

SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME (Code SMJ 201710B)

Question 1. Regarding mammography findings of ductal carcinoma *in situ* (DCIS):

- (a) Microcalcifications detected on mammography are commonly due to DCIS.
- (b) Most screening-detected DCIS cases are identified as abnormal microcalcifications on mammography.
- (c) Coarse popcorn-like calcifications are typical of DCIS.
- (d) Linear-branching microcalcifications are suspicious for DCIS.

True False

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Question 2. Regarding DCIS on ultrasonography:

- (a) Currently, DCIS is more commonly detected on sonography than on mammography.
- (b) DCIS only presents as abnormal microcalcifications on sonography.
- (c) Differential diagnoses for intraductal masses include papillomas and DCIS.
- (d) Ductal ectasia can be associated with malignancy and any co-existing intraductal mass with mobile internal echoes should be biopsied.

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Question 3. Regarding breast magnetic resonance (MR) imaging:

- (a) Mammography is more sensitive than MR imaging in identifying DCIS.
- (b) MR imaging is superior to mammography and breast ultrasonography in assessing the extent of disease in the preoperative setting.
- (c) MR imaging kinetics is more important than evaluation of lesion morphology in the assessment of non-mass enhancement.
- (d) The clumped enhancement pattern on breast MR imaging is of no clinical significance.

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Question 4. Regarding the clustered ring enhancement sign on MR imaging:

- (a) This MR imaging sign has a high negative predictive value.
- (b) The presence of clustered, small enhancing ring lesions is strongly associated with DCIS.
- (c) Lesions such as papillomas and atypical ductal hyperplasia may also demonstrate this MR imaging sign.
- (d) The 'picture-frame' sign is a variant of the clustered ring enhancement sign and should be biopsied.

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Question 5. Regarding breast biopsies:

- (a) Vacuum-assisted biopsy is more expensive but less accurate than spring-loaded core needle biopsy.
- (b) Papillary lesions diagnosed from core needle biopsies may have a small malignant upgrade rate in subsequent breast excision surgeries.
- (c) Asymptomatic breast ductal ectasia without suspicious features on imaging usually does not require biopsy.
- (d) When the MR imaging clustered ring enhancement sign is observed, surgical resection should be considered even if the percutaneous core biopsy reveals benign histological findings.

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Doctor's particulars:

Name in full: _____ MCR no.: _____
Specialty: _____ Email: _____

SUBMISSION INSTRUCTIONS:

Visit the SMJ website: <http://www.smj.org.sg/current-issue> and select the appropriate quiz. You will be redirected to the SMA login page.

For SMA member: (1) Log in with your username and password (if you do not know your password, please click on 'Forgot your password?'). (2) Select your answers for each quiz and click 'Submit'.

For non-SMA member: (1) Create an SMJ CME account, or log in with your SMJ CME username and password (for returning users). (2) Make payment of SGD 21.40 (inclusive of 7% GST) via PayPal to access this month's quizzes. (3) Select your answers for each quiz and click 'Submit'.

RESULTS:

(1) Answers will be published online in the SMJ December 2017 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 4 December 2017. (3) Passing mark is 60%. No mark will be deducted for incorrect answers. (4) The SMJ editorial office will submit the list of successful candidates to the Singapore Medical Council. (5) One CME point is awarded for successful candidates.

Deadline for submission: (October 2017 SMJ 3B CME programme): 12 noon, 27 November 2017.