

Continuing Medical Education Exam: August 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:

Park C, Kim E, Chung H, et al. The optimal endoscopic screening interval for detecting early gastric neoplasms. *Gastrointest Endosc* 2014;80:253-9.

Calderwood AH, Schroy PC, Lieberman DA, et al. Boston Bowel Preparation Scale scores provide a standardized definition of *adequate* for describing bowel cleanliness. *Gastrointest Endosc* 2014;80:269-76.

Ou G, Kim E, Lakzadeh P, et al. A randomized controlled trial assessing the effect of prescribed patient position change during colonoscopy withdrawal on adenoma detection. *Gastrointest Endosc* 2014;80:277-83.

Vemulapalli KC, Rex DK. Risk of advanced lesions at first follow-up colonoscopy in high-risk groups as defined by the United Kingdom post-polypectomy surveillance guideline: data from a single U.S. center. *Gastrointest Endosc* 2014;80:299-306.

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 how the time intervals between screening upper endoscopy for gastric cancer impact the detection of early versus advanced lesions.
2. Demonstrate the Boston Bowel Preparation Scale.
3. Determine the effects of prescribed patient position change during colonoscopy on the quality and outcomes of colonoscopy.
4. Identify United Kingdom guidelines for polypectomy surveillance.

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: August 1, 2014

Activity Expiration Date: August 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.

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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. x or Microsoft Internet Explorer 4. x and above 16 MB RAM 56.6K modem

William Ross, MD (CME Editor):

Consulting/Advisory/Speaking: Boston Scientific, Olympus

Shou-Jiang Tang, MD (CME Editor):

Disclosed no relevant financial relationships.

Brian Weston, MD (CME Editor):

Disclosed no relevant financial relationships.

Continuing Medical Education Questions: August 2014

QUESTION 1 OBJECTIVE:

Assess how the time intervals between screening upper endoscopy for gastric cancer impact the detection of early versus advanced lesions.

Optimal intervals for gastric cancer screening

Question 1:

A 60-year-old man who recently immigrated from a country with a high prevalence of gastric cancer presents to establish care. He inquires about gastric cancer screening.

Which of the following is most accurate regarding screening upper endoscopy for gastric neoplasms?

Possible answers: (A-D)

- A. EGD every 1 year
- B. EGD every 2 years
- C. EGD every 4 years
- D. EGD every 5 years

Look-up: Park C, Kim E, Chung H, et al. The optimal endoscopic screening interval for detecting early gastric neoplasms. *Gastrointest Endosc* 2014;80:253-9.

QUESTION 2 OBJECTIVE:

Demonstrate the Boston Bowel Preparation Scale

The Boston Bowel Preparation Scale (BBPS) as a standardized definition of “adequate” for describing bowel cleanliness

Question 2:

A 60-year-old woman presents for average-risk routine screening colonoscopy. No polyps were found. The endoscopist reports no polyps and uses the Boston Bowel Preparation Scale to report the quality of colonoscopy preparation.

Which of the following scores would best correlate with an endoscopist's recommendation to repeat the examination at a 10-year interval?

Possible answers: (A-D)

- A. Total BBPS score 1-2
- B. Total BBPS score 3-5
- C. Total BBPS score 6-7
- D. Total BBPS score 8-9

Look-up: Calderwood AH, Schroy PC, Lieberman DA, et al. Boston Bowel Preparation Scale scores provide a standardized definition of *adequate* for describing bowel cleanliness. *Gastrointest Endosc* 2014;80:269-76.

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