

Melanoma: Review Questions

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QUESTIONS

Choose the single best answer for each question.

- Which of the following is the current lifetime risk for developing melanoma in the United States?**
 - 1 in 25
 - 1 in 75
 - 1 in 250
 - 1 in 1000
 - 1 in 1500
- Each of the following is a risk factor for developing melanoma EXCEPT:**
 - Family history of melanoma
 - Increased recreational sun exposure
 - Number of melanocytic nevi
 - Number of seborrheic keratoses
 - Personal history of melanoma
- Each of the following is a physical examination finding in patients with melanoma EXCEPT:**
 - Bleeding
 - Color changes
 - Crusting
 - Inflammation
 - Symmetry
- Which of the following types of melanoma is most common?**
 - Acral-lentiginous melanoma
 - Lentigo maligna melanoma
 - Nodular melanoma
 - Superficial nodular melanoma
 - Superficial spreading melanoma
- Which of the following types of melanoma is most commonly found in Asians and African Americans?**
 - Acral-lentiginous melanoma
 - Lentigo maligna melanoma
 - Lentigo nodular melanoma
 - Nodular melanoma
 - Superficial spreading melanoma
- Which of the following is the most useful variable in predicting the prognosis of a patient with a melanoma?**
 - Age of the patient at diagnosis
 - Mitotic rate of the tumor
 - Size of the tumor
 - Thickness of the tumor
 - Type of melanoma
- Which of the following is the preferred treatment for a melanoma that is detected early?**
 - Biotherapy
 - Chemotherapy
 - Cryotherapy
 - Radiation therapy
 - Surgical excision

(turn page for answers)

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EXPLANATION OF ANSWERS

- (B) 1 in 75.** The incidence of melanoma is increasing at a rate greater than any other cancer in the United States. In 1935, the lifetime risk for developing melanoma in the United States was 1 in 1500. In 1960, the risk was 1 in 600. Currently, it is 1 in 75. Increased recreational sun exposure is speculated to be part of the reason for the dramatic rise in the incidence of melanoma.
- (D) Number of seborrheic keratoses.** The major risk factors for developing melanoma include increased recreational sun exposure, number of melanocytic nevi, and family and personal history of melanoma. Alteration of the atmosphere by pollutants, resulting in increased radiation, is also an important factor. People who have had multiple or severe sunburns have up to a 3-fold increased risk for developing melanoma.
- (E) Symmetry.** The “ABCD” checklist for detecting melanoma includes features of a physical examination. “A” refers to asymmetry, “B” refers to border irregularity, “C” refers to color changes, and “D” refers to a diameter greater than 6 mm. Other findings include crusting, bleeding, and inflammation. It is important to note that not all melanomas manifest the ABCD warning signs.
- (E) Superficial spreading melanoma.** Superficial spreading melanoma accounts for 70% of all melanomas worldwide. This type of melanoma can develop anywhere on the body, but it is most frequently seen on the upper back of both men and women and on the legs of women. The median age at diagnosis is 44 years.
- (A) Acral-lentiginous melanoma.** Acral-lentiginous melanomas are uncommon in white persons but are the most common type of melanoma found in Asians and African Americans. Acral-lentiginous melanomas usually appear on the palms of the hands, the soles of the feet, and on the mucous membranes. The sole of the foot is the most common site of melanoma in non-white persons.
- (D) Thickness of the tumor.** Tumor thickness is the most important variable in predicting the prognosis of a patient with a melanoma. Patients with thin lesions (a thickness less than 0.75 mm) have a 5-year survival rate greater than 98%. Patients with thick lesions (greater than 4 mm in thickness) have a 5-year survival rate less than 50%. The pathologist determines the thickness of the tumor and reports it in terms of the Breslow microstage (in millimeters) and the Clark level of invasion.
- (E) Surgical excision.** Melanoma is curable if detected early and surgically excised. A surgical margin of at least 1 cm is needed. Therapy for metastatic disease is limited. Although chemotherapy, biotherapy, and vaccines have been used, these therapies have not had a significant impact on survival of patients with metastatic disease.

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