Continuing Medical Education Exam: March 2018

James Buxbaum, MD, Karthik Ravi, MD, William Ross, MD, Brian Weston, MD, *Co-Editors, CME Section*
Prasad G. Iyer, MD, Amit Rastogi, MD, *Editors, CME Section*
Michael B. Wallace, MD, MPH, *Editor-in-Chief, Gastrointestinal Endoscopy*

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:

Nagpal SJS, Mukhija D, Sanaka M, et al. Metachronous colon polyps in younger versus older adults: a case-control study. Gastrointest Endosc 2018;87:657-65.
Parodi A, Vanbiervliet G, Hassan C, et al. Colon capsule endoscopy to screen for colorectal neoplasia in those with family histories of colorectal cancer. Gastrointest Endosc 2018;87:695-704.
Verstockt B, Van Driessche A, De Man M. Ten-year survival after endoscopic stent placement as a bridge to surgery in obstructing colon cancer. Gastrointest Endosc 2018;87:705-13.
Boda K, Oka S, Tanaka S, et al. Clinical outcomes of endoscopic submucosal dissection for colorectal tumors: a large multicenter retrospective study from the Hiroshima GI Endoscopy Research Group. Gastrointest Endosc 2018;87:714-22.

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. Explain the rate of metachronous colon polyps in younger compared with older patients.
2. Examine colon capsule endoscopy to screen for colorectal neoplasia in patients with a family history of colorectal cancer.
3. Verstockt B, Van Driessche A, De Man M. Ten-year survival after endoscopic stent placement as a bridge to surgery in obstructing colon cancer. Gastrointest Endosc 2018;87:705-13.
4. Compare high-volume and low-volume centers for colorectal ESD programs

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, 2018
Activity Expiration Date: March 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/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):
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.X or Microsoft Internet Explorer 4.X and above 16 MB RAM 56.6K modem

Continuing Medical Education Questions: March 2018

QUESTION 1 OBJECTIVE:

Explain the rate of metachronous colon polyps in younger compared with older patients.

Metachronous colon polyps in younger versus older adults: a case control study

Question 1:

An otherwise healthy 35-year-old man presents to your office for evaluation of hematochezia. He notes several episodes of bright red blood occurring over the past month. There is no associated abdominal pain or weight loss. The patient is adopted and unaware of any significant family history. Laboratory studies are remarkable for only a slight anemia with hemoglobin of 11.5g/dL. A colonoscopy is performed and reveals a 15-mm polyp in the transverse colon with pathology consistent with a tubular adenoma.

As you counsel the patient regarding his next surveillance colonoscopy, which of the following is true?

Possible answers: (A-E)

A. His risk of a metachronous colon polyp on follow-up surveillance colonoscopy is the same as a patient over 50 years of age.
B. He is more likely to have a right-sided metachronous colon polyp on follow-up surveillance colonoscopy than a patient over 50 years of age.
C. He is more likely to have a sessile serrated polyp on follow-up surveillance colonoscopy than a patient over 50 years of age.
D. He is more likely to have a high-risk polyp (ie, advanced pathology, polyp $\geq$10 mm, >2 polyps) on follow-up surveillance colonoscopy than a patient over 50 years of age.
E. The finding of a tubular adenoma rather than a sessile serrated polyp puts him at higher risk of an advanced neoplasia on follow-up surveillance colonoscopy.

Look-up: Nagpal SJS, Mukhija D, Sanaka M, et al. Metachronous colon polyps in younger versus older adults: a case-control study. Gastrointest Endosc 2018;87:657-65.

QUESTION 2 OBJECTIVE:

Examine colon capsule endoscopy to screen for colorectal neoplasia in patients with a family history of colorectal cancer.

Colon capsule endoscopy for colorectal neoplasia screening in patients with a family history of colorectal cancer

Question 2:

An asymptomatic 46-year-old woman has a sibling with recently diagnosed colon cancer. She presents to your clinic to learn more about screening options. Based on the findings of the current study, which of the following is true regarding colon capsule endoscopy (CCE)?

Possible answers: (A-D)

A. Sensitivity and specificity for polyps $\geq$6 mm and $\geq$10 mm varies significantly.
B. Diagnostic accuracy for detection of significant lesions ($\geq$6 mm) approaches 90%.
C. It results in improved polyp detection rates in the right side of the colon
D. It results in superior patient satisfaction rates.

Look-up: Parodi A, Vanbiervliet G, Hassan C, et al. Colon capsule endoscopy to screen for colorectal neoplasia in those with family histories of colorectal cancer. Gastrointest Endosc 2018;87:695-704.