injection to improve dryness.
- (2) Artificial urinary sphincter placement in patients with small bladder capacity.
- (3) Bladder neck transection, augmentation cystoplasty, and continent diversion.
- (4) Repeat bladder neck reconstruction in cases with a relatively tight bladder neck.
- (5) Question not attempted

140. What is the primary mechanism underlying "valve bladder syndrome" as described by Mitchell in 1982 ?

- (1) Progressive bladder dysfunction due to polyuria and increasing Post-Void Residual (PVR) volumes.
- (2) Persistent high voiding pressures leading to detrusor hypertrophy and improved bladder function.
- (3) Complete resolution of bladder outlet obstruction with subsequent normal bladder function.
- (4) Increased detrusor contractility compensating for worsening renal function.
- (5) Question not attempted

141. The primary surgical technique most often used for the creation of the vaginal cavity in transwomen is :

- (1) Penile skin graft.
- (2) Intestinal segment transposition.
- (3) Peritoneal flap vaginoplasty.
- (4) Penile inversion technique.
- (5) Question not attempted

142. A newborn male is diagnosed with hypospadias during a routine examination. The physician wants to determine whether the condition is isolated or syndromic. Which of the following findings would MOST strongly indicate syndromic hypospadias ?

- (1) Perineal hypospadias with unilateral cryptorchidism.
- (2) A paternal history of hypospadias and otherwise unremarkable family history.
- (3) Presence of dysmorphic facial features, developmental delay and/or an anorectal malformation.
- (4) Distal hypospadias with a small inguinal hernia.
- (5) Question not attempted

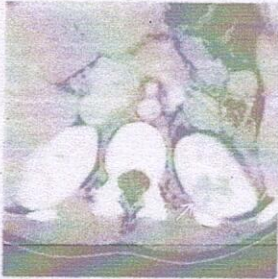
143. According to CDC 2015 guidelines, which of the following best defines Catheter-Associated Urinary Tract Infection (CAUTI) ?

- (1) UTI occurring within 24 hours of catheter insertion with $\geq 10,000$ CFU/mL in urine culture.
- (2) UTI developing after 48 hours of catheterization with at least one urinary symptom and a single organism $>100,000$ CFU/mL in urine culture.
- (3) UTI diagnosed immediately after catheter removal irrespective of duration.
- (4) UTI with fever alone, irrespective of culture results.
- (5) Question not attempted

144. What is the earliest metabolic change observed in septicaemia ?

- (1) Metabolic acidosis
- (2) Respiratory acidosis
- (3) Metabolic alkalosis
- (4) Respiratory alkalosis
- (5) Question not attempted

145. A 30 year-old-female patient present with flank pain and fever. A contrast enhanced CT scan is shown. The most likely diagnosis is



- (1) Renal infarct.
- (2) Acute pyelonephritis.
- (3) Renal artery occlusion.
- (4) Chronic pyelonephritis.
- (5) Question not attempted

146. Most recurrent Urinary Tract Infections (UTIs) in female patients are :

- (1) Complicated infections
- (2) Reinfections with different organisms
- (3) Due to bacterial resistance
- (4) Recurrence with same causative organism
- (5) Question not attempted

147. Which of the following is NOT one of the six clinically defined domains in the UPOINT classification for CP/CPSP ?

- (1) Urinary
- (2) Infection
- (3) Obstructive symptoms
- (4) Psychosocial
- (5) Question not attempted

148. A 28-year-old sexually active male presents with urethral discharge and dysuria. He is diagnosed with Non-Gonococcal Urethritis (NGU) and treated with a single 1 g dose of azithromycin. Two weeks later, he returns with persistent symptoms, and urethral swab confirms continued evidence of urethritis. He denies unprotected intercourse or reexposure to untreated partners. What is the most appropriate next step in management ?

- (1) Repeat azithromycin 1 g PO as a single dose.
- (2) Switch to doxycycline 100 mg PO BID for 7 days.
- (3) Prescribe moxifloxacin 400 mg PO once daily for 7 days.
- (4) Add ceftriaxone 500 mg IM once for gonorrhea coverage.
- (5) Question not attempted

149. A Th2 response is associated with which of the following outcomes in bladder cancer BCG therapy ?

- (1) Successful tumor regression
- (2) BCG treatment failure
- (3) Increased CD8 T cell activation
- (4) Decreased antibody production
- (5) Question not attempted

150. What is the main role of the adjuvant included in the intradermal vaccine ?

- (1) To increase peptide solubility for better injection.
- (2) To directly kill tumor cells.
- (3) To activate dendritic cells and enhance their migration to lymph nodes.
- (4) To present antigens via MHC class I molecules.
- (5) Question not attempted

रफ कार्य के लिए स्थान / SPACE FOR ROUGH WORK

148. A 25-year-old sexually active male presents with urethral discharge and dysuria. He is diagnosed with Non-Gonococcal Urethritis (NGU) and treated with a single 1 g dose of azithromycin. Two weeks later he returns with persistent symptoms and urethral swab confirms continued evidence of urethritis. He denies unprotected intercourse or exposure to untreated partners. What is the most appropriate next step in management?

- (1) Repeat azithromycin 1 g PO as a single dose.
- (2) Switch to doxycycline 100 mg PO BID for 7 days.
- (3) Prescribe moxifloxacin 400 mg PO once daily for 7 days.
- (4) Add ceftriaxone 500 mg IM once for gonorrhea coverage.
- (5) Question not attempted.

149. A T12 response is associated with which of the following outcomes in bladder cancer BCG therapy?

- (1) Successful tumor regression.
- (2) BCG treatment failure.
- (3) Increased CD8 T cell activation.
- (4) Decreased antibody production.
- (5) Question not attempted.

150. What is the main role of the adjuvant included in the intradermal vaccine?

- (1) To increase peptide solubility for better injection.
- (2) To directly kill tumor cells.
- (3) To activate dendritic cells and enhance their migration to lymph nodes.
- (4) To present antigens via MHC class I molecules.
- (5) Question not attempted.

147. Which of the following is NOT one of the six clinically defined domains in the ICD-11 classification for CPICPS?

- (1) Urinary
- (2) Infection
- (3) Obstructive symptoms
- (4) Psychosocial
- (5) Question not attempted

146. Most recurrent urinary tract infections (UTIs) in female patients are:

- (1) Complicated infections
- (2) Reinfections with different organisms
- (3) Due to bacterial resistance
- (4) Recurrence with same sensitive organism
- (5) Question not attempted

145. A 30-year-old female patient presents with flank pain and fever. A contrast enhanced CT scan is shown. The most likely diagnosis is:

- (1) Renal infarct
- (2) Acute pyelonephritis
- (3) Renal artery occlusion
- (4) Chronic pyelonephritis
- (5) Question not attempted

