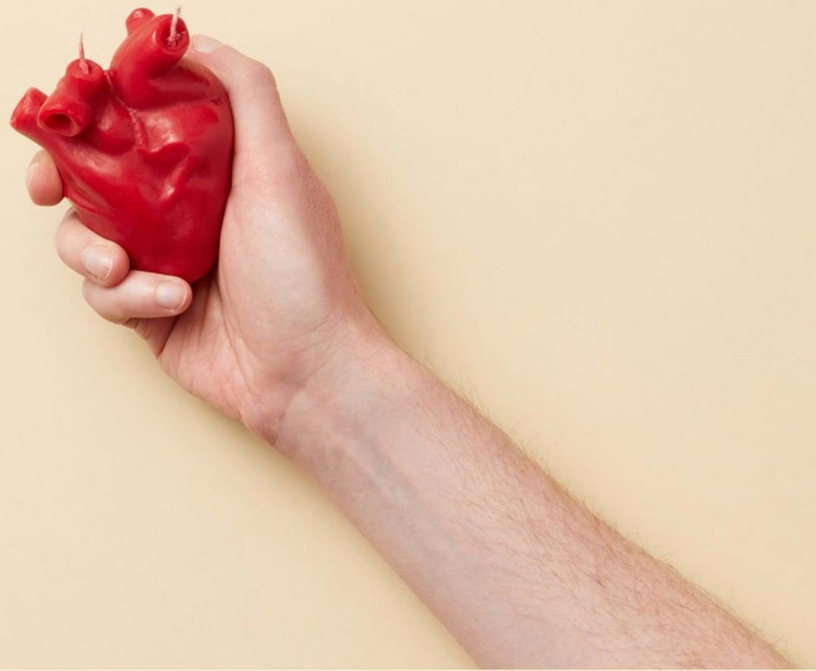


SOFT TISSUE LESIONS PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. Which tumor is most commonly associated with MDM2 amplification?**
 - A. Lipoma
 - B. Rhabdomyosarcoma
 - C. Dermatofibrosarcoma protuberans
 - D. Liposarcoma

- 2. What is the role of molecular testing in soft tissue sarcomas?**
 - A. Detects metastasis using radiology
 - B. Assesses tumor size on imaging
 - C. Confirms specific subtypes (translocations or amplifications), guides prognosis and potential targeted therapy
 - D. Evaluates patient's overall health

- 3. Which immunohistochemical markers are most helpful in diagnosing leiomyosarcoma?**
 - A. Keratin positivity with S-100 positivity.
 - B. Desmin, SMA, and h-caldesmon positivity; keratin typically negative; S-100 negative.
 - C. CD34 positivity.
 - D. Myogenin positivity.

- 4. Which statement best describes the MRI features of pigmented villonodular synovitis?**
 - A. Intra-articular mass with synovial proliferation and hemosiderin
 - B. Solid mass with fat signal
 - C. Calcified mass with rim enhancement
 - D. Cystic lesion with internal hemorrhage

- 5. How does undifferentiated pleomorphic sarcoma usually appear on MRI?**
 - A. Homogeneous mass with smooth margins.
 - B. Well-defined mass with fat.
 - C. Heterogeneous, poorly defined mass with necrosis or hemorrhage; variable enhancement.
 - D. Small nodular lesion with no enhancement.

- 6. Which tumor is the malignant adipocytic tumor?**
- A. Lipoma
 - B. Angiolipoma
 - C. Liposarcoma
 - D. Dermatofibrosarcoma protuberans
- 7. The t(X;18) translocation results in the SS18-SSX fusion seen in which sarcoma?**
- A. Synovial sarcoma
 - B. Ewing sarcoma
 - C. Rhabdomyosarcoma
 - D. Osteosarcoma
- 8. Which option describes a border that is not even or symmetrical?**
- A. Regular border
 - B. Irregular border
 - C. Smooth margin
 - D. Raised margin
- 9. Which is a risk factor for skin cancer?**
- A. Regular sunscreen use.
 - B. Eating carrots.
 - C. Excess UV radiation from sunlight or tanning beds.
 - D. Low exposure to sun.
- 10. Which tumor is most likely to show biphasic histology with epithelial and spindle-cell components?**
- A. Synovial sarcoma
 - B. Ewing sarcoma
 - C. Rhabdomyosarcoma
 - D. Osteosarcoma

Answers

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1. D
2. C
3. B
4. A
5. C
6. C
7. A
8. B
9. C
10. A

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Explanations

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1. Which tumor is most commonly associated with MDM2 amplification?

- A. Lipoma
- B. Rhabdomyosarcoma
- C. Dermatofibrosarcoma protuberans
- D. Liposarcoma**

MDM2 amplification is a hallmark feature used to identify certain adipocytic tumors. In well-differentiated and dedifferentiated liposarcomas, the MDM2 gene on chromosome 12q13-15 is frequently amplified (often with CDK4), which helps confirm the diagnosis and distinguish these from benign lipomas that typically don't show this alteration. Rhabdomyosarcoma is driven by myogenic genetic changes (like PAX3/7-FOXO1 in the alveolar type) rather than MDM2 amplification, and dermatofibrosarcoma protuberans is driven by COL1A1-PDGFB fusion, not MDM2. Therefore, liposarcoma is the tumor most commonly associated with MDM2 amplification.

2. What is the role of molecular testing in soft tissue sarcomas?

- A. Detects metastasis using radiology
- B. Assesses tumor size on imaging
- C. Confirms specific subtypes (translocations or amplifications), guides prognosis and potential targeted therapy**
- D. Evaluates patient's overall health

In soft tissue sarcomas, molecular testing is used to identify specific genetic changes that define each tumor's subtype, which then informs prognosis and potential targeted therapy. These tests look for characteristic gene fusions or amplifications that act as signature features of many sarcomas. Confirming the subtype with these molecular changes helps solidify the diagnosis when morphology is unclear and guides treatment decisions. For example, some sarcomas have well-known fusions, such as EWSR1-FLI1 in Ewing sarcoma or SS18-SSX in synovial sarcoma, and recognizing these changes can confirm the diagnosis. Others may carry actionable targets, like NTRK fusions or MDM2 amplification, which can steer use of targeted therapies or trials. Molecular testing thus adds precision beyond traditional histology and immunohistochemistry. It's important to note that this testing isn't used to detect metastasis or measure tumor size—that role belongs to imaging—nor does it assess the patient's overall health.

3. Which immunohistochemical markers are most helpful in diagnosing leiomyosarcoma?

- A. Keratin positivity with S-100 positivity.
- B. Desmin, SMA, and h-caldesmon positivity; keratin typically negative; S-100 negative.**
- C. CD34 positivity.
- D. Myogenin positivity.

Leiomyosarcoma reflects smooth muscle differentiation, so the most informative immunohistochemical pattern is positivity for smooth muscle-specific markers. Desmin and smooth muscle actin (SMA) indicate muscle lineage, and h-caldesmon adds specificity for true smooth muscle differentiation. The typical negative results for keratin and S-100 help distinguish this tumor from epithelial/sarcomatoid carcinomas (keratin positive) and neural crest-derived tumors (S-100 positive). CD34 is usually negative, which helps separate leiomyosarcoma from solitary fibrous tumors and some vascular lesions. Positivity for myogenin would point toward rhabdomyosarcoma, not leiomyosarcoma. So the combination of desmin, SMA, and h-caldesmon positivity with keratin and S-100 negativity best supports a smooth muscle origin and thus leiomyosarcoma.

4. Which statement best describes the MRI features of pigmented villonodular synovitis?

- A. Intra-articular mass with synovial proliferation and hemosiderin**
- B. Solid mass with fat signal
- C. Calcified mass with rim enhancement
- D. Cystic lesion with internal hemorrhage

PVNS is a proliferative process of the joint lining with obvious hemosiderin deposition from recurrent bleeding. On MRI, this presents as thickened, nodular synovium within the joint that can form an intra-articular mass or diffuse synovial proliferation. The iron in hemosiderin causes low signal on both T1- and T2-weighted images and striking blooming on gradient-echo sequences, which is a distinctive feature. Together, these findings—an intra-articular synovial proliferation with hemosiderin—best describe PVNS on MRI. The other options imply fat content, calcifications, or purely cystic hemorrhage, which are not characteristic of PVNS.

5. How does undifferentiated pleomorphic sarcoma usually appear on MRI?

- A. Homogeneous mass with smooth margins.
- B. Well-defined mass with fat.
- C. Heterogeneous, poorly defined mass with necrosis or hemorrhage; variable enhancement.**
- D. Small nodular lesion with no enhancement.

Undifferentiated pleomorphic sarcoma is an aggressive soft tissue tumor, so its MRI appearance reflects rapid growth with internal breakdown. It typically shows up as a large, heterogeneous mass with ill-defined or infiltrative margins, rather than a neatly circumscribed lesion. The heterogeneity comes from regions of necrosis or hemorrhage inside the tumor, which create mixed signal intensities on MRI. After contrast, the enhancement is variable: viable tumor tissue enhances, while necrotic areas do not, producing a mosaic or patchy enhancement pattern. Peritumoral edema and infiltration into surrounding soft tissues are common, reinforcing the impression of an aggressive neoplasm. This pattern aligns with the described imaging features: a heterogeneous, poorly defined mass with necrosis or hemorrhage and variable enhancement. Descriptions of a homogeneous mass with smooth margins, a well-defined mass containing fat, or a small nodular lesion with no enhancement would suggest benign or lipomatous lesions, not an aggressive sarcoma.

6. Which tumor is the malignant adipocytic tumor?

- A. Lipoma
- B. Angiolipoma
- C. Liposarcoma**
- D. Dermatofibrosarcoma protuberans

Adipocytic tumors come from fat cells, and they can be benign or malignant. The malignant adipocytic tumor is liposarcoma. It shows malignant features in fat-derived cells, such as lipoblasts and cellular atypia, and it tends to invade surrounding tissues. Lipoma, in contrast, is a benign tumor of mature fat cells with a uniform appearance and no invasive behavior. Angiolipoma is another benign lesion that combines fat with a vascular component, not malignant by nature. Dermatofibrosarcoma protuberans is a soft tissue sarcoma of fibroblastic/fibrohistiocytic lineage, not adipocytic, so it isn't classified as an adipocytic tumor.

7. The t(X;18) translocation results in the SS18-SSX fusion seen in which sarcoma?

- A. Synovial sarcoma**
- B. Ewing sarcoma
- C. Rhabdomyosarcoma
- D. Osteosarcoma

The main concept is that the SS18-SSX fusion produced by the t(X;18) translocation is a defining and driving feature of synovial sarcoma. The SS18 gene on chromosome 18 fuses with an SSX gene (most commonly SSX1 or SSX2) on the X chromosome, creating a fusion protein that acts as an abnormal transcriptional regulator and disrupts chromatin remodeling through the SWI/SNF complex. This misregulation promotes tumor formation characteristic of synovial sarcoma, making the fusion highly specific for this sarcoma type. This helps distinguish it from others like Ewing sarcoma, which typically has the EWSR1-FLI1 fusion; alveolar rhabdomyosarcoma, which often involves PAX3-FOXO1 or PAX7-FOXO1; and osteosarcoma, which does not have a single defining fusion.

8. Which option describes a border that is not even or symmetrical?

- A. Regular border
- B. Irregular border**
- C. Smooth margin
- D. Raised margin

An irregular border describes edges that are not even or symmetrical, reflecting uneven, infiltrative growth where the lesion extends into surrounding tissue. This pattern often signals potential malignancy because the border isn't cleanly separated from normal tissue. In contrast, a regular border means a well-defined, uniform edge, suggesting a benign process. A smooth margin implies a clean, even edge as well. A raised margin refers to elevation at the edge but doesn't address symmetry or edge regularity. So describing the border as irregular best captures the idea of not even or symmetrical.

9. Which is a risk factor for skin cancer?

- A. Regular sunscreen use.
- B. Eating carrots.
- C. Excess UV radiation from sunlight or tanning beds.**
- D. Low exposure to sun.

Ultraviolet (UV) radiation exposure is a key risk factor for skin cancer because it damages the DNA in skin cells, leading to mutations that can accumulate and drive cancer development. Sunlight and tanning beds deliver UV rays, and higher or repeated exposure increases the chance of such DNA damage, which is why excess UV radiation from these sources is a clear risk factor. Regular sunscreen use helps prevent that damage by blocking or absorbing UV rays, so it's a protective behavior rather than a risk factor. Low exposure to sun generally lowers risk, while eating carrots has no established link to increasing skin cancer risk (they're not a cancer risk factor).

10. Which tumor is most likely to show biphasic histology with epithelial and spindle-cell components?

A. Synovial sarcoma

B. Ewing sarcoma

C. Rhabdomyosarcoma

D. Osteosarcoma

Biphasic histology with epithelial and spindle-cell components is the hallmark of synovial sarcoma. This tumor routinely shows two distinct cellular populations within the same neoplasm: an epithelial-like compartment that can form gland like structures and a surrounding spindle-cell mesenchymal component. That combination creates the characteristic biphasic pattern and helps distinguish it from other sarcomas that lack this dual differentiation. Ewing sarcoma, by contrast, is typically a uniform population of small round blue cells with little to no epithelial differentiation. Rhabdomyosarcoma shows skeletal muscle features with rhabdomyoblasts and myogenic differentiation, not a separate epithelial component. Osteosarcoma centers on malignant osteoid production by mesenchymal cells, without an epithelial spindle-cell biphasic arrangement.

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

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We wish you the very best on your exam journey. You've got this!

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