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## CME examination

Identification No. JA0119

January 2019 issue of the Journal of the American Academy of Dermatology.

Gardner LJ, Strunck JL, Wu YP, Grossman D. J Am Acad Dermatol 2019;80:1-12.

*Directions for questions 1-3: Choose the single best response.*

1. Which of the following is NOT a potential contributing factor to recent trends in increased melanoma incidence?
  - a. Increased exposure to ultraviolet radiation
  - b. Variation in case ascertainment and reporting
  - c. Increased vitamin D consumption
  - d. Increased screening and biopsy specimens
  - e. Overdiagnosis of melanoma
2. Which of the following is the most clearly demonstrated benefit to melanoma screening?
  - a. Detection of other skin abnormalities
  - b. Less reliance on skin self-examination
  - c. Increased use of skin self-examination
  - d. Detection of earlier stage (ie, thinner) melanoma
  - e. Reduction in the number of skin biopsy specimens obtained

A 37-year-old woman had a biopsy specimen obtained from a lesion on her arm that showed invasive melanoma to a depth of 0.5 mm. The pathology report also noted the absence of ulceration and mitotic figures, but histologic features of regression in the lower 25% of the tumor.

3. What is the most appropriate course of management?
  - a. Wide local excision with 1-cm margins, but sentinel lymph node biopsy is not indicated
  - b. Tell her that because regression indicates an immune antitumor response, her risk of recurrence is low
  - c. Regression may preclude an accurate assessment of tumor depth, and therefore excision with 2-cm margins is indicated
  - d. According to American Joint Committee on Cancer guidelines, regression in thin melanoma is an indication for sentinel lymph node biopsy
  - e. The metastatic risk of melanoma with regression is unpredictable, so additional molecular testing is indicated