CME Test

Rheumatoid Arthritis Consult Collection

This activity has been certified for physicians. It was planned and produced in accordance with the ACCME Essentials Standards for endur-

ing materials (release date: March 2007; expiration date: March 2008). To obtain CME credit,

please complete this form, remove from the booklet, and return to the Annenberg Center at Eisenhower

(ACHS # 4562) at 39000 Bob Hope Drive, Rancho Mirage, CA 92270, or Fax to 760-773-4550.

ANNENBERG CENTER FOR HEALTH SCIENCES
AT EISENHOWER

 The following may be said about the use of analgesics and nonsteroidal anti-inflammatory drugs (NSAIDs) in treating rheumatoid arthritis (RA):

- a. analgesics reduce pain as well as inflammation, but not joint destruction.
- b. NSAIDs reduce pain and—at higher doses—inflammation, but do not slow joint damage.
- c. analgesics and NSAIDs can be used as primary therapy or may serve as useful adjuncts to treatment.
- d. a & d
- The role of glucocorticoids is now usually limited to short-term treatment of very active and aggressive RA, usually in combination with NSAIDs and disease-modifying antirheumatic drugs (DMARDs).
 - a. True
 - b. False

3. Consideratrions in long-term therapy of patients with RA include:

- a. if ongoing activity is seen or progressive joint damage occurs after 3 months of optimal treatment, the management strategy should be changed.
- b. periodic evaluations for evidence of disease activity are unnecessary once treatment is established.
- c. treatment adverse events should be managed rather than changed if the current treatment is poorly tolerated.
- d. a & b

Regarding the use of biologic response modifiers (BRMs):

a. Use of tumor necrosis factor alpha (TNF- α) inhibitors in combination with methotrexate is the current "gold standard" for RA.

- b. The use of TNF- α inhibitors earlier in the course of the disease has no impact on results.
- c. Biologics potentially increase the risk of both minor and serious infections, as well as secondary malignancies, but physicians can be guardedly optimistic regarding their long-term safety.
- d. a & c

5. Selective T-cell costimulation modulation:

- a. is indicated for the treatment of active RA in patients at any stage of treatment.
- b. Can be used alone or in combination with a traditional DMARD, but not with any TNF- α or interleukin-1 inhibitor
- c. Patients with an inadequate response to methotrexate treated with a selective costimulation modulator demonstrated significant slowing of structural damage progression.
- d. b & c

6. The process of selective T-cell costimulation modulation involves:

- a. activated T cells trigger the autoimmune and inflammatory processes of RA, producing proinflammatory cytokines, stimulating other immune system cells, and leading to production of metalloproteinases and inflammatory mediators that result in bone and cartilage degradation.
- abatacept blocks both of the 2 signals required for T-cell activation following antigen recognition.
- c. in vitro studies suggest that abatacept's inhibitory effect on T-cell activation increases cytokine production without depleting T cells.
- d. a & b

Rheumatoid Arthritis Consult Collection

ANSWER SHEET						
Record your answers here by circling the appropriate letter:						(please print clearly) Today's Date:
1. a b c d 5. a b 2. a b 6. a b 3. a b c d 4. a b c d	-	d d				Name: First M. Last Degree Affiliation: Specialty: Address:
This activity has been certified for physicians. It was planned and produced in accordance with the ACCME Essentials Standards for enduring materials (release date: March 2007; expiration date: March 2008). To obtain CME credit, please complete this form, remove it from the booklet, and return it to the Annenberg Center at Eisenhower (ACHS #4562) at 39000 Bob Hope Drive, Rancho Mirage, CA 92270, or fax to 760-773-4550. YOUR CERTIFICATE FOR CONTINUING MEDICAL EDUCATION CREDIT (if applicable) WILL BE ISSUED FROM THE FOLLOWING INFORMATION. Failure to legibly complete and sign this form may prohibit the creation and forwarding of your certificate.					Street Address City State Zip Daytime Phone: () E-mail: Date of Birth:(used for record-keeping purposes only) What is your professional degree? MD DO Other: I hereby certify that I have spent hour(s) in this educational activity. Signature: Date:	
•						
PROGRAM EVALUATION						
Fill in the appropriate circle on each line: Do you believe that the subject matter was						
How did this compare to other educational events in which you participated?	High O	0	Avg.	0	Low	presented objectively and with fair balance? O Yes O No What did you like most?
Please evaluate the educational level of this CME activity.	O	0	0	0	0	What did you like least?
Please evaluate the educational format for this subject.	0	0	0	0	0	
Upon completion of this activity, the degree to which I can better: • Determine appropriate assessment criteria and measurements for physiologic changes in joint and cartilage in order to accurately address the pathophysiology of the condition.	al O	0	0	0	O	PRACTICAL IMPLICATIONS: Please list three key points you learned during this activity:
 Examine the new class of selective T-cell costimulation modulators 	0	0	0	0	0	
 Determine the most appropriate patient profile for DMARD therapy to develop an RA program that will best serve the needs of the individual patient. 	0	0	0	0	0	Please list areas you might change in your practice as a result of this activity:
Based on content, how effective was the activity in meeting your expectations and objectives?	0	0	0	0	0	
Evaluate how relevant this information is to your practice:	0	0	0	0	0	What other related clinical areas and topics would you like offered as CME activities in the future?
The likelihood you will make even small changes in your practice based on the information presented in this activity is:	О	0	0	0	0	
In terms of delivery of the presentation, please rate the effectiveness of the activity:	О	0	О	0	0	