EDUCATIONAL OBJECTIVES
1. Understand the differences in presentation of classic in contrast to paraneoplastic Raynaud’s phenomenon.
2. Describe the treatment modalities that have been employed for paraneoplastic Raynaud’s and which are more likely to be effective.
3. Recognize when paraneoplastic Raynaud’s phenomenon should be considered in a patient who presents with digital ischemia.

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QUESTIONS
1. Classic Raynaud’s phenomenon differs from paraneoplastic Raynaud’s by the following features:
   - a. Classic Raynaud’s often appears in younger individuals, often women, while the paraneoplastic variety appears in older individuals, often male.
   - b. the classic form often progresses to digital necrosis.
   - c. both varieties often respond well to calcium channel blockers.
   - d. a and c only
   - e. a, b, and c.

2. Paraneoplastic Raynaud’s is often insidious and usually is diagnosed after the neoplasm has been diagnosed.
   - true
   - false

3. With lung carcinoma, while most paraneoplastic syndromes (eg, inappropriate syndrome of antidiuretic hormone, hypercalcemia, Eaton-Lambert myasthenia gravis) are associated with small cell carcinoma histology, paraneoplastic Raynaud’s phenomenon is more often a consequence of non-small cell lung carcinoma.
   - true
   - false

4. The most favorable outcomes for paraneoplastic Raynaud’s phenomenon appear to be treatment of the underlying malignancy with antineoplastic agents or radiotherapy.
   - true
   - false

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