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CME examination

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Klapperich ME, Bowen GM, Grossman D. J Am Acad Dermatol 2019;80:15-25.

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

A 46-year-old woman presents to the clinic with a concern about a changing mole. A biopsy specimen was obtained from the lesion using the shave biopsy technique, and the pathology results are consistent with melanoma, depth at least 0.7 mm, without ulceration. The pathologist confirms that the maximum depth cannot be absolutely determined because the deep margin is positive, but that the deep margin is only focally involved.

1. What is the most appropriate next step in management?
 - a. No further treatment is necessary
 - b. Assume the depth from the biopsy specimen is accurate and treat with wide local excision with 1-cm margins
 - c. Perform another biopsy procedure to remove any residual disease
 - d. Wide local excision with 1-cm margins and sentinel lymph node biopsy
 - e. Wide local excision with 2-cm margins and sentinel lymph node biopsy

A 54-year-old man was recently diagnosed with minimally invasive (0.71-mm) nonulcerated stage I melanoma. He requested to have the 31-gene expression profile (GEP) prognostic test performed, and the results came back as GEP class 2.

2. Based on this result, what should the patient be told?
 - a. He should have wide local excision with 2-cm margins because his melanoma is higher risk
 - b. Wide local excision with conventional (1-cm) margins and a sentinel lymph node biopsy is needed
 - c. His risk of future distant metastasis is higher than would be predicted by his pathology results
 - d. He has a higher 5-year overall survival than GEP class 1 patients with the same melanoma depth
 - e. Additional molecular testing is needed to decide whether a sentinel lymph node biopsy is indicated

A 49-year-old woman presents to the clinic for follow-up. She was diagnosed with stage IIB melanoma on the upper thigh 1 year earlier.

3. What is the most appropriate screening plan going forward?
 - a. Skin examination and a computed tomography (CT) scan every 3-6 months for the next 4 years
 - b. Skin examination and a CT scan every 3-6 months, and a magnetic resonance imaging scan of the brain every year for the next 4 years
 - c. Skin examination every 3 months, but no imaging for the next 4 years
 - d. Skin examination and regional ultrasound imaging every 6-12 months for the next 9 years
 - e. Skin examination every 3-6 months and regional ultrasound imaging every 6-12 months for the next 2-4 years