

Continuing Medical Education Exam: July 2017

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Instructions:

The GIE: *Gastrointestinal Endoscopy* CME Activity can now be completed entirely online. To complete do the following:

1. Read the CME articles in this issue carefully and complete the activity:

Kouanda AM, Somsouk M, Sewell JL, et al. Urgent colonoscopy in patients with lower GI bleeding: a systematic review and meta-analysis. *Gastrointest Endosc* 2017;86:107-17.

Phoa KN, Rosmolen WD, Weusten BLAM, et al. The cost-effectiveness of radiofrequency ablation for Barrett's esophagus with low-grade dysplasia: results from a randomized controlled trial (SURF trial). *Gastrointest Endosc* 2017;86:120-9.

Rustagi T, Gleeson FC, Chari ST, et al. Remote malignant intravascular thrombi: EUS-guided FNA diagnosis and impact on cancer staging. *Gastrointest Endosc* 2017;86:150-5.

Rustagi T, Irani S, Reddy DN, et al. Radiofrequency ablation for intraductal extension of ampullary neoplasms. *Gastrointest Endosc* 2017;86:170-6.

2. Log in online to complete a single examination with multiple choice questions followed by a brief post-test evaluation. Visit the Journal's Web site at www.asge.org (members) or www.giejournal.org (nonmembers).
3. Persons scoring greater than or equal to 75% pass the examination and can print a CME certificate. Persons scoring less than 75% cannot print a CME certificate; however, they can retake the exam. Exams can be saved to be accessed at a later date.

You may create a free personal account to save and return to your work in progress, as well as save and track your completed activities so that you may print a certificate at any time. The complete articles, detailed instructions for completion, as well as past Journal CME activities can also be found at this site.

Target Audience

This activity is designed for physicians who are involved with providing patient care and who wish to advance their current knowledge of clinical medicine.

Learning Objectives

Upon completion of this educational activity, participants will be able to:

1. Identify the advantages of urgent colonoscopy for lower GI bleeding.
2. Compare the cost-effectiveness of radiofrequency ablation with surveillance for the treatment of Barrett's esophagus with low-grade dysplasia.
3. Explain EUS-guided FNA for the diagnosis of remote malignant intravascular thrombi.
4. Understand the role of radiofrequency ablation in the management of ampullary polyps with intraductal involvement.

Continuing Medical Education

The American Society for Gastrointestinal Endoscopy (ASGE) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The ASGE designates this Journal-based CME activity for a maximum of 1.0 *AMA PRA Category 1 Credit*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Activity Start Date: July 1, 2017

Activity Expiration Date: July 31, 2019

Disclosures

Disclosure information for authors of the articles can be found with the article in the abstract section. All disclosure information for GIE editors can be found online at <http://www.giejournal.org/content/conflictinterest>. CME editors, and their disclosures, are as follows:

Prasad G. Iyer, MD (Associate Editor for Journal CME)

Consulting/Advisory/Speaking: Olympus; Research Support: Takeda Pharma

Amit Rastogi, MD (Associate Editor for Journal CME)

Consulting/Advisory/Speaking: Olympus

James Buxbaum (CME Editor):

Disclosed no relevant financial relationships.

Karthik Ravi, MD (CME Editor):

Disclosed no relevant financial relationships.

William Ross, MD (CME Editor):

Consulting/Advisory/Speaking: Boston Scientific, Olympus

Brian Weston, MD (CME Editor):

Disclosed no relevant financial relationships.

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Minimum Online System Requirements:

486 Pentium 1 level computer (PC or Macintosh)

Windows 95,98,2000, NT or Mac OS Netscape 4. × or Microsoft Internet

Explorer 4. × and above 16 MB RAM 56.6K modem

Continuing Medical Education Questions: July 2017

QUESTION 1 OBJECTIVE:

Identify the advantages of urgent colonoscopy for lower GI bleeding

Urgent colonoscopy in patients with lower GI bleeding: a systematic review and meta-analysis

Question 1:

A 71-year-old woman presents to the emergency department with hematochezia and mild anemia. No history of colonic disease nor coagulopathy is present. The admitting physician is demanding an urgent colonoscopy the next morning based on guidelines. Colonoscopy within the first 24 hours of admission is more likely than elective colonoscopy to result in:

Possible answers: (A-E)

- A. Lower mortality
- B. Higher chances of localizing bleeding source
- C. Higher chances of therapeutic intervention
- D. Lower adverse events
- E. Lower rebleeding rate

Look-up: Kouanda AM, Somsouk M, Sewell JL, et al. Urgent colonoscopy in patients with lower GI bleeding: a systematic review and meta-analysis. *Gastrointest Endosc* 2017;86:107-17.

QUESTION 2 OBJECTIVE:

Compare the cost-effectiveness of radiofrequency ablation with surveillance for the treatment of Barrett's esophagus with low-grade dysplasia.

The cost-effectiveness of radiofrequency ablation for Barrett's esophagus with low-grade dysplasia: results from a randomized controlled trial (SURF trial)

Question 2:

Your gastroenterology practice is discussing a standardized approach to patients with Barrett's esophagus with low-grade dysplasia. As you discuss the merits of radiofrequency ablation (RFA) versus endoscopic surveillance, a recent cost-effective analysis of RFA from the SURF trial is discussed. Which of the following is true regarding the cost-effectiveness of RFA for Barrett's esophagus with LGD based on this study?

Possible answers: (A-D)

- A. The cost of RFA compared with surveillance for an individual patient is roughly equivalent over a 3-year follow-up.
- B. The cost of RFA compared with surveillance for an individual patient is less when accounting for downstream treatment costs of neoplastic progression.
- C. The cost per prevented neoplastic progression with RFA is approximately \$50,000.
- D. The cost per prevented neoplastic progression with RFA is approximately \$100,000.

Look-up: Phoa KN, Rosmolen WD, Weusten BLAM, et al. The cost-effectiveness of radiofrequency ablation for Barrett's esophagus with low-grade dysplasia: results from a randomized controlled trial (SURF trial). *Gastrointest Endosc* 2017;86:120-9.

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