

Continuing Medical Education Exam: March 2016

James Buxbaum, MD, Karthik Ravi, MD, William Ross, MD, Brian Weston, MD,

Co-Editors, CME Section

Prasad G. Iyer, MD, Amit Rastogi, MD, Editors, CME Section

Michael B. Wallace, MD, MPH, Editor-in-Chief, Gastrointestinal Endoscopy

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:

Park S-k, Ko BM, Han JP, et al. A prospective randomized comparative study of cold forceps polypectomy by using narrow-band imaging endoscopy versus cold snare polypectomy in patients with diminutive colorectal polyps. *Gastrointest Endosc* 2016;83:527-32.

Wong MCS, Ching JYL, Chan VCW, et al. Association of distal hyperplastic polyps and proximal neoplastic lesions: a prospective study of 5613 subjects. *Gastrointest Endosc* 2016;83:555-62.

Bae JH, Yang D-H, Lee S, et al. Optimized hybrid endoscopic submucosal dissection for colorectal tumors: a randomized controlled trial. *Gastrointest Endosc* 2016;83:584-92.

Pellisé M, Desomer L, Burgess NG, et al. The influence of clips on scars after EMR: clip artifact. *Gastrointest Endosc* 2016;83:608-16.

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. Compare cold forceps polypectomy with NBI versus cold snare polypectomy.
2. Explain the association between distal hyperplastic polyps and proximal neoplastic lesions.
3. Define the role of hybrid endoscopic submucosal dissection for colorectal neoplasms.
4. Describe the frequency of post-endoscopic mucosal resection scar clip artifact and its clinical significance.

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: March 1, 2016

Activity Expiration Date: March 31, 2018

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.

All CME activities, including their associated articles are copyrighted by the ASGE.

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: March 2016

QUESTION 1 OBJECTIVE:

Compare cold forceps polypectomy with NBI versus cold snare polypectomy

Cold forceps polypectomy using narrow-band imaging endoscopy versus cold snare polypectomy in patients with diminutive colorectal polyps

Question 1:

A 60-year-old male is in your office to discuss an upcoming polyp surveillance colonoscopy. On his last examination 10 years ago, he had 2 diminutive polyps removed by cold forceps technique. He has recently read that the cold snare technique is superior and wants assurance that any diminutive polyps will be removed by snare, rather than forceps. Based on the study by Park et al, you can assure him that:

Possible answers: (A-D)

- A. Cold forceps method is equivalent to cold snare for removal of all diminutive polyps.
- B. Cold forceps method is safer than cold snare.
- C. Cold forceps method is more likely to produce a pathological specimen.
- D. Cold forceps method is better now with the more widespread availability of narrow-band imaging.

Look-up: Park S-k, Ko BM, Han JP, et al. A prospective randomized comparative study of cold forceps polypectomy by using narrow-band imaging endoscopy versus cold snare polypectomy in patients with diminutive colorectal polyps. *Gastrointest Endosc* 2016;83:527-32.

QUESTION 2 OBJECTIVE:

Explain the association between distal hyperplastic polyps and proximal neoplastic lesions.

Association between distal hyperplastic colon polyps and proximal neoplastic lesions

Question 2:

An asymptomatic 55-year-old male is referred for colorectal cancer screening. Review of his medical record reveals that he had a screening flexible sigmoidoscopy 5 years ago when he lived abroad in Europe, at which time he was found to have multiple hyperplastic rectal polyps. Which of the following is true?

- B. Current guidelines recommend an accelerated interval for surveillance with this finding.
- C. The finding of distal hyperplastic polyps is an indication for complete colonoscopy.
- D. The finding of distal adenomatous polyps is an indication for complete colonoscopy.

Possible answers: (A-D)

- A. His risk of both proximal neoplasia and proximal advanced neoplasia is increased.

Look-up: Wong MCS, Ching JYL, Chan VCW, et al. Association of distal hyperplastic polyps and proximal neoplastic lesions: a prospective study of 5613 subjects. *Gastrointest Endosc* 2016;83:555-62.

Download English Version:

<https://daneshyari.com/en/article/3302648>

Download Persian Version:

<https://daneshyari.com/article/3302648>

[Daneshyari.com](https://daneshyari.com)