

## Continuing Medical Education Exam: December 2014

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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:

Timmer MR, Brankley SM, Gorospe EC, et al. Prediction of response to endoscopic therapy of Barrett's dysplasia using genetic biomarkers. *Gastrointest Endosc* 2014;80:984-91.

Ahn JY, Son DH, Park YS, et al. Neoplasms arising in large gastric hyperplastic polyps: endoscopic and pathologic features. *Gastrointest Endosc* 2014;80:1005-13.

Varadarajulu S, Bang JY, Holt B, et al. The 25G EUS-FNA needle: Good for onsite but poor for offsite evaluation? *Gastrointest Endosc* 2014;80:1056-63.

Jansen M, Menko F, Brosens L, et al. Establishing a clinical and molecular diagnosis for hereditary colorectal cancer syndromes: Present tense, future perfect? *Gastrointest Endosc* 2014;80:1145-55.

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](http://www.asge.org) (members) or [www.giejournal.org](http://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 genetic biomarker predictors of response to endoscopic therapy for Barrett's dysplasia.
2. Recognize risk factors for dysplasia in gastric hyperplastic polyps.
3. Describe endoscopic ultrasound-guided fine-needle aspiration (EUS-FNA) for the diagnosis of pancreatic masses.
4. Demonstrate the contemporary use of genetic tests in the evaluation of colon cancer.

### 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: December 1, 2014

Activity Expiration Date: December 31, 2016

### 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:

**G. S. Raju, MD, FASGE (Associate Editor for Journal CME):**

Disclosed no relevant financial relationships.

**James Buxbaum, MD (CME Editor):**

Disclosed no relevant financial relationships.

**Prasad Iyer, MD (CME Editor):**

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

**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: December 2014

### QUESTION 1 OBJECTIVE:

Compare genetic biomarker predictors of response to endoscopic therapy for Barrett's dysplasia.

### Prediction of response to endoscopic therapy of Barrett's dysplasia by using genetic biomarkers

#### Question 1:

A 62-year-old gentleman presents with persistent reflux symptoms despite twice daily proton pump inhibitor therapy. An upper endoscopy reveals a 4-cm segment of Barrett's epithelium. Biopsies confirm intestinal metaplasia with high-grade dysplasia. As you counsel the patient regarding endoscopic ablative therapy for Barrett's, he asks about the role of genetic tests in assessing the likelihood of sustained remission of Barrett's with endoscopic therapy.

Which of the following results of fluorescence in situ hybridization (FISH) analysis is associated with a poor response to therapy?

#### Possible answers: (A-D)

- A. Normal FISH result
- B. P16 loss
- C. Single locus gain
- D. Multiple gains

**Look-up:** Timmer MR, Brankley SM, Gorospe EC, et al. Prediction of response to endoscopic therapy of Barrett's dysplasia by using genetic biomarkers. *Gastrointest Endosc* 2014;80:984-91.

### QUESTION 2 OBJECTIVE:

Recognize risk factors for dysplasia in gastric hyperplastic polyps.



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