

## Continuing Medical Education Exam: June 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:

Ebi M, Shimura T, Yamada T, et al. Multicenter, prospective trial of white-light imaging alone versus white-light imaging followed by magnifying endoscopy with narrow-band imaging for the real-time imaging and diagnosis of invasion depth in superficial esophageal squamous cell carcinoma. *Gastrointest Endosc* 2015;81:1355-61.

Cotton CC, Wolf WA, Pasricha S, et al. Recurrent intestinal metaplasia after radiofrequency ablation for Barrett's esophagus: endoscopic findings and anatomic location. *Gastrointest Endosc* 2015;81:1362-9.

Kushnir VM, Keswani RN, Hollander TG, et al. Compliance with surveillance recommendations for foregut subepithelial tumors is poor: results of a prospective multicenter study. *Gastrointest Endosc* 2015;81:1378-84.

Troendle DM, Abraham O, Huang R, et al. Factors associated with post-ERCP pancreatitis and the effect of pancreatic duct stenting in a pediatric population. *Gastrointest Endosc* 2015;81:1408-16.

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](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. Assess the capability of magnifying endoscopy with narrow-band imaging to accurately determine depth of invasion of esophageal squamous cell cancer in addition to white-light imaging.
2. Review the endoscopic characteristics of intestinal metaplasia recurrence after radiofrequency ablation for Barrett's esophagus.
3. Discuss the appropriate management for hypoechoic gastric lesions arising from the muscularis propria layer.
4. Describe factors associated with post-ERCP pancreatitis and the effect of pancreatic duct stenting in a pediatric population.

### 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: June 1, 2015

Activity Expiration Date: June 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)**  
Consulting/Advisory/Speaking: Olympus; Research Support: Takeda Pharma

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

Disclosed no relevant financial relationships

**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: June 2015

### QUESTION 1 OBJECTIVE:

Assess the capability of magnifying endoscopy with narrow-band imaging to accurately determine depth of invasion of esophageal squamous cell cancer in addition to white-light imaging.

### Does addition of magnifying endoscopy with narrow-band imaging improve the determination of esophageal SCC invasion depth?

#### Question 1:

A 60-year-old man with an extensive history of cigarette smoking undergoes white-light endoscopy for mild dysphagia. At 30 cm from the incisors he is found to have a small region 5 mm in diameter with superficial granular change without an irregular surface or nodularity. Biopsies reveal squamous cell carcinoma. Which of the following is most accurate regarding possible management strategies?

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

- Refer for esophagectomy because early adenocarcinoma but not squamous cancer may be treated by endoscopic methods.
- Perform magnification narrow-band imaging to confirm depth of involvement before resection.
- Proceed with endoscopic resection.
- Proceed with EUS; endoscopic resection is an option even for deep submucosal lesions if EUS shows no muscularis propria involvement.

**Look-up:** Ebi M, Shimura T, Yamada T, et al. Multicenter, prospective trial of white-light imaging alone versus white-light imaging followed by magnifying endoscopy with narrow-band imaging for the real-time imaging and diagnosis of invasion depth in superficial esophageal squamous cell carcinoma. *Gastrointest Endosc* 2015;81:1355-61.

### QUESTION 2 OBJECTIVE:

Review the endoscopic characteristics of intestinal metaplasia recurrence after radiofrequency ablation for Barrett's esophagus.

### Recurrent intestinal metaplasia after radiofrequency ablation for Barrett's esophagus: endoscopic findings and anatomic location

#### Question 2:

A 65-year-old gentleman is followed in your practice for Barrett's esophagus. Three years ago, he was found to have a nodule in a 6-cm segment of Barrett's, which was circumferential for its entire length. Biopsies and endoscopic mucosal resection of the nodule confirmed intestinal metaplasia with high-grade dysplasia. He subsequently was treated with radiofrequency ablation (RFA) and achieved complete eradication of intestinal metaplasia (CEIM). He has remained completely asymptomatic on twice-daily proton pump inhibitor therapy since without evidence of recurrent intestinal metaplasia. He returns to see you for a surveillance endoscopy. The endoscopy demonstrates a normal-appearing esophagus without evidence of Barrett's type mucosa. Which of the following strategies would

provide the highest yield to identify recurrence of intestinal metaplasia?

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

- No esophageal biopsies at this time.
- Perform 4-quadrant biopsies for every 1 cm, starting 1cm below the gastroesophageal junction to 1cm above the gastroesophageal junction.
- Perform 4-quadrant biopsies for every 1 cm of the entire previously treated Barrett's segment, starting 1cm above the gastroesophageal junction.
- Perform 4-quadrant biopsies for every 2 cm of the entire previously treated Barrett's segment, starting 1cm above the gastroesophageal junction.

**Look-up:** Cotton CC, Wolf WA, Pasricha S, et al. Recurrent intestinal metaplasia after radiofrequency ablation for Barrett's esophagus: endoscopic findings and anatomic location. *Gastrointest Endosc* 2015;81:1362-9.

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