Continuing Medical Education Exam: March 2015

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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:

Nerup N, Preisler L, Svendsen MB, et al. Assessment of colonoscopy by use of magnetic endoscopic imaging: design and validation of an automated tool. Gastrointest Endosc 2015;81:548-54.
Fujiya M, Tanaka K, Dokoshi T, et al. Efficacy and adverse events of EMR and submucosal dissection for the treatment of colon neoplasms: a meta-analysis of studies comparing EMR and endoscopic submucosal dissection. Gastrointest Endosc 2015:81:583-95.
Chandran S, Parker F, Vaughan RB, et al. Right-sided adenoma detection with retroflexion versus forward-view colonoscopy. Gastrointest Endosc 2015;81:608-13.
Woodward T, Crook JE, Raimondo M, et al. Improving complete EMR of colorectal neoplasia: a randomized trial comparing snares and injectate in the resection of large sessile colonic polyps. Gastrointest Endosc 2015;81:673-81.

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 the utility of the colonoscopy progression score with magnetic endoscopic imaging in endoscopic training.
2. Identify the relative efficacy, safety, and postprocedure implications of ESD compared with EMR for endoscopic resection of colonic neoplasms.
3. Describe the advantages and limitations of retroflexion in the right side of the colon for polyp detection during colonoscopy.
4. Demonstrate how to improve complete endoscopic mucosal resection (EMR) of colorectal neoplasia.

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: March 1, 2015
Activity Expiration Date: March 31, 2017

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
David A. Schwartz, MD (Associate Editor for Journal CME)
Disclosed no relevant financial relationships
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.

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: March 2015

QUESTION 1 OBJECTIVE:

Assess the utility of the colonoscopy progression score with magnetic endoscopic imaging in endoscopic training.

Assessment of colonoscopy by use of magnetic endoscopic imaging: design and validation of an automated tool

Question 1:

In an effort to improve endoscopic training, your institution has recently purchased a magnetic endoscopic imaging scope guide as well as a colonoscopy simulator. To best measure the efficacy of this tool in endoscopic training, you use the recently developed colonoscopy progression score (CoPS). The use of the CoPS with magnetic endoscopic imaging will allow for all of the following EXCEPT:

Possible answers: (A-D)

A. Assessment of trainee adenoma detection rate
B. Assessment of trainee handling of loop formation during colonoscopy
C. Assessment of trainee cecal intubation time
D. Unbiased assessment of trainee performance

Look-up: Nerup N, Preisler L, Svendsen MB, et al. Assessment of colonoscopy by use of magnetic endoscopic imaging: design and validation of an automated tool. Gastrointest Endosc 2015;81:548-54.

QUESTION 2 OBJECTIVE:

Identify the relative efficacy, safety, and postprocedure implications of ESD compared with EMR for endoscopic resection of colonic neoplasms.

ESD versus EMR for treatment of colonic lesions

Question 2:

A 64-year-old man is found to have a flat 3.5-cm polyp in the right colon (Fig. 1); biopsies confirm tubullovillous histology. He presents for counseling regarding endoscopic and surgical treatment options. Which of the following is most accurate regarding endoscopic submucosal dissection (ESD) versus endoscopic mucosal resection (EMR) in this scenario?

Possible answers: (A-D)

A. There is no difference in rates of en bloc resection
B. Bleeding risk is much higher after ESD
C. Rates of perforation are negligible and similar for the 2 approaches
D. There is a significant requirement for additional surgery after ESD

Look-up: Fujiya M, Tanaka K, Dokoshi T, et al. Efficacy and adverse events of EMR and submucosal dissection for the treatment of colon neoplasms: a meta-analysis of studies comparing EMR and endoscopic submucosal dissection. Gastrointest Endosc 2015:81:583-95.