Continuing Medical Education Exam: August 2017

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Instructions:

The GIE: *Gastroinintestinal 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:

Dacha S, Mekaroonkamol P, Li L, et al. Outcomes and quality-of-life assessment after gastric per-oral endoscopic pyloromyotomy (with video). Gastrointest Endosc 2017;86:282-9.
Bartel MJ, Wallace TM, Gomez-Esquivel RD, et al. Role of EUS in patients with suspected Barrett's esophagus with high-grade dysplasia or early esophageal adenocarcinoma: impact on endoscopic therapy. Gastrointest Endosc 2017;86:292-8.
Medeiros VS, Martins BC, Lenz L, et al. Adverse events of self-expandable esophageal metallic stents in patients with long-term survival from advanced malignant disease. Gastrointest Endosc 2017;86:299-306.
Ikematus H, Sakamoto T, Togashi K, et al. Detectability of colorectal neoplastic lesions using a novel endoscopic system with blue laser imaging: a multicenter randomized controlled trial. Gastrointest Endosc 2017;86:386-94.

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 outcomes and quality-of-life assessment after gastric per-oral endoscopic pyloromyotomy.
2. Demonstrate the role of EUS in the management of Barrett's esophagus with high-grade dysplasia or early esophageal adenocarcinoma.
3. Predict the safety of long-term esophageal stent placement in malignant disease.
4. Demonstrate the role of blue laser imaging for adenoma detection.

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, 2017
Activity Expiration Date: August 31, 2019

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:

Prasad G. Iyer, MD (Associate Editor for Journal CME)
Consulting/Advisory/Speaking: Olympus; Research Support: Takeda Pharma
Amit Rastogi, MD (Associate Editor for Journal CME)
Consulting/Advisory/Speaking: Olympus
James Buxbaum (CME Editor):
Disclosed no relevant financial relationships.
Karthik Ravi, MD (CME Editor):
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William Ross, MD (CME Editor):
Consulting/Advisory/Speaking: Boston Scientific, Olympus
Brian Weston, MD (CME Editor):
Disclosed no relevant financial relationships.

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: August 2017

QUESTION 1 OBJECTIVE:

Assess outcomes and quality-of-life assessment after gastric per-oral endoscopic pyloromyotomy.

Outcomes and quality-of-life assessment after gastric per-oral endoscopic pyloromyotomy

Question 1:

A 44-year-old female presents for a second opinion for refractory gastroparesis from diabetes. Based on the results of the current retrospective study, which of the following statements regarding gastric per-oral endoscopic pyloromyotomy (GPOEM) is true?

Possible answers: (A-E)

A. Clinical success rate ~100%
B. Technical success rate ~80%
C. Adverse event rate ~10%
D. Improvement in quality of life
E. Etiology of gastroparesis is a reliable predictor for treatment response

Look-up: Dacha S, Mekaroonkamol P, Li L, et al. Outcomes and quality-of-life assessment after gastric per-oral endoscopic pyloromyotomy (with video). Gastrointest Endosc 2017;86:282-9.

QUESTION 2 OBJECTIVE:

Demonstrate the role of EUS in the management of Barrett's esophagus with high-grade dysplasia or early esophageal adenocarcinoma.

Role of EUS in patients with suspected Barrett's esophagus with high-grade dysplasia or early esophageal adenocarcinoma: impact on endoscopic therapy

Question 2:

A 71-year-old man with longstanding reflux undergoes endoscopy and is found to have long-segment (8 cm) Barrett's esophagus with a small 6 mm nodule; biopsies show high-grade dysplasia. A positron emission tomography-computed tomography (PET-CT) scan shows slight thickening at the gastroesophageal junction but no abnormal lymph nodes. He is referred for endoscopic evaluation and treatment. Which of the following is most accurate?

Possible answers: (A-D)

A. EUS is 80% to 90% sensitive for specific T staging of esophageal neoplasia.
B. EUS performs better in Barrett's esophagus if length of involvement is greater than 2 cm.
C. EUS is mandatory given its high accuracy (>99%) in correctly determining whether patients should undergo endoscopic versus surgical treatment.
D. Endoscopic mucosal resection (EMR) of the nodule may be considered without EUS.

Look-up: Bartel MJ, Wallace TM, Gomez-Esquivel RD, et al. Role of EUS in patients with suspected Barrett's esophagus with high-grade dysplasia or early esophageal adenocarcinoma: impact on endoscopic therapy. Gastrointest Endosc 2017;86:292-8.