Continuing Medical Education Exam: January 2015

James Buxbaum, MD, Karthik Ravi, MD, William Ross, MD, Brian Weston, MD, *Co-Editors, CME Section*
Prasad Iyer, MD, David Schwartz, MD, *Editors, CME Section*
Michael B. Wallace, MD, MPH, *Editor-in-Chief, Gastrointestinal Endoscopy*

Instructions:

The GIE: *Gastroinintestinal 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:

Chen WF, Li QL, Zhou PH, et al. Long-term outcomes of peroral endoscopic myotomy for achalasia in pediatric patients: a prospective single-center study. Gastrointest Endosc 2015;81:91-100.
Choksi NS, Fogel EL, Cote GA et al. The risk of post-ERCP pancreatitis and the protective effect of rectal indomethacin in cases of attempted but unsuccessful prophylactic pancreatic stent placement. Gastrointest Endosc 2015;81:150-5.
van Asselt SJ, Brouwers AH, van Dullemen HM, et al. EUS is superior for detection of pancreatic lesions compared with standard imaging in patients with multiple endocrine neoplasia type 1. Gastrointest Endosc 2015;81:159-67.
Kim HG, Thosani N, Banerjee S, et al. Effect of prior biopsy sampling, tattoo placement, and snare sampling on endoscopic resection of large nonpedunculated colorectal lesions. Gastrointest Endosc 2015;81:204-13.

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 current evidence for efficacy of peroral endoscopic myotomy (POEM) in pediatric achalasia.
2. Interpret the risk associated with failed pancreatic duct stent (FPS) placement and the role of nonsteroidal anti-inflammatory agents in the management of FPS.
3. Demonstrate endoscopic ultrasound for the detection of pancreatic lesions in patients with multiple endocrine neoplasia type 1.
4. Explain the impact of prior manipulation on outcomes of EMR of large flat colon polyps.

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: January 1, 2015
Activity Expiration Date: January 31, 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/conflictofinterest. CME editors, and their disclosures, are as follows:

Prasad Iyer, MD (Associate Editor for Journal CME)
Consulting/Advisory/Speaking: Olympus; Research Support: Takeda Pharma

David A. Schwartz, MD (Associate Editor for Journal CME)
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Consulting/Advisory/Speaking: Boston Scientific, Olympus

Brian Weston, MD (CME Editor):
Disclosed no relevant financial relationships.

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: January 2015

QUESTION 1 OBJECTIVE:

Assess the current evidence for efficacy of peroral endoscopic myotomy (POEM) in pediatric achalasia.

Long-term outcomes of peroral endoscopic myotomy for achalasia in pediatric patients: a prospective single-center study

Question 1:

A 12-year-old male presents with slowly progressive dysphagia for solids and liquids over the preceding year. He denies heartburn or regurgitation, but endorses a 5-pound weight loss over this period of time. An upper endoscopy shows no mucosal abnormalities, but an "opening pop" is appreciated as the scope traverses the gastroesophageal junction. An esophagram and esophageal manometry confirm a diagnosis of achalasia. During your discussion of treatment options the patient and his family specifically ask about the efficacy of peroral endoscopy myotomy (POEM) in achalasia. Regarding treatment of achalasia with POEM, which of the following is true?

Possible answers: (A-D)

A. Symptomatic GERD occurs in approximately 20% of patients after treatment
B. Symptomatic response to POEM is approximately 60%
C. POEM effectively reduces lower esophageal sphincter (LES) pressure, with a mean postprocedure initial restrictive pressure of 5 mm Hg
D. Esophageal perforation is relatively common, seen in approximately 40% of patients

Look-up: Chen WF, Li QL, Zhou PH, et al. Long-term outcomes of peroral endoscopic myotomy for achalasia in pediatric patients: a prospective single-center study. Gastrointest Endosc 2015;81:91-100.

QUESTION 2 OBJECTIVE:

Interpret the risk associated with failed pancreatic duct stent (FPS) placement and the role of nonsteroidal anti-inflammatory agents in the management of FPS.

Impact of rectal indomethacin in patients with failed pancreatic stent placement

Question 2:

A 30-year-old woman with recurrent pancreatitis due to suspected major papillary dysfunction undergoes attempted endoscopic retrograde cholangiopancreatography (ERCP). Despite 12 prolonged attempts, cannulation is unsuccessful. The pancreatic duct is injected 4 times, but the wire cannot be passed to enable stent placement. What is the next management step?

Possible answers: (A-D)

A. Attempt cannulation of the pancreatic duct with a hydrophilic wire to allow pancreatic stent placement
B. Precut pancreatic sphincterotomy to enable pancreatic stent placement
C. Administer indomethacin suppository
D. Treat with intravenous hydrocortisone

Look-up: Choksi NS, Fogel EL, Cote GA et al. The risk of post-ERCP pancreatitis and the protective effect of rectal indomethacin in cases of attempted but unsuccessful prophylactic pancreatic stent placement. Gastrointest Endosc 2015;81:150-5.