



The Diagnosis and Management of Hepatitis C
POSTTEST AND EVALUATION FORM
Use this page as your Fax Cover Sheet

Fax To: **212-274-8220**

From:

Pages: **Three (3), including cover**

Fax:

Date:

Phone:

Email:

INSTRUCTIONS FOR CREDIT

1. Print all three pages:
 - 1) This cover page
 - 2) The following Posttest
 - 3) The following Evaluation Form
2. Complete the ten-question Posttest by circling the correct answers
3. Complete the evaluation form by circling your rating and writing your responses in the spaces provided
4. Fill out this cover page
5. Fax all three pages (including this cover page) to **212-274-8220**, or mail them to:
AGA CME Café
c/o Healthology
1333 Broadway, Suite 500
New York, NY 10018

*Your statement of credit will be emailed to you within three weeks. If you do not include an email address, we will mail your statement to you. Any questions about this program can be directed to agacmecafe@healthology.com.

POSTTEST: *The Diagnosis and Management of Hepatitis C*

1. Which of the following tests is used to detect ongoing hepatitis C viremia?
 - a. Enzyme immunoassay
 - b. Quantitative viral load
 - c. Radioimmunoblot assay
 - d. Alanine aminotransferase
2. The higher response rate of genotypes 2 and 3 compared to other genotypes led the European Union to recommend a:
 - a. Shorter duration of treatment
 - b. Lower dose of interferon
 - c. Lower dose of ribavirin
 - d. Less frequent biopsy schedule
3. How many weeks after exposure to HCV does the enzyme immunoassay test become positive?
 - a. 1-4
 - b. 2-6
 - c. 4-12
 - d. 12-24
4. Patients with which of the following conditions would be most likely to present a false-negative enzyme immunoassay test?
 - a. Rheumatoid arthritis receiving anti-TNF therapy
 - b. Alcoholic pancreatitis
 - c. Chronic renal failure on dialysis
 - d. Chronic myelogenous leukemia
5. To establish definitive response to therapy, a quantitative polymerase chain reaction (PCR) HCV-RNA test should be used.
True False
6. Which of the following is most likely consistent with a patient who is appropriate for interferon-ribavirin therapy?
 - a. Persistently normal ALT with bridging fibrosis
 - b. Decompensated liver disease
 - c. History of depression
 - d. Healthcare worker with no histological disease
7. No significant differences in adverse event profiles have been observed between standard interferon and pegylated interferon.
True False
8. The type of side effects that most often cause reduction or discontinuation of interferon therapy is:
 - a. Neuropsychiatric
 - b. Hematologic
 - c. Immunologic
 - d. Dermatologic
9. Early virological response is assessed at week ____ of therapy:
 - a. 3
 - b. 6
 - c. 12
 - d. 24
10. Ribavirin-induced anemia can often be controlled solely through dose-reduction.
True False

EVALUATION FORM: *The Diagnosis and Management of Hepatitis C*

I. Using the following scale, please indicate how well the Learning Objectives were met:

1 = Not at all **2** = Partially **3** = To a large degree **4** = Completely

After reviewing the *Diagnosis and Management of Irritable Bowel Syndrome* module, I am able to:

- | | | | | |
|---|----------|----------|----------|----------|
| 1. Discuss the clinical utility, sensitivity and specificity of the most recent enzyme immunoassay tests (EIA), as well as the HCV-RNA assays. | 1 | 2 | 3 | 4 |
| 2. Discuss the impact of genotype testing on treatment decisions and outcome of treatment regimens. | 1 | 2 | 3 | 4 |
| 3. Outline the currently recommended therapeutic regimens for patients with Hepatitis C. | 1 | 2 | 3 | 4 |
| 4. Identify the common side effects from medical therapy and management strategies to reduce their significance. | 1 | 2 | 3 | 4 |

II. Circle the number that reflects your opinion of the effectiveness of the monograph.

Strongly Disagree to Strongly Agree

- | | | | | | |
|---|----------|----------|----------|----------|----------|
| 1. The material was presented in clear and forthright language. | 1 | 2 | 3 | 4 | 5 |
| 2. The content was current. | 1 | 2 | 3 | 4 | 5 |
| 3. The content was relevant to the learner's needs. | 1 | 2 | 3 | 4 | 5 |
| 4. There was no perceived commercial bias, or the obvious appearance of skewed material which has been influenced by commercial support. | 1 | 2 | 3 | 4 | 5 |
| 5. If you disagree with statement # 4, please explain why: | | | | | |

III. To assist us in planning and improving future programs, please answer the following general questions about CME courses.

1. Please indicate how valuable you find the following types of learning formats Least Valuable to Most Valuable

- | | | | | | |
|------------------------------|----------|----------|----------|----------|----------|
| CME on the Internet | 1 | 2 | 3 | 4 | 5 |
| Expert Panel | 1 | 2 | 3 | 4 | 5 |
| Interactive Teleconferencing | 1 | 2 | 3 | 4 | 5 |
| Journal-Based CME | 1 | 2 | 3 | 4 | 5 |
| Lecture | 1 | 2 | 3 | 4 | 5 |
| Lunch With Faculty | 1 | 2 | 3 | 4 | 5 |
| Monograph | 1 | 2 | 3 | 4 | 5 |
| Multimedia (on CD-ROM) | 1 | 2 | 3 | 4 | 5 |
| Problem-Based Learning | 1 | 2 | 3 | 4 | 5 |
| Question and Answer | 1 | 2 | 3 | 4 | 5 |
| Workshop | 1 | 2 | 3 | 4 | 5 |

2. Please list the topics you would like to have offered in future education programs:

3. How did you receive this multimedia CME module:

National Meeting AGA Website Mail Other: _____

IV. CME Request Form: To Request your CME credit, and to help the CME Committee interpret your answers, please supply this personal information:

1. First Name: _____ Last Name: _____ Degree/Suffix: _____

2. Fax: _____ Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

3. In which city/state/county do you practice? _____

4. To which of the following professional associations do you currently belong?

AGA ASGE ACG AASLD Other: _____

5. Are you: Male Female

6. What is your age: Under 30 30 39 40 49 50-59 Over 60

7. Is your primary practice arrangement (please mark 1 response):

Solo Practice GI Group Practice Multispecialty Industry
 Staff Model HMO Clinical research/academic Government Trainee

8. Specialty: _____ Years in Practice: _____

9. Please indicate how many hours you spent on this program (up to 1.5): _____