

## SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME

(Code SMJ 202103B)

	True	False
1. Most pancreatic neuroendocrine tumours (pNETs) are hypervascular in nature.	<input type="checkbox"/>	<input type="checkbox"/>
2. In this pictorial essay, pancreatic lesions are defined as hypervascular when they demonstrate greater or equal enhancement to the background pancreatic parenchyma.	<input type="checkbox"/>	<input type="checkbox"/>
3. Splenic artery pseudoaneurysms involve all the three walls of the artery.	<input type="checkbox"/>	<input type="checkbox"/>
4. Splenic artery aneurysms are usually smaller than 3 cm.	<input type="checkbox"/>	<input type="checkbox"/>
5. Splenic artery aneurysms and pseudoaneurysms typically demonstrate similar enhancement to the aorta and communicate with the splenic arteries.	<input type="checkbox"/>	<input type="checkbox"/>
6. An intrapancreatic splenule commonly presents as a well-defined hypervascular lesion with enhancement patterns and magnetic resonance (MR) signal intensities similar to those of the spleen.	<input type="checkbox"/>	<input type="checkbox"/>
7. Technetium-99m heat-damaged red blood cell or sulfur colloid studies are useless in the diagnosis of intrapancreatic splenule.	<input type="checkbox"/>	<input type="checkbox"/>
8. All pNETs are benign.	<input type="checkbox"/>	<input type="checkbox"/>
9. Due to the increasing use of cross-sectional imaging such as computed tomography (CT), most of the pNETs that are detected nowadays are non-functional.	<input type="checkbox"/>	<input type="checkbox"/>
10. pNETs can be associated with genetic syndromes such as von Hippel-Lindau and multiple endocrine syndrome Type 1.	<input type="checkbox"/>	<input type="checkbox"/>
11. In equivocal cases with strong clinical suspicion of pNETs, gallium-68 DOTATATE positron emission tomography/CT study is useful for further evaluation.	<input type="checkbox"/>	<input type="checkbox"/>
12. When multiple hypervascular lesions are seen in the pancreas, the first and most sensible diagnosis is pNET of the pancreas.	<input type="checkbox"/>	<input type="checkbox"/>
13. The most common primary malignancy that metastasises to the pancreas is renal cell carcinoma.	<input type="checkbox"/>	<input type="checkbox"/>
14. Serous cystic neoplasms always present with an obvious cystic mass in the head of the pancreas on CT.	<input type="checkbox"/>	<input type="checkbox"/>
15. When an elderly woman presents with a cystic pancreatic head lesion with a central scar and calcification, the most likely diagnosis is mucinous cystic neoplasm of the pancreas.	<input type="checkbox"/>	<input type="checkbox"/>
16. T1-weighted sequence is extremely useful to confirm the presence of subacute blood products when a solid pseudopapillary epithelial neoplasm (SPEN) is suspected in a pancreatic tail lesion in a young female patient.	<input type="checkbox"/>	<input type="checkbox"/>
17. When SPENs are associated with capsular/parenchymal invasion, perineural/vascular invasion or liver metastasis, malignant differentiation should be considered.	<input type="checkbox"/>	<input type="checkbox"/>
18. Acinar cell carcinoma (ACC) is a common epithelial neoplasm of the pancreas.	<input type="checkbox"/>	<input type="checkbox"/>
19. ACC is a benign neoplasm of the pancreas.	<input type="checkbox"/>	<input type="checkbox"/>
20. Although ACCs are classically described as a hypovascular lesion of the pancreas, they are included in the algorithm because (a) not all ACCs are hypovascular when the central necrotic component is excluded; (b) non-specific morphological imaging features of ACCs still require histological correlation; and (c) to avoid early dismissal of this diagnosis by inexperienced radiologists.	<input type="checkbox"/>	<input type="checkbox"/>

### 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 May 2021 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 10 May 2021. (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. (6) SMC credits CME points according to the month of publication of the CME article (i.e. points awarded for a quiz published in the March 2021 issue will be credited for the month of March 2021, even if the deadline is in May 2021).

**Deadline for submission (March 2021 SMJ 3B CME programme): 12 noon, 3 May 2021.**