

PAEA SURGERY END OF ROTATION (EOR) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. What type of pre-malignant breast cancer is characterized by atypical ductal hyperplasia?**
 - A. Ductal carcinoma in situ
 - B. Lobular hyperplasia
 - C. Lobular carcinoma in situ
 - D. Invasive lobular carcinoma

- 2. What is the diagnostic study of choice for kidney cancer?**
 - A. X-ray
 - B. CT scan
 - C. Ultrasound
 - D. MRI

- 3. Varicose veins most often occur in which type of veins?**
 - A. Pulmonary veins
 - B. Saphenous veins
 - C. Femoral veins
 - D. Deep veins

- 4. Which condition is characterized by diastolic hypertension and requires an angiogram for diagnosis?**
 - A. Raynaud's phenomenon
 - B. Subclavian steal syndrome
 - C. Renal artery stenosis
 - D. Takayasu's arteritis

- 5. What type of lung carcinoma is notably associated with paraneoplastic syndromes?**
 - A. Adenocarcinoma
 - B. Non-small cell carcinoma
 - C. Small cell carcinoma
 - D. Squamous cell carcinoma

- 6. What is pancreatitis?**
- A. A bacterial infection in the pancreas
 - B. A condition in which pancreatic enzymes begin to digest pancreatic tissue
 - C. A genetic disorder affecting lipase production
 - D. An inflammatory process in the gallbladder
- 7. What should be done to help decompress the colon in a patient with toxic megacolon?**
- A. Administer medication
 - B. Position the patient in knee-elbow position
 - C. Perform immediate surgery
 - D. Use a barium enema
- 8. What is the recommended frequency of post-operative PE after a lumpectomy?**
- A. Every 2 months for the first year
 - B. Q 3-6 months for 3 years, then annually
 - C. Annually for 5 years
 - D. Every 6 months indefinitely
- 9. Which of the following is NOT a risk factor for pancreatic carcinoma?**
- A. Obesity
 - B. Excessive alcohol consumption
 - C. Regular exercise
 - D. Tobacco use
- 10. What is the medical therapy for GIST tumors?**
- A. Chemotherapy
 - B. Radiation therapy
 - C. Imatinib
 - D. Observation

Answers

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1. B
2. B
3. B
4. C
5. C
6. B
7. B
8. B
9. C
10. C

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Explanations

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1. What type of pre-malignant breast cancer is characterized by atypical ductal hyperplasia?

- A. Ductal carcinoma in situ
- B. Lobular hyperplasia**
- C. Lobular carcinoma in situ
- D. Invasive lobular carcinoma

Atypical ductal hyperplasia is a pre-malignant condition that indicates a higher risk for developing breast cancer, specifically associated with the ductal system of the breast. The correct choice related to atypical ductal hyperplasia is ductal carcinoma in situ (DCIS). This condition occurs when there is proliferation of atypical cells in the ducts of the breast, which can be a precursor to invasive breast cancer. The presence of atypical ductal hyperplasia suggests that while the cells are not yet cancerous, they exhibit abnormal features that warrant close monitoring as they can evolve into more serious forms of breast cancer. This distinguishes atypical ductal hyperplasia from lobular hyperplasia or lobular carcinoma in situ, which involve the lobular structures of the breast rather than the ducts. Invasive lobular carcinoma, on the other hand, refers to a fully developed form of breast cancer that has spread beyond the lobules into surrounding tissues, which is not a pre-malignant state. Understanding these distinctions is crucial in breast pathology and the management of patients with varying degrees of risk for breast cancer.

2. What is the diagnostic study of choice for kidney cancer?

- A. X-ray
- B. CT scan**
- C. Ultrasound
- D. MRI

The diagnostic study of choice for kidney cancer is a CT scan. This imaging method provides detailed cross-sectional images of the kidneys and surrounding structures, allowing for better visualization of renal masses, vascular involvement, and potential metastases. The CT scan can also help in staging the cancer, which is crucial for determining the appropriate management and treatment options. Comparatively, while X-rays can identify some abnormalities, they lack the sensitivity and specificity necessary for definitive diagnosis of kidney tumors. Ultrasound is often used for initial evaluation due to its availability and lack of radiation, but it may not adequately characterize lesions or provide detailed anatomical information needed for staging. MRI, although valuable in certain clinical situations, is generally not the first-line imaging choice for kidney cancer due to its higher cost, longer acquisition time, and limited availability in some settings. Thus, the CT scan stands out as the most effective and widely used modality in diagnosing kidney cancer.

3. Varicose veins most often occur in which type of veins?

- A. Pulmonary veins
- B. Saphenous veins**
- C. Femoral veins
- D. Deep veins

Varicose veins primarily develop in the saphenous veins, which are superficial veins located in the legs. These veins are more susceptible to becoming varicose due to factors such as prolonged standing, age, hormonal changes, and lifestyle. Unlike deep veins, saphenous veins have a thinner wall structure and contain valves that can become incompetent, leading to the backflow of blood and increased pressure, which causes them to dilate and become tortuous. In contrast, the other types of veins listed have distinct anatomical and functional characteristics that make them less prone to varicosity. For example, pulmonary veins transport oxygenated blood from the lungs to the heart, while femoral veins are deeper veins that carry blood from the legs to the heart, generally being less affected by the kinds of pressure changes that lead to varicosity. Deep veins also feature a robust structure and have a more efficient mechanism for blood flow due to the surrounding muscle activity, which helps prevent the pooling of blood that can lead to varicose veins.

4. Which condition is characterized by diastolic hypertension and requires an angiogram for diagnosis?

- A. Raynaud's phenomenon
- B. Subclavian steal syndrome
- C. Renal artery stenosis**
- D. Takayasu's arteritis

The condition characterized by diastolic hypertension that requires an angiogram for diagnosis is renal artery stenosis. This condition involves the narrowing of one or both renal arteries, which supply blood to the kidneys. The reduction in blood flow triggers the kidneys to release renin, leading to secondary hypertension, often with a noticeable diastolic component. An angiogram is a critical diagnostic tool in this instance, as it allows for direct visualization of the renal arteries and can reveal the extent and severity of the stenosis. This imaging helps confirm the diagnosis and aids in evaluating the need for potential interventions, such as angioplasty or surgical revascularization. In contrast, while the other options may present with various symptoms related to vascular conditions or hypertension, they are not primarily associated with diastolic hypertension or might not require an angiogram for diagnosis. For example, Raynaud's phenomenon mainly involves peripheral vascular issues and is diagnosed clinically. Subclavian steal syndrome involves collateral circulation due to blockages but does not exclusively lead to diastolic hypertension. Takayasu's arteritis, an inflammatory condition affecting the large vessels, may present with hypertension but typically requires additional clinical criteria for diagnosis rather than directly indicating an angiogram for renal artery evaluation.

5. What type of lung carcinoma is notably associated with paraneoplastic syndromes?

- A. Adenocarcinoma
- B. Non-small cell carcinoma
- C. Small cell carcinoma**
- D. Squamous cell carcinoma

Small cell carcinoma is notably associated with paraneoplastic syndromes due to its origin from neuroendocrine cells and the various bioactive substances it produces. This type of lung carcinoma is known to secrete hormones and other substances that can lead to systemic effects, which are classified as paraneoplastic syndromes. For instance, patients with small cell lung cancer may experience symptoms like hypercalcemia due to parathyroid hormone-related peptide (PTHrP) secretion, or inappropriate antidiuretic hormone (ADH) secretion, leading to hyponatremia and the syndrome of inappropriate antidiuretic hormone secretion (SIADH). The strong association of small cell carcinoma with these syndromes sets it apart from other types of lung cancer, which may be linked to paraneoplastic effects but to a lesser extent. Adenocarcinoma, non-small cell carcinoma, and squamous cell carcinoma have their own paraneoplastic manifestations but are not as predominantly associated with these complex syndromic presentations as small cell carcinoma. Recognizing this association is crucial, as it can influence the management and therapeutic approaches for patients presenting with these symptoms.

6. What is pancreatitis?

- A. A bacterial infection in the pancreas
- B. A condition in which pancreatic enzymes begin to digest pancreatic tissue**
- C. A genetic disorder affecting lipase production
- D. An inflammatory process in the gallbladder

Pancreatitis is characterized by the condition in which pancreatic enzymes become prematurely activated within the pancreas itself, leading to the digestion of pancreatic tissue. This auto-digestion results in an inflammatory response, which can cause significant damage to the pancreas and surrounding tissues. The activation of these enzymes is typically triggered by factors such as gallstones or heavy alcohol consumption, with resultant inflammation that can vary from mild to severe. The clinical implications range from abdominal pain, nausea, and vomiting to more severe complications like pancreatic necrosis or systemic inflammatory response syndrome. The other options, while they touch on aspects of conditions related to the pancreas or the gastrointestinal system, do not accurately describe pancreatitis. The condition is not primarily a bacterial infection, nor is it a genetic disorder related to lipase production. Additionally, it is not related to an inflammatory process in the gallbladder, which would refer to cholecystitis instead. Understanding the pathophysiology of pancreatitis helps in recognizing its causes, symptoms, and potential complications, playing a crucial role in management.

7. What should be done to help decompress the colon in a patient with toxic megacolon?

- A. Administer medication
- B. Position the patient in knee-elbow position**
- C. Perform immediate surgery
- D. Use a barium enema

To help decompress the colon in a patient with toxic megacolon, positioning the patient in the knee-elbow position can be effective. This position helps facilitate the release of gas and stool buildup in the colon due to gravity and improved abdominal pressure dynamics. By encouraging the colonic contents to move downward and out, this can alleviate some of the distension seen with toxic megacolon. Toxic megacolon is a serious condition that involves significant colonic dilation and can be life-threatening. The management often includes addressing the underlying causes (like inflammatory bowel disease or infections) and alleviating the obstruction or distension. While other options exist for treatment, the knee-elbow position provides a non-invasive initial approach that can help stabilize the patient and provide symptomatic relief prior to more aggressive interventions if needed.

8. What is the recommended frequency of post-operative PE after a lumpectomy?

- A. Every 2 months for the first year
- B. Q 3-6 months for 3 years, then annually**
- C. Annually for 5 years
- D. Every 6 months indefinitely

The recommended frequency of post-operative physical examinations after a lumpectomy is typically every 3 to 6 months for the first three years, followed by annual examinations thereafter. This schedule is designed to allow for close monitoring of the patient's recovery, any potential recurrence of breast cancer, and to assess for any complications associated with the procedure or treatment. During the first few years, the risk of recurrence is higher, so more frequent evaluations are important. After this period, the risk generally decreases, and transitioning to annual exams provides a balance between ongoing monitoring and reducing the need for frequent visits, which can be burdensome for patients. This recommendation aligns with established guidelines for breast cancer survivors, focusing on maintaining vigilance during the early years post-surgery when monitoring for new symptoms or changes is crucial. The other options suggest either too infrequent or unnecessary frequency, which may not adequately support the ongoing care needs of individuals after lumpectomy.

9. Which of the following is NOT a risk factor for pancreatic carcinoma?

- A. Obesity
- B. Excessive alcohol consumption
- C. Regular exercise**
- D. Tobacco use

Regular exercise is not considered a risk factor for pancreatic carcinoma; instead, it is associated with numerous health benefits, including a reduced risk of various types of cancer. Engaging in regular physical activity can help maintain a healthy weight, improve metabolic health, and enhance overall immune function, all of which may contribute to a lower risk of developing certain malignancies, including pancreatic cancer. In contrast, obesity, excessive alcohol consumption, and tobacco use have all been established as significant risk factors for pancreatic carcinoma. Obesity has been linked to chronic inflammation and metabolic changes that can promote cancer development. Similarly, excessive alcohol consumption can lead to pancreatic inflammation and is a known risk factor for pancreatic diseases, including cancer. Tobacco use is one of the strongest risk factors for many cancers, contributing to carcinogenic processes in various tissues, including the pancreas.

10. What is the medical therapy for GIST tumors?

- A. Chemotherapy
- B. Radiation therapy
- C. Imatinib**
- D. Observation

Gastrointestinal stromal tumors (GISTs) are often associated with mutations in the KIT or PDGFRA genes, which drive tumor growth. Imatinib, a targeted therapy and tyrosine kinase inhibitor, specifically inhibits the activity of the abnormally activated KIT protein, thereby blocking the signals that promote tumor cell proliferation and survival. This makes imatinib the primary medical therapy for patients with GISTs, particularly those with unresectable tumors, metastatic disease, or when surgery cannot be curatively performed. The use of imatinib has significantly improved the outcomes for patients with GISTs, reducing tumor size and symptom burden. It is important to monitor patients on imatinib therapy for side effects and disease response, often utilizing imaging studies to assess tumor changes over time. Other treatments such as chemotherapy and radiation therapy are generally not effective for GISTs due to their unique biology. Observation may be considered in specific clinical contexts, especially for small, asymptomatic tumors, but it is not considered a primary medical therapy for GISTs when there is a risk of progression or metastasis. Therefore, imatinib is the standard and most effective medical therapy for managing these tumors.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://surgeryor-paea.examzify.com>

We wish you the very best on your exam journey. You've got this!

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