

Continuing Medical Education Exam: June 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:

Singh S, Manickam P, Amin A, et al. Incidence of esophageal adenocarcinoma in Barrett's esophagus with low-grade dysplasia: a systematic review and meta-analysis. *Gastrointest Endosc* 2014;79:897-909.

Dias-Silva D, Pimentel-Nunes P, Magalhaes J, et al. The learning curve for narrow-band imaging in the diagnosis of pre-cancerous lesions by using Web-based video. *Gastrointest Endosc* 2014;79:910-20.

Akshintala VS, Saxena P, Zaheer A, et al. A comparative evaluation of outcomes of endoscopic versus percutaneous drainage for symptomatic pancreatic pseudocysts. *Gastrointest Endosc* 2014;79:921-8.

van Halsema EE, van Hooft JE, Small AJ, et al. Perforation in colorectal stenting: a meta-analysis and a search for risk factors. *Gastrointest Endosc* 2014;79:970-82.

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. Explain the incidence of esophageal adenocarcinoma and/or high-grade dysplasia among patients with Barrett's esophagus with low-grade dysplasia.
2. Demonstrate the role of web-based video in the teaching of narrow-band imaging (NBI) assessment for gastric neoplasia.
3. Learn about endoscopic versus percutaneous drainage for the management of symptomatic pseudocysts.
4. Describe the risk factors for colon stent-related perforation.

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, 2014

Activity Expiration Date: June 30, 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/conflictofinterest>. 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.

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. 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: June 2014

QUESTION 1 OBJECTIVE:

Explain the incidence of esophageal adenocarcinoma and/or high-grade dysplasia among patients with Barrett's esophagus with low-grade dysplasia.

Outcome of low-grade dysplasia in patients with Barrett's esophagus

Question 1:

You are following a 50-year-old man with a 3-cm Barrett's esophagus (BE), who is on twice daily proton pump inhibitor therapy. During recent surveillance endoscopy, there was no nodule, ulcer, or erosion within the BE. Random biopsies within the distal segment of the BE showed low-grade dysplasia (LGD), which was confirmed by 2 GI pathologists. Your institution LGD diagnosis to BE diagnosis ratio is 0.10. The patient asks about the annual

incidence risk of esophageal adenocarcinoma in his situation.

What is the risk of adenocarcinoma in this patient with BE and LGD?

Possible answers: (A-D)

- A. 1 in 260
- B. 1 in 130
- C. 1 in 65
- D. 1 in 32

Look-up: Singh S, Manickam P, Amin A, et al. Incidence of esophageal adenocarcinoma in Barrett's esophagus with low-grade dysplasia: a systematic review and meta-analysis. *Gastrointest Endosc* 2014;79:897-909.

QUESTION 2 OBJECTIVE:

Demonstrate the role of web-based video in the teaching of narrow-band imaging (NBI) assessment for gastric neoplasia.

Web-based video teaching of NBI for gastric cancer precursors

Question 2:

After establishing a resect and discard policy for management of diminutive colon polyps in your large group practice, you decide to start a program to improve NBI detection of premalignant lesions of the stomach using a web-based video educational program similar to the one developed by the center in Portugal.

Which of the following is most accurate about the video-based educational program on NBI detection of premalignant gastric lesions in the Portugal study?

Possible answers: (A-D)

- A. It does not help
- B. Trainees fare better than experienced endoscopists
- C. Experienced endoscopists fare better than trainees
- D. Women fare better than men

Look-up: Dias-Silva D, Pimentel-Nunes P, Magalhaes J, et al. The learning curve for narrow-band imaging in the diagnosis of precancerous lesions by using Web-based video. *Gastrointest Endosc* 2014;79:910-20.

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