Continuing Medical Education Exam: February 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:

Abdelfatah MM, Barakat M, Lee H, et al. The incidence of lymph node metastasis in early gastric cancer according to the expanded criteria in comparison with the absolute criteria of the Japanese Gastric Cancer Association: a systematic review of the literature and meta-analysis. Gastrointest Endosc 2018;87:338-47.
Lorenzo D, Guilbaud, T, Gonzalez JM, et al. Endoscopic treatment of fistulas after sleeve gastrectomy: a comparison of internal drainage versus closure. Gastrointest Endosc 2018;87:429-37.
Park SJ, Park H, Lee YC. Effect of scheduled second-look endoscopy on peptic ulcer bleeding: a prospective randomized multicenter trial. Gastrointest Endosc 2018;87:457-65.
Grossberg LB, Vodonos A, Papamichael K, et al. Predictors of post-colonoscopy emergency department use. Gastrointest Endosc 2018;87:517-25.

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. Estimate the incidence of lymph node metastasis in early gastric cancer meeting the expanded criteria of the Japanese Gastric Cancer Association.
2. Explain endoscopic treatment of fistulas after sleeve gastrectomy.
3. Describe the impact of second-look endoscopy after peptic ulcer bleeding. Identify patients at highest risk for recurrent bleeding who may benefit most from re-evaluation.
4. Predict how to most likely avoid an emergency department visit after colonoscopy.

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, 2018
Activity Expiration Date: February 28, 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.× or Microsoft Internet Explorer 4. × and above 16 MB RAM 56.6K modem

Continuing Medical Education Questions: February 2018

QUESTION 1 OBJECTIVE:

Estimate the incidence of lymph node metastasis in early gastric cancer meeting the expanded criteria of the Japanese Gastric Cancer Association.

The incidence of lymph node metastasis in early gastric cancer according to the expanded criteria in comparison with the absolute criteria of the Japanese Gastric Cancer Association: a systematic review of the literature and meta-analysis

Question 1:

A 60-year-old man from Japan presents to your office for further evaluation of gastric cancer. Staging reveals a 1-cm undifferentiated gastric mucosal cancer without ulceration located in the gastric body. There is no evidence of distant metastasis. As you discuss endoscopic submucosal dissection versus surgical gastrectomy with lymph node resection, you consider the risk of lymph node metastasis in this patient. Which of the following is true regarding the risk of lymph node metastasis in this patient?

Possible answers: (A-E)

A. The incidence of lymph node metastasis in such patients is less than 1%.
B. The risk of lymph node metastasis in this patient is lower than in a patient with a 2-cm differentiated mucosal cancer with ulceration.
C. The risk of lymph node metastasis is lower in this patient than in a patient with a 3-cm differentiated mucosal cancer without ulceration.
D. The risk of lymph node metastasis is higher in this patient than in a patient with a 2-cm differentiated mucosal cancer without ulceration.
E. The risk of lymph node metastasis is higher in this patient than in a patient with a 1-cm differentiated gastric cancer with slight submucosal invasion (SM1).

Look-up: Abdelfatah MM, Barakat M, Lee H, et al. The incidence of lymph node metastasis in early gastric cancer according to the expanded criteria in comparison with the absolute criteria of the Japanese Gastric Cancer Association: a systematic review of the literature and meta-analysis. Gastrointest Endosc 2018;87:338-47.

QUESTION 2 OBJECTIVE:

Explain endoscopic treatment of fistulas after sleeve gastrectomy.

Endoscopic treatment of fistulas after sleeve gastrectomy: a comparison of internal drainage versus closure

Question 2:

A 42-year-old morbidly obese male undergoes laparoscopic sleeve gastrectomy, which is complicated by fistula and a 6-cm peri-gastric collection. Based on the findings of the current study, which of the following is true regarding the endoscopic management of fistula?

Possible answers: (A-D)

A. The overall success rate is 50%.
B. Surgical intervention is needed in 50%.
C. The "internal drainage method" is superior.
D. The "closure method" is superior.

Look-up: Lorenzo D, Guilbaud, T, Gonzalez JM, et al. Endoscopic treatment of fistulas after sleeve gastrectomy: a comparison of internal drainage versus closure. Gastrointest Endosc 2018;87:429-37.