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CME examination

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Cornejo CM, Jambusaria-Pahlajani A, Willenbrink TJ, Schmults CD, Arron S, Ruiz ES. J Am Acad Dermatol 2020;83:719-30.

Directions for questions 1 and 2: Choose the single best response.

A 70-year-old woman with systemic lupus erythematosus presents to your clinic with a chief complaint of worsening rough spots on her legs over the past year. Her examination is notable for field cancerization of her legs with numerous discrete and confluent actinic keratoses, several of which are hyperkeratotic, but not concerning for invasive disease.

1. Which of the following is the most appropriate treatment option in this patient?
 - a. Perform cryotherapy to as many lesions as you can
 - b. Start imiquimod 5% cream twice weekly to both legs
 - c. Refer the patient for daylight photodynamic therapy
 - d. Start acitretin 10 mg daily and schedule follow-up for 3 months
 - e. Pretreat hyperkeratotic lesions with curettage and perform weekly chemowraps

A 50-year-old man with a history of renal transplant and multiple cutaneous squamous cell carcinomas presents to your clinic for a skin check. He has had an accelerating frequency of actinic keratoses despite repeated courses of field-directed therapies. You consider initiation of acitretin for oral chemoprophylaxis.

2. Which of the following should be discussed with the patient before starting acitretin?
 - a. Cutaneous squamous cell carcinoma formation will return to baseline rates when treatment is discontinued
 - b. Most patients experience side effects even at low doses, making it hard to find a dose that is well tolerated
 - c. Intermittent courses are more effective than continuous therapy
 - d. Field-directed therapies are not necessary for patients who are taking acitretin
 - e. Acitretin should not be used in solid organ transplant patients