Continuing Medical Education Exam: January 2018

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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:

Belghazi K, van Vilsteren FGI, Weusten BLAM, et al. Long-term follow-up results of stepwise radical endoscopic resection for Barrett's esophagus with early neoplasia. Gastrointest Endosc 2018;87:77-84.
Cotton PB, Pauls Q, Keith J, et al. The EPISOD study: long-term outcomes. Gastrointest Endosc 2018;87:205-10.
van Hoeij FB, Ponds FA, Werner Y, et al. Management of recurrent symptoms after per-oral endoscopic myotomy in achalasia. Gastrointest Endosc 2018;87:95-101.
Rex DK, Ronugoti P, Johnson SC, et al. Neoplasia at 10-year follow-up screening colonoscopy in a private U.S. practice: comparison of yield to first-time examinations. Gastrointestinal Endoscopy 2018;87:254-9.

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 long-term efficacy of stepwise radical endoscopic resection of Barrett's esophagus.
2. Evaluate endoscopic sphincterotomy for the management of sphincter of Oddi dysfunction.
3. Demonstrate the approach to recurrent symptoms in patients who have undergone per-oral endoscopic myotomy (POEM) of achalasia.
4. Compare the yield of 10-year follow-up screening colonoscopy with first-time examinations.

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: January 1, 2018
Activity Expiration Date: January 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. × or Microsoft Internet Explorer 4. × and above 16 MB RAM 56.6K modem

Continuing Medical Education Questions: January 2018

QUESTION 1 OBJECTIVE:

Explain the long-term efficacy of stepwise radical endoscopic resection of Barrett's esophagus.

Long-term follow-up results of radical endoscopic resection for Barrett's esophagus with early neoplasia

Question 1:

A 62-year-old man undergoes routine surveillance endoscopy for non-dysplastic Barrett's esophagus. Despite being on omeprazole 40 mg twice daily, LA grade B esophagitis with multiple areas of nodularity are seen within a C2M3 Barrett's segment. Biopsies are consistent with intestinal metaplasia with high-grade dysplasia. You are concerned that endoscopic mucosal resection of the visible lesions with radiofrequency ablation of the remaining Barrett's segment may have limited efficacy in this situation. As a result, you proceed with successful stepwise radical endoscopic resection (SRER) with complete eradication of intestinal metaplasia achieved. The patient now wonders about the need for long-term Barrett's surveillance. Which of the following is TRUE regarding the long-term efficacy of SRER in this patient?

Possible answers: (A-E)

A. The annual incidence of recurrent neoplasia is less than 1% per patient year.
B. Endoscopic surveillance is no longer needed 5 years after treatment.
C. The annual incidence of recurrent endoscopically visible Barrett's is 10% per patient year.
D. Buried Barrett's glands are found in 40% of patients within 5 years.
E. Repeat endoscopic therapy is required in 40% of patients within 5 years.

Look-up: Belghazi K, van Vilsteren FGI, Weusten BLAM, et al. Long-term follow-up results of stepwise radical endoscopic resection for Barrett's esophagus with early neoplasia. Gastrointest Endosc 2018;87:77-84.

QUESTION 2 OBJECTIVE:

Evaluate endoscopic sphincterotomy for the management of sphincter of Oddi dysfunction.

Endoscopic sphincterotomy for the management of sphincter of Oddi dysfunction

Question 2:

A 37-year-old woman with chronic intermittent right upper-quadrant abdominal pain presents for follow-up with persistent-symptoms status after cholecystectomy and no evidence for biliary obstruction (SOD type III). Based on the results of the current study, which of the following would you recommend?

Possible answers: (A-E)

A. Biliary sphincterotomy
B. Pancreatic sphincterotomy
C. Dual pancreatic-biliary sphincterotomy
D. Manometry-directed sphincterotomy
E. No sphincterotomy

Look-up: Cotton PB, Pauls Q, Keith J, et al. The EPISOD study: long-term outcomes. Gastrointest Endosc 2018;87:205-10.