

## Continuing Medical Education Exam: July 2018

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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:

Bang JY, Navaneethan U, Hasan M, et al. Stent placement by EUS or ERCP for primary biliary decompression in pancreatic cancer: a randomized trial (with videos). *Gastrointest Endosc* 2018;88:9-17.

Yu F-J, Shih H-Y, Wu C-Y, et al. Enteral nutrition and quality of life in patients undergoing chemoradiotherapy for esophageal carcinoma: a comparison of nasogastric tube, esophageal stent, and ostomy tube feeding. *Gastrointest Endosc* 2018;88:21-31.

Ramos GP, Binder M, Hampel P, et al. Outcomes of endoscopic intervention for overt GI bleeding in severe thrombocytopenia. *Gastrointest Endosc* 2018;88:55-61.

Basar O, Yuksel O, Yang DJ, et al. Feasibility and safety of microforceps biopsy in the diagnosis of pancreatic cysts. *Gastrointest Endosc* 2018;88:79-86.

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. Compare EUS-guided biliary drainage versus ERCP for primary biliary decompression in pancreatic cancer.
2. Demonstrate the tolerability of esophageal stent placement compared with nasogastric tube or ostomy tube feeding for patients undergoing chemoradiotherapy for esophageal squamous cell cancer.
3. Discuss the outcomes of endoscopic intervention for GI hemorrhage in patients with severe thrombocytopenia.
4. Determine the feasibility and safety of microforceps biopsy of pancreatic cysts.

### 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, 2018

Activity Expiration Date: July 31, 2020

### 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

**Karthik Ravi, MD (CME Editor):**

Disclosed no relevant financial relationships.

**William Ross, MD (CME Editor):**

Consulting/Advisory/Speaking: Boston Scientific, Olympus

**Ara Sahakian, MD (CME Editor):**

Disclosed no relevant financial relationships.

**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.X or Microsoft Internet Explorer 4.X and above

16 MB RAM

56.6K modem



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## Continuing Medical Education Questions: July 2018

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**QUESTION 1 OBJECTIVE:**

Compare EUS-guided biliary drainage versus ERCP for primary biliary decompression in pancreatic cancer.

**EUS versus ERCP for primary biliary decompression in pancreatic cancer****Question 1:**

A 69-year-old man with suspected malignant biliary obstruction is confirmed to have pancreatic adenocarcinoma by EUS-FNA. Based on the finding of the current study, which of the following is true regarding primary EUS-biliary drainage (EUS-BD) compared with ERCP?

**Possible answers: (A-E)**

- A. Higher rates of adverse events
- B. Higher technical success
- C. Higher clinical success
- D. All of the above
- E. None of the above

**Look-up:** Bang JY, Navaneethan U, Hasan M, et al. Stent placement by EUS or ERCP for primary biliary decompression in pancreatic cancer: a randomized trial (with videos). *Gastrointest Endosc* 2018;88:9-17.

**QUESTION 2 OBJECTIVE:**

Demonstrate the tolerability of esophageal stent placement compared with nasogastric tube or ostomy tube feeding for patients undergoing chemoradiotherapy for esophageal squamous cell cancer.

**Enteral nutrition and quality of life in patients undergoing chemoradiotherapy for esophageal carcinoma: a comparison of nasogastric tube, esophageal stent, and ostomy tube feeding****Question 2:**

A 65-year-old man presents with 5 weeks of progressive dysphagia with an associated 15-pound weight loss. An esophagogastroduodenoscopy is performed and reveals a 4-cm mass in the mid esophagus obstructing nearly 75% of the lumen. Biopsy specimens are obtained and are consistent with squamous cell carcinoma. Subsequent CT/PET reveals no evidence of distant metastatic disease. An EUS is performed with T3N0M0 staging. Neoadjuvant chemoradiation therapy followed by potential curative esophagectomy is recommended. However, the patient notes difficulty with oral intake, and there is concern about malnutrition during chemoradiotherapy. Consequently, enteral nutrition support is discussed. As you discuss various options, which of the following is true?

**Possible answers: (A-E)**

- A. Compared with nasogastric tube or surgical ostomy, patients with an enteral stent placed have a smaller decrease in mean body weight during chemoradiotherapy.
- B. Compared with an enteral stent or a nasogastric tube, patients with a surgical ostomy have a smaller decrease in mean body weight during chemoradiotherapy.
- C. Patients with an esophageal stent report a worse quality of life during chemoradiotherapy than those with a nasogastric tube or surgical ostomy.
- D. Patients with a nasogastric tube report a worse quality of life during chemoradiotherapy than those with a surgical ostomy or esophageal stent.
- E. Patients with an esophageal stent have a lower narcotic demand during chemoradiotherapy than those with a surgical ostomy or nasogastric tube.

**Look-up:** Yu F-J, Shih H-Y, Wu C-Y, et al. Enteral nutrition and quality of life in patients undergoing chemoradiotherapy for esophageal carcinoma: a comparison of nasogastric tube, esophageal stent, and ostomy tube feeding. *Gastrointest Endosc* 2018;88:21-31.

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