

## Continuing Medical Education Exam: February 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:

Canto MI, Anandasabapathy S, Brugge W, et al. In vivo endomicroscopy improves detection of Barrett's esophagus-related neoplasia: a multicenter international randomized controlled trial (with video). *Gastrointest Endosc* 2014;79:211-21.

Wu J, Pan Y-m, Wang T-t, et al. Endotherapy versus surgery for early neoplasia in Barrett's esophagus: a meta-analysis. *Gastrointest Endosc* 2014;79:233-41.

Canena J, Liberato M, Coutinho AP, et al. Predictive value of cholangioscopy after endoscopic management of early postcholecystectomy bile duct strictures with an increasing number of plastic stents: a prospective study (with videos). *Gastrointest Endosc* 2014;79:279-88.

Riditid W, Tan D, Schmidt SE, et al. Endoscopic papillectomy: risk factors for incomplete resection and recurrence during long-term follow-up. *Gastrointest Endosc* 2014;79:289-96.

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 role of confocal laser endomicroscopy for the detection of neoplasia in patients with Barrett's esophagus.
2. Describe the recurrence of neoplasia after surgery and endotherapy in patients with Barrett's esophagus.
3. Determine the predictive value of cholangioscopic appearances of postcholecystectomy bile duct strictures (PCBS) after endotherapy.
4. Describe the predictors of adenoma recurrence after endoscopic papillectomy.

### 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: February 1, 2014

Activity Expiration Date: February 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.

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

**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.

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## Continuing Medical Education Questions: February 2014

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### QUESTION 1 OBJECTIVE:

Assess the role of confocal laser endomicroscopy for the detection of neoplasia in patients with Barrett's esophagus.

### **In vivo endomicroscopy improves detection of Barrett's esophagus-related neoplasia: a multicenter randomized controlled trial**

#### Question 1:

A well-informed 54-year-old man with 6 cm circumferential Barrett's esophagus presents for surveillance evaluation. He inquires about recent "microscope" targeted biopsies to assess for high-grade dysplasia and cancer.

Which of the following is most accurate regarding the performance of endoscopic confocal laser endomicroscopy (eCLE) for the detection of neoplasia in those with Barrett's esophagus?

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

A. eCLE targeted biopsy approach is less likely to detect neoplasia than the standard white-light approach

(sampling of mucosal abnormalities and 4 quadrant random biopsy every 1-2 cm).

- B. eCLE significantly decreases the number of biopsies required compared to the standard white-light approach with comparable accuracy for the assessment of neoplasia in Barrett's esophagus.
- C. eCLE approach is ideal for assessment of Barrett's esophagus <1 cm in length because it may obviate the need for biopsy altogether.
- D. Fifty eCLE cases are required before endoscopists achieve optimal performance in the assessment of Barrett's esophagus by endomicroscopy.

**Look-up:** Canto MI, Anandasabapathy S, Brugge W, et al. In vivo endomicroscopy improves detection of Barrett's esophagus-related neoplasia: a multicenter international randomized controlled trial (with video). *Gastrointest Endosc* 2014;79:211-21.

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### QUESTION 2 OBJECTIVE:

Describe the recurrence of neoplasia after surgery and endotherapy in patients with Barrett's esophagus.

### **Risk of neoplasia after surgery and endotherapy in patients with Barrett's esophagus**

#### Question 2:

A 65-year-old man is referred for treatment recommendations for a long-segment Barrett's esophagus with high-grade dysplasia. You review the data from a recent paper in and counsel the patient about the benefits and drawbacks of endotherapy.

What can you advise this patient regarding endotherapy and surgery of Barrett's esophagus?

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

- A. Higher disease-related mortality with endotherapy
- B. Higher overall mortality with surgery
- C. Higher recurrence of Barrett's esophagus after endotherapy
- D. Higher 5-year survival with endotherapy

**Look-up:** Wu J, Pan Y-m, Wang T-t, et al. Endotherapy versus surgery for early neoplasia in Barrett's esophagus: a meta-analysis. *Gastrointest Endosc* 2014;79:233-41.

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