



CME POST-TEST

All post-tests must be completed and submitted online.

EXPIRATION DATE: MARCH 2023

Earn Category I CME Credit by reading both CME articles in this issue, reviewing the post-test, then taking the online test at <http://cme.aapa.org>. Successful completion is defined as a cumulative score of at least 70% correct. This material has been reviewed and is approved for 1 hour of clinical Category I (Preapproved) CME credit by the AAPA.

BARRIERS TO CERVICAL CANCER SCREENING

1. The USPSTF recommends that women ages 21 to 65 years of age who have not had a hysterectomy be screened with cytology how often?
 - a. annually
 - b. every 2 years
 - c. every 3 years
 - d. every 5 years
2. Which statement is correct about immigrants and cancer screening?
 - a. About 1 in 5 residents in the United States were born abroad.
 - b. Immigrants have been found to have lower screening rates than native-born citizens in cervical, breast, and colorectal cancers.
 - c. Immigrants have been found to have lower rates of cervical cancer than native-born citizens.
 - d. Screening rates for cervical cancer in immigrants are lower compared with medically underserved non-immigrants in the United States.
3. Which statement about cervical cancer is correct?
 - a. According to the CDC, since the introduction of the Pap smear in the United States, deaths from cervical cancer have decreased 54%.
 - b. Cervical cancer is the third most common cancer in women.
 - c. The Pap smear was introduced in the United States in the 1940s.
 - d. More than half of cervical cancers occur in US women who have rarely or never been screened.
4. The USPSTF recommends that women ages 30 to 65 years may lengthen screening intervals to 5 years under which conditions?
 - a. A combination of cytology and HPV testing
 - b. A combination of cytology and *Chlamydia trachomatis* testing
 - c. Colposcopy and STI screening
 - d. Cytology and a history of a single sexual partner
5. Researchers found the highest rates of women who were unscreened for cervical cancer originated from which region?
 - a. Africa
 - b. South America
 - c. The former Soviet Union
 - d. Europe

PSORIASIS VULGARIS

6. Psoriasis affects what percentage of the US population?
 - a. 1.2%
 - b. 2.3%
 - c. 3.2%
 - d. 5.3%
7. Psoriasis vulgaris skin lesions characteristically are localized in which areas of the skin?
 - a. The knees and elbows, along the scalp, the lower lumbosacral, the buttocks, and genital areas
 - b. The knees and elbows, along the scalp, the chin, the lower lumbosacral region, and the buttocks
 - c. The knees and elbows, the soles of the feet, the lower lumbosacral region, the buttocks, and genital areas
 - d. The knees and elbows, the eyelids, the palms of the hands, the buttocks, and genital areas
8. What is Auspitz sign?
 - a. Pitting onychodystrophy and oil spots
 - b. Well-demarcated, elevated, erythematous plaques with a silver scaly surface
 - c. A traumatic induction of psoriatic lesions developing in areas where psoriasis was previously recorded
 - d. Blood droplets that appear on the erythematous surface when scales are physically removed from a psoriatic plaque
9. Patients with severe or a prolonged duration of psoriasis vulgaris have increased morbidity and mortality from which cause?
 - a. schizophrenia
 - b. cardiovascular events
 - c. malignant melanoma
 - d. osteoarthritis
10. Which conditions are included in the differential diagnosis of psoriasis?
 - a. seborrheic dermatitis, eczematous dermatitis, candidiasis, tinea, Reiter syndrome, and Paget disease
 - b. seborrheic dermatitis, eczematous dermatitis, basal cell carcinoma, tinea, Bowen disease, and Reiter syndrome
 - c. seborrheic dermatitis, eczematous dermatitis, candidiasis, tinea, Bowen disease, and Paget disease
 - d. seborrheic dermatitis, eczematous dermatitis, candidiasis, tinea, Kaposi sarcoma, and Paget disease