

Preparing for the Respiratory SCE Questions

Is there a cut off date for published guidelines before those appear in exam
How up to date a guideline must we read?
Roughly what percentage of CPET questions are included in the exam
What sort of 'classic pathology' images?
Will COVID 19 be included?
When are the questions decided by? I.e. is there a cut off date after which the questions are set and the newer guidelines will not be assessed on?
Hi..is it possible to conduct sce twice a year?thanks
There has been a wealth of guidelines from bts on COVID. Would this be incorporated into the exam?
For the exam questions What is the cut off date for guidelines?
Which lung cancer staging will be used? 7 or 8?
Alot of the guidelines are too dry. 1. Would the executive summary be enough? 2. Would mcq review books be an acceptable alternative?
Would their be COVID related questions in exam based on latest trials ?
If there is a conflict between the nice and BTS guidelines which one would be the preference?
When there are conflicting guidelines eg BTS nice ERS, ATS, which do we go through?
Thanks Allie / Adam!
Is it important to read international guidelines if it is not covered in BTS?
Do we use TNM 8th edition for lung cancer staging? The presentation and questions on BTS website use older edition
Can you zoom in on histology and radiology images in the exam?
Is there a calculator?
Do we need to know the studies from where the evidence comes from?
Can we make notes for ourselves like writing TNM staging for ourselves at the start of exam on a paper
Any questions after we have closed the sessions will be answered by the panellists after the course and uploaded to the BTS website in due course
What would be a good resource for finding 'classic pathology' images?
If you have a guideline from 2010 and another from 2019 on the same subject but different societies (BTS being 2010) which one should be followed?
r ers guidelines too worhthwhile reading??
How to identify tethered lung?
What is meant by centrilobular by location on CT?
Anna, is SCC much more common in the RUL than adeno?
What is tree in bud appearance?

How do you differentiate thymic malignancy from lymphoma on imaging?
how will PET scans will be represented in exam
How much GG is too much for UIP? Eg honeycombing with ground glass.
Given that most UK centres don't do lateral CXRs, will we be expected to interpret these in the exam?
Great talk Dr Beattie thanks! I know SRIF is something we sometimes mention, but is there something we could identify on imaging, or is it something we are learning about so not great for questions as it isn't well described?
How much do you need to be able to differentiate possible/probable/definitive fibrosis based on the image only?
How do you differentiate between medial and posterior mediastinal mass on frontal chest film
what is typical sequence of investigation in lung cancer ?? after cxr showing mass znd cect chest confirming ??
Can you please explain what does centrilobular mean by location
How to differentiate between thymoma vs lymphoma and thymic carcinoma?
Any other feature to suggest silicosis apart from apical change + occupational history in CXR
How to differentiate Bullae from pneumothorax on cxr?
White out lung on CXR can be challenging for diagnosis. Will looking at trachea help differentiating Pneumonectomy and total collapse of the lung?
Could you recommend a book or online resource to familiarise with classic images as well as attending mdt meetings? Thanks
How useful is PET CT scans in investigating ground glass nodules?
Could you talk about VQ scans briefly please?
What does centrilobular nodule mean?
Thank you, that was a really clear and helpful talk for a huge topic.
is there any difference on CT between lymphoma and sarcoid noes?
Thank you excellent sessions so far
All sessions from today and yesterday will be available until the exam on the website
Which guidelines best to follow for ild?
what are the specific scenario where the ILD MDT would be compelled to do a lung biopsy, and if needed, what scenario where the operator would recommend, as choice to get biopsy 1) open lung biopsy 2) percutaneous biopsy 3) transbronchial biopsy 4) VATS biopsy
Is there an interaction of anti fibrotics with anticoagulants
Can you talk a little about the role of BAL in ILD and any diagnostic findings on BAL which would lead to a particular diagnosis
Is there a role of BAL in ILD when diagnosis is unclear
Is there any value of doing bronchial lavage in diagnosis of HP? And what cells we would need to send the sample for?

Is Steroid helpful in acute exacerbations?
If an IPF patient failed on one anti fibrotic, are they supposed to have a trial of a second anti fibrotic?
Can you tell us a bit about the utility of BAL cd4:cd8 in the diagnostic process?
If pirfenidone treatment fails is there any indication of starting nintedamib ?
any age limit for offering or not offering treatment?
we used to think of ILD as mostly restrictive in nature, but apparently that's not the case as some give obstructive pft. are there diseases that give a mixed pattern??
Is there a contraindications to antifibrotics related to decline in lung function
How often do you follow up pts on antifibrotic treatment
How often do you follow up pts on antifibrotic treatment
How often do you follow up patients who are on antifibrotic treatment
How often do you follow up pts who do not yet meet the criteria for antifibrotic
You said if they fail then try another one. Does the Guidelines not say to stop antifibrotic if fvc drop 10% in a year time?
Exam question: how much histo will be in the exam and how much will we need to know? Thanks
Ok thank you. Thankfully not yet
Dr Burns did touch on this in his talk. But I was hoping he could. Iarofy why in asthma the inspiratory loop shape does not match the expiratory loop shape. Like it does in a unilateral lesion obstructing a main bronchus?
Why is TLCO often used clinically in preference to KCO?
In what context is A-a gradient significant
What is the use of MEF 25-50 or 50-75?
Can you recommend which physiology online material for SCE exam revision?
Why in VQ mismatching (ie type 1 respiratory failure) is the oxygen affected and not the CO2?
Will we be expected to be able to interpret impulse oscillometry?
Following up to what Dr Burns mentioned about the AA gradient distinguishing between Ventilatory failure and A primary lung problem. Does this mean that in extra pulmonary restriction without pulmonary hypertension the AA gradient should always be normal?
How does regional ventilation vary with positive pressure ventilation?
how to measure shunt fraction, and in what setting would it be helpful?
Any tips on CPET
What is difference b/w body plethysmography and helium dilution method

I lost signal on treatment of high risk - did you say Iv prostanoid - was there another agent as well
Can you explain the comment you made about V/Q scan in diagnosis? You said its the investigation of choice for cteph, is that not just tue case for distal disease were ctpa is inconclusive? Operability still depends on ctpa.
Is there an mpap level at which known lung disease cannot explain the degree of PAH i.e. pah out of keeping with underlying lung disease?
Is there any role of anticoagulation in all causes of PAH In improving survival?
For exam purpose, what should be the first line of treatment please for each class of PH?
in portal hypertension related PH. Does the PH and Right heart dysfunction resolve following liver transplant?
1.Is there a role of PAH specific drugs in those who are vasoreactive? 2. Why is it harmful to give PAH drugs in group 2? Sorry cant use mic
Provoked first PE episode with large volume multiple PE, saddle thrombus, will you stop anticoagulant at 3 months?
Sorry for a v basic questions In a high risk PAH patient we give iv prostanoids How frequently do we give them and how long for. Patients who are asymptomatic that need screening and how often?
Do u normally anticoagulate patient with IPAH?
In CTEPH- the slide mentioned PAH tx as part of the medical mx. What is meant by that? Ie. Endothelin antagonist etc...?
Do you treat respiratory disease associated PAH such as Sarcoid/Pulmonary langerhans histiocytosis with the same targeted therapy as IPAH?
For thrombolysis in PE , is there any benefit of thrombolysis with severe hypoxic Respiratory Failure without any haemodynamic instability?
What advice do you have for women with PAH who wish to have children?
Are vasoreactive responders on cc blockers need to repeat right heart cath after one year
Do you have any echo "cut offs" or clues for when you get suspicious for class I PH.eg. PAH in patients who may have other risk factors for PH like chronic lung disease
Do you need to treat segmental PE?
Which groups do you give CCBs to
echo overestimate actual pulmonary pressure is that right?
Any role for long term anticoagulation for non-Group 4 PH?

Is there a particular ERA and Phosphodiesterase inhibitor drug combo that has better efficacy than others? Or are all ERAs equal? Thank you, excellent talk.
<p>David has responded to a query on Zoom about whether echo can overestimate PAP:</p> <p>Yes Echo can overestimate PAP particularly in lung disease. There is a nice paper by Arcasoy et al. In severe lung disease mild elevations in PAP are common and sPAP can rise by 30mmHg during an acute exacerbation. If echo suggests elevated PAP in lung disease and performed during an exacerbation and severe elevation I would suggest repeating after the exacerbation treated. If concerns about you could do a CTPA. Important NOT to exclude patients with severe emphysema from LVRS on the result of an elevated sPAP from echo. If doubt do a RHC in this population.</p>
Does the TNM stage of malignant mesothelioma change management per se? Seeing as options of chemo, Talc/IPC and pleurectomy decortication are not necessarily based on a particular TNM stage as such?
Is the haematological paraneoplastic syndrome more associated with a particular type of lung cancer?
If the lesion is greater than 1cm, you said the relapse rate post wedge resection is 20-25%, is that true even if they have adjuvant chemo or radiotherapy? Thanks for a great talk btw. Aaron
Not for this topic . In general, Is there any question bank we should follow before exam ??
Are we likely to need to do calculations in the exam like that complicated one about the segments and FEV1
Regarding staging: does rib fracture and vertebral fracture count as T3 and T4, or actually counted as Mets? Its not clear from the staging
Do v need to know staging of mesothelioma for exam purpose
I've seen the occasional use of surgery in N3 disease. For the exam purpose would this be wrong?
How do v decide about immunotherapy role in NSCLC as well as SCLC
ALK and EGFR targeted therapy+immunotherapy in Lung cancer? How much to expect in exam in this area?
T3 vs T4 disease: tumour in main bronchus with satellite nodule in one of the lobes is it T3 or T4 disease? Is tumour in main bronchus and satellite nodule in the same lobe or different lobe?
<p>Role of radiotherapy in treatment of lung cancer?</p> <p>Indication for whole brain radiotherapy Vs stereotactic radiosurgery please</p>
What is the role of RFA in lung cancer or when would you consider it?
a brief comment about SBAR please, indication, contraindication etc etc
What is the role for microwave ablation in management of lung cancer ?

May just be my brain on a Friday PM but the post op FEV1 calculation can be difficult without a calculator in the exam/ time consuming
is it must to have a histology prior to SABR?
Any size cut off limit for SABR?
Sorry I missed it but when is topitectan used?
Would you not apply the Brock nodel to an 8mm nodule before deciding on further surveillance vs pet
Do you suggest to follow any question bank for exam??
Please where on the bts website can we access the sessions recording
Sorry if this has already been asked but what is the deadline date for new guidelines?
In the smear +ve TB question, why 2x negative smears rather than 3x?
Units if partial pressure will be kp only or also mmHg
In regards to TNM staging, will we be expected to stage disease from imaging?
I got 76% so please can I have mine!
If I booked exam in a city with raising COVID cases can I change city where I'm taking exam?
This is probably a stupid q, so we get a pen and paper in exam #oldschool
Is the pass mark set before the exam sitting or after the exam when you have the results?
Which guidelines should we follow for ILD?
With regards to lung function reference values in the exam - would we expect z scores or percentage predicted?
In a patient with NSCLCA T4 No Mo, could surgery be considered if there is involvement of oesophagus or trachea? (I understand surgery can be considered upto IIIa disease n above falls in IIIa) sorry posted same question on zoom chat
A patient diagnosed with smear positive Tb works in a shop where he comes in contact with other ppl, what is the criteria for screening the colleagues ?? Sorry for basic question
Are we allowed to write down TNM staggings for ourselves as the exam starts because we may forget it while going through the questions?
Does the score of this mock exam correlate woth the real thing?
Excellent course, thank you so much
Why do we check pre and post bronchodilator reversibility in asthma but only post bronchodilator in copd?
For questions referring to inhalers will they refer to them generically or by brand name or just in terms of LABA/ICS etc