

Continuing Medical Education Exam: September 2015

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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:

Sengupta N, Ketwaroo GA, Bak DM, et al. Salvage cryotherapy after failed radiofrequency ablation for Barrett's esophagus—related dysplasia is safe and effective. *Gastrointest Endosc* 2015;82:443-8.

Guimarães RAP, Perazzo H, Machado L, et al. Prevalence, variability, and outcomes in portal hypertensive colopathy: a study in patients with cirrhosis and paired controls. *Gastrointest Endosc* 2015;82:469-76.

Raju GS, Lum PJ, Slack R, et al. Natural language processing as an alternative to manual reporting of colonoscopy quality metrics. *Gastrointest Endosc* 2015;82:512-9.

Rex KD, Vemulapalli KC, Rex DK. Recurrence rates after EMR of large sessile serrated polyps. *Gastrointest Endosc* 2015;82:538-41.

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. Assess the efficacy of cryotherapy as salvage treatment for Barrett's esophagus related dysplasia following failed radiofrequency ablation.
2. Demonstrate the prevalence, detection, and clinical outcomes of portal hypertensive colopathy in patients with cirrhosis.
3. Explain natural language processing as an alternative to manual reporting of colonoscopy quality metrics.
4. Predict the features that increase the risk of residual polyp after EMR

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: September 1, 2015

Activity Expiration Date: September 30, 2017

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)

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David A. Schwartz, MD (Associate Editor for Journal CME)

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William Ross, MD (CME Editor):

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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: September 2015

QUESTION 1 OBJECTIVE:

Assess the efficacy of cryotherapy as salvage treatment for Barrett's esophagus related dysplasia following failed radio-frequency ablation.

Salvage cryotherapy after failed radiofrequency ablation for Barrett's—related dysplasia is safe and effective

Question 1:

A 57-year-old man is followed in your practice for Barrett's esophagus. He was initially found to have a 6-cm endoscopic segment of Barrett's with biopsies confirming high-grade dysplasia. He is initially treated with radio-frequency ablation (RFA) and started on twice-daily proton pump inhibitor therapy. However, after 3 RFA sessions spaced 3 months apart, he has persistent high-grade dysplasia. At this time, you discuss the potential role of further endoscopic ablation with cryotherapy. Which of the following is true regarding this therapeutic strategy?

Possible answers: (A-D)

- A. Esophageal stricture is a common adverse event of cryotherapy, seen in roughly 50% of patients.
- B. Salvage cryotherapy appears to be effective in achieving complete eradication of dysplasia in approximately 75% of patients.
- C. Successful complete eradication of dysplasia with cryotherapy is typically achieved with a single treatment session.
- D. Complete eradication of intestinal metaplasia cannot be achieved with salvage cryotherapy after failed RFA.

Look-up: Sengupta N, Ketwaroo GA, Bak DM, et al. Salvage cryotherapy after failed radiofrequency ablation for Barrett's esophagus—related dysplasia is safe and effective. *Gastrointest Endosc* 2015;82:443-8.

QUESTION 2 OBJECTIVE:

Demonstrate the prevalence, detection, and clinical outcomes of portal hypertensive colopathy in patients with cirrhosis.

Portal hypertensive colopathy: prevalence, diagnosis, and impact on natural history of cirrhosis

Question 2:

A 59-year-old man with hepatitis C cirrhosis undergoes upper endoscopy to ligate known esophageal varices. During the same appointment, a colonoscopy is performed to screen for colorectal cancer. Colonoscopy reveals angiodysplasia-like lesions and multiple red spots consistent with portal hypertensive colopathy. Which of the following is most accurate?

- B. Image-enhanced endoscopy using FICE improves detection of portal hypertensive colopathy.
- C. He is more likely to have more advanced liver disease (Child-Pugh C) than early stage disease.
- D. Portal hypertensive colopathy is associated with a markedly increased risk of lower GI bleeding and mortality.

Possible answers: (A-D)

- A. Portal hypertensive colopathy is a common finding in cirrhotics with esophageal varices.

Look-up: Guimarães RAP, Perazzo H, Machado L, et al. Prevalence, variability, and outcomes in portal hypertensive colopathy: a study in patients with cirrhosis and paired controls. *Gastrointest Endosc* 2015;82:469-76.

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