

Continuing Medical Education Exam: February 2017

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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:

Wang WL, Chang IW, Chen CC, et al. A case series on the use of circumferential radiofrequency ablation for early esophageal squamous neoplasias in patients with esophageal varices. *Gastrointest Endosc* 2017;85:322-9.

Hori Y, Naitoh I, Hayashi K, et al. Predictors of outcomes in patients undergoing covered and uncovered self-expandable metal stent placement for malignant gastric outlet obstruction: a multicenter study. *Gastrointest Endosc* 2017;85:340-8.

Chapman CG, Siddiqui UD, Manzano M, et al. Risk of infection transmission in curvilinear array echoendoscopes: results of a prospective reprocessing and culture registry. *Gastrointest Endosc* 2017;85:390-7.

Song KH, Hwang JA, Kim SM, et al. Acetic acid chromoendoscopy for determining the extent of gastric intestinal metaplasia. *Gastrointest Endosc* 2017;85:349-56.

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. Describe the safety and efficacy of radiofrequency ablation for the treatment of flat early esophageal squamous neoplasia in patients with esophageal varices in compensated cirrhosis.
2. Learn about predictors of outcomes in patients undergoing stent placement for malignant gastric outlet obstruction.
3. Predict the risk of infection transmitted by endoscopes.
4. Understand the capability of acetic acid chromoendoscopy to identify extensive gastric intestinal metaplasia compared to conventional white light endoscopy.

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, 2017

Activity Expiration Date: February 28, 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/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
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):
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.

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

Continuing Medical Education Questions: February 2017

QUESTION 1 OBJECTIVE:

Describe the safety and efficacy of radiofrequency ablation for the treatment of flat early esophageal squamous neoplasia in patients with esophageal varices in compensated cirrhosis.

Use of circumferential radiofrequency ablation for early esophageal squamous neoplasia in patients with esophageal varices

Question 1:

A 57-year-old man with well-compensated alcoholic cirrhosis presents with complaints of dysphagia. An upper endoscopy is performed, which reveals 2 small esophageal varices and a 4 cm flat lesion adjacent to a varix. Biopsy confirms mucosal squamous cell carcinoma. As you present the various treatment options, radiofrequency ablation (RFA) is discussed. Which of the following is true regarding RFA in the treatment of early esophageal squamous neoplasia in this patient?

Possible answers: (A-D)

- A. There is a less than 1% chance of an adverse event.
- B. Only a minority of patients with compensated cirrhosis and varices with similar lesions achieve complete response at 12 months after treatment.
- C. Complete eradication of varices is necessary before RFA treatment.
- D. The majority of patients with compensated cirrhosis and varices and similar lesions achieve complete response with a single circumferential RFA treatment.

Look-up: Wang WL, Chang IW, Chen CC, et al. A case series on the use of circumferential radiofrequency ablation for early esophageal squamous neoplasias in patients with esophageal varices. *Gastrointest Endosc* 2017;85:322-9.

QUESTION 2 OBJECTIVE:

Learn about predictors of outcomes in patients undergoing stent placement for malignant gastric outlet obstruction.

Predictors of outcomes in patients undergoing covered and uncovered self-expandable metal stent placement for malignant gastric outlet obstruction

Question 2:

A 73-year-old male with metastatic gastric cancer and symptoms of gastric outlet obstruction presents for evaluation of enteral stent placement. Based on the findings of the current study, which one of the following factors was associated with poor oral intake in both the covered and uncovered self-expandable metal stent (SEMS) group?

Possible answers: (A-E)

- A. Poor performance status
- B. Peritoneal dissemination
- C. Slow rate stent expansion
- D. Chemotherapy after SEMS
- E. Liver metastasis

Look-up: Hori Y, Naitoh I, Hayashi K, et al. Predictors of outcomes in patients undergoing covered and uncovered self-expandable metal stent placement for malignant gastric outlet obstruction: a multicenter study. *Gastrointest Endosc* 2017;85:340-8.

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