

Continuing Medical Education Exam: July 2016

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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:

Krishnamoorthi R, Borah B, Heien H, et al. Rates and predictors of progression to esophageal carcinoma in a large population-based Barrett's esophagus cohort. *Gastrointest Endosc* 2016;84:40-6.

Li B-R, Liao Z, Du T-T, et al. Extracorporeal shock wave lithotripsy is a safe and effective treatment for pancreatic stones coexisting with pancreatic pseudocysts. *Gastrointest Endosc* 2016;84:69-78.

Munigala S, Gelrud A, Agarwal B. Risk of pancreatic cancer in patients with pancreatic cyst. *Gastrointest Endosc* 2016;84:81-6.

Stock D, Paszat LF, Rabeneck L. Colorectal cancer mortality reduction is associated with having at least 1 colonoscopy within the previous 10 years among a population-wide cohort of screening age. *Gastrointest Endosc* 2016;84:133-41.

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. Identify risk factors associated with progression of Barrett's esophagus to esophageal adenocarcinoma.
2. Consider whether the presence of pseudocysts should influence the decision to use lithotripsy for pancreatic duct stones.
3. Learn about the risk of pancreatic cancer in patients with pancreatic cysts.
4. Define the impact of colonoscopy within the prior 10 years on colorectal cancer mortality.

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: July 1, 2016

Activity Expiration Date: July 31, 2018

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)

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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.

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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

Continuing Medical Education Questions: July 2016

QUESTION 1 OBJECTIVE:

Identify risk factors associated with progression of Barrett's esophagus to esophageal adenocarcinoma.

Rates and predictors of progression to esophageal carcinoma in a large population-based Barrett's esophagus cohort

Question 1:

A 65-year-old white man presents to your office with persistent heartburn despite once-daily proton pump inhibitor (PPI) therapy. His medical history is significant for obesity complicated by type II diabetes and hyperlipidemia. In addition to PPI, his medications include metformin and pravastatin. He currently smokes one pack of cigarettes per day but denies any significant alcohol intake. An upper endoscopy is performed, which reveals a Prague classification C3M3 segment of columnar-lined esophagus with biopsies confirming nondysplastic Barrett's esophagus. Which of the following factors do not

affect the risk of the progression of Barrett's to esophageal adenocarcinoma in this patient?

Possible answers: (A-E)

- A. Male gender
- B. Presence of a hiatal hernia
- C. Obesity
- D. PPI use
- E. Statin use

Look-up: Krishnamoorthi R, Borah B, Heien H, et al. Rates and predictors of progression to esophageal carcinoma in a large population-based Barrett's esophagus cohort. *Gastrointest Endosc* 2016;84:40-6.

QUESTION 2 OBJECTIVE:

Consider whether the presence of pseudocysts should influence the decision to use lithotripsy for pancreatic duct stones.

Extracorporeal shock wave lithotripsy as treatment for pancreatic stones coexisting with pancreatic pseudocysts

Question 2:

A 66-year-old alcoholic male with chronic pancreatitis is found to have pancreatic duct stones and a 4-cm pseudocyst. He is referred to your office for possible pancreatic stone lithotripsy but is concerned that the pseudocyst increases the risk of the procedure. Based on the study by Li et al in this issue of *GIE*, you can state that the procedural risk will:

Possible answers: (A-D)

- A. Be higher due to the pseudocyst
- B. Be higher but this heightened risk will be eliminated if the pseudocyst shrinks to 2 cm
- C. Is lower with the pseudocyst
- D. Be the same with or without a pseudocyst

Look-up: Li B-R, Liao Z, Du T-T, et al. Extracorporeal shock wave lithotripsy is a safe and effective treatment for pancreatic stones coexisting with pancreatic pseudocysts. *Gastrointest Endosc* 2016;84:69-78.

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