
To claim CME credit, successfully complete this case-based posttest online at <https://digital-catalog.aad.org/diweb/catalog/t/12952/o/-esd>. Note: CME quizzes are available after the first of the month in which the article is published. If you have any questions, please contact the Member Resource Center of the American Academy of Dermatology toll-free at (866) 503-SKIN (7546), (847) 240-1280 (for international members), or by e-mailing mrc@aad.org.

CME examination

Identification No. JA1120

November 2020 issue of the Journal of the American Academy of Dermatology.

Barrios DM, Do MH, Phillips GS, Postow MA, Akaike T, Nghiem P, Lacouture ME. J Am Acad Dermatol 2020;83:1239-53.

Directions for questions 1-4: Choose the single best response.

A previously untreated 58-year-old woman is recently diagnosed with stage IV unresectable melanoma. Pending the result of her *BRAF* V600 mutation status, she is interested in receiving systemic therapy with immune checkpoint inhibitors.

1. Assuming that she does *not* have a *BRAF* V600 mutation, which of the following is most likely to prolong this patient's overall survival?
 - a. Nivolumab plus ipilimumab combination therapy
 - b. BRAF inhibitor/MEK inhibitor combination (dabrafenib plus trametinib)
 - c. Monotherapy with the anti-cytotoxic T-lymphocyte-associated protein-4 monoclonal antibody ipilimumab
 - d. Nivolumab plus ipilimumab combination therapy or monotherapy with the anti-programmed cell death-1 monoclonal antibodies nivolumab or pembrolizumab
 - e. No treatment is appropriate
2. Had this patient initially presented with a poor performance status and been concerned about drug toxicity, what would be a tolerable, yet efficacious anticancer regimen option for her?
 - a. Nivolumab plus ipilimumab combination therapy
 - b. BRAF inhibitor/MEK inhibitor combination (dabrafenib plus trametinib)
 - c. Monotherapy with the anti-cytotoxic T-lymphocyte-associated protein-4 monoclonal antibody ipilimumab
 - d. Monotherapy with the anti-programmed cell death-1 monoclonal antibodies nivolumab or pembrolizumab, or the anti-cytotoxic T lymphocyte associated protein-4 monoclonal antibody ipilimumab
 - e. Monotherapy with the anti-programmed cell death-1 monoclonal antibodies nivolumab or pembrolizumab

A 70-year-old woman with a rapidly enlarging cutaneous lesion on the left elbow was diagnosed with primary Merkel cell carcinoma 2 years ago. She underwent wide local excision, a biopsy specimen was obtained from a sentinel lymph node, and axillary lymph node dissection was performed. One year later, she presented with recurrent disease on the left arm and a large axillary mass that was associated with worsening lymphedema. The mass was not deemed resectable and the patient did not want to undergo surgery. The patient received radiation therapy to her axillary mass, but new lymph node and subcutaneous metastases were further identified on her left arm.

3. Which therapy would you offer her at this point?
 - a. Chemotherapy
 - b. Combined radiation and chemotherapy
 - c. No further therapy, supportive care only
 - d. Ipilimumab
 - e. Pembrolizumab
4. If this patient were to develop grade 3 rash upon receiving the recommended therapy in question 3, which of the following would be indicated?
 - a. Discontinuation of the recommended therapy
 - b. Interruption of the recommended therapy and initiation of systemic glucocorticoids
 - c. Interruption of the recommended therapy and initiation of infliximab
 - d. Continuation the recommended therapy and initiation of systemic glucocorticoids
 - e. No intervention is necessary