



Neuroendocrine Tumors: Early Diagnosis and Optimal Intervention

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.

POST-TEST: Neuroendocrine Tumors: Early Diagnosis and Optimal Intervention

1. Negative laboratory results for the detection of 5HIAA in the serum, rule out the diagnosis of carcinoid:
True False
2. Functional Tumors are:
 - a. Neuroendocrine tumors (NET) which secrete one or more hormones
 - b. The most aggressive NET
 - c. The least aggressive NET
 - d. None of the above
3. Serum chromogranin A is:
 - a. The best general biomarker for NET available as of today
 - b. A biomarker with very narrow specificity
 - c. An unreliable biomarker due to its short half-life
 - d. None of the above
4. OctreoScan detects:
 - a. All NET
 - b. All NET and no normal tissue
 - c. All tissues expressing somatostatin receptor type 2 (SSTR2)
 - d. Only metastatic NET
5. Novel somatostatin analog based scintigraphy reagents are being developed because:
 - a. OctreoScan detects only a minority of NET
 - b. There is a need for better SSTR2 detection
 - c. It is desirable to detect tumors that express other SSTR subtypes besides SSTR2
 - d. All of the above
6. KI-67 immunohistochemistry on NET biopsy is used to estimate the proliferation index of the tumor:
True False
7. Complete surgical resection is the only curative intervention for NET:
True False
8. The half-life of somatostatin analogs is much longer than the half-life of somatostatin:
True False
9. Successful somatostatin analog biotherapy:
 - a. Effectively controls hormonal symptoms of NET
 - b. Blocks tumor spread
 - c. Is the most effective curative intervention
 - d. All of the above
10. Somatostatin analogs have been rarely shown to elicit:
 - a. Hypoglycemia
 - b. Hyperglycemia
 - c. Both hypo- and hyperglycemia
 - d. None of the above

EVALUATION FORM: *Neuroendocrine Tumors: Early Diagnosis and Optimal Intervention*

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 *Neuroendocrine Tumors: Early Diagnosis and Optimal Intervention* module, I am able to:

- | | | | | |
|---|----------|----------|----------|----------|
| 1. Discuss the challenge posed by the early diagnosis of NET and the advantages for the patient when a timely diagnosis is achieved. | 1 | 2 | 3 | 4 |
| 2. Describe the major biomarkers/laboratory tests that are the most useful for the diagnosis of NET. | 1 | 2 | 3 | 4 |
| 3. Identify the surgical options available for NET management | 1 | 2 | 3 | 4 |
| 4. Discuss the strengths and weaknesses of the biotherapies currently available for medical management of NET. | 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): _____