



*Current and Emerging Therapies in the Treatment of Inflammatory Bowel Disease*

**POSTTEST AND EVALUATION FORM**

Use this page as your Fax Cover Sheet

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

From:

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

Fax:

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***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](mailto:agacmecafe@healthology.com).

POST-TEST: Current and Emerging Therapies in the Treatment of Inflammatory Bowel Disease

1. Which of the following classes of medications are used to treat IBD:
  - a. 5-ASAs
  - b. Corticosteroids
  - c. Immunomodulators
  - d. All of the above
2. Since the advent of biologic therapies, an added goal in the treatment of IBD is:
  - a. Increased mucosal healing
  - b. Decreased symptoms
  - c. Reduced inflammation
  - d. Increased fertility
3. GM-CSF has been looked at in the treatment of IBD:  
True                      False
4. Risk factors that may put patients with IBD at higher risk for post-operative recurrence include all of the following *except*:
  - a. Smoking
  - b. Perforating disease
  - c. Fibrostenotic disease
  - d. Repeated surgeries
5. Probiotic formulations of bacteria used to treat IBD are always standardized and well-regulated:  
True                      False
6. The differential diagnosis of pouchitis includes all of the following *except*:
  - a. Cuffitis
  - b. Ischemia
  - c. Stricture
  - d. Gastroenteritis
7. One therapy that may be used more often in children than adults with IBD is:
  - a. Corticosteroids
  - b. Biologic therapy
  - c. Nutritional therapy
  - d. Antibiotics
8. Medications that are safe to use during pregnancy include all of the following *except*:
  - a. Mesalamine
  - b. Prednisone
  - c. Methotrexate
  - d. All of the above
9. The majority of patients with IBD going into pregnancy have inactive disease that will stay inactive:  
True                      False
10. Drug-drug interactions to be aware of when treating patients with IBD include:
  - a. Metronidazole and coumadin
  - b. Infliximab and hydrochlorothiazide
  - c. Prednisone and atenolol
  - d. Sulfasalazine and vitamin B12

**EVALUATION FORM: *Current and Emerging Therapies in the Treatment of Inflammatory Bowel Disease***

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 *Current and Emerging Therapies in the Treatment of Inflammatory Bowel Disease* module, I am able to:

- |  |   |   |   |   |
|--|---|---|---|---|
| 1. Outline the medications currently used in the treatment of Crohn's disease and Ulcerative colitis.                | 1 | 2 | 3 | 4 |
| 2. Describe how the use of biologic therapy has changed the way treatment is measured in IBD.                        | 1 | 2 | 3 | 4 |
| 3. Differentiate risk factors that may put patients with IBD at higher risk of developing post-operative recurrence. | 1 | 2 | 3 | 4 |
| 4. Discuss the current research into the use of probiotics to treat post-operative pouchitis.                        | 1 | 2 | 3 | 4 |
| 5. Outline treatment issues that are specific to pediatric patients with IBD.  | 1 | 2 | 3 | 4 |
| 6. Formulate a list of medications used to treat IBD that are safe to use during pregnancy.                          | 1 | 2 | 3 | 4 |
| 7. Describe some of the common drug-drug interactions to be aware of when treating IBD.                              | 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 2): \_\_\_\_\_