ENROLLMENT/EVALUATION FORM

Psoriasis/Psoriatic Arthritis Grand Rounds

St. Vincent's East Birmingham, Alabama PSO170-08

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Learning Objectives Please rate the following objectives to indicate if you are be	etter able to		rongly .gree	Agree	Disagree	Strongly Disagree	
Outline the immunologic pathways that contribute to the sk manifestations of psoriasis and psoriatic arthritis			0	0	0	0	
Compare and contrast available therapies, their targets, ar application	nd clinical		0	0	0	0	
Discuss patient-specific factors that may inform selection c across the disease course to ensure response	of therapy		0	0	0	0	
Critically assess the mechanisms of action, efficacy, and semerging therapies for psoriasis and psoriatic arthritis	afety of		0	· O	0	0	
Please rate the importance of your reasons for attending the	nis education	ıal					
activity:			remely	Very	Not Very	Not at All	
Topics			0	0	0	0	
CME/CPE credit			0	0	0	0	
Please rate the projected impact of this activity on your known of this activity on your known of this activity increased my knowledge.	Yes	npetence, No O	performa Validat Practio	ed		ease describe:	
This activity increased my competence.2	0	0	0				
This activity will improve my performance.	0	0	0				
This activity will improve my patient outcomes. 1 The Accreditation Council for CME requires us to analyze	0	0	0				
Please identify how you will change your practice as a result of Change in diagnostic and assessment protocols for pso of Change in diagnosis/assessment protocols, and/or reference and control of the change of th	riasis. Pleas rral procedur	e specify: res for pso				d conditions (eg	ı, depression
O Lack of experience O Lack of O Lack of O Lack of O Lack of O Reimb	these changor of consensus of time to assoursement/in nt compliance	s or profes sess/coun surance i	sel patien		ost o barriers ther, please spe	cify:	
Will you attempt to address these barriers in order to imple O Yes – How? O No – Why not? O N/A - No barriers identified						ents' outcomes?	
The content of this activity matched my current (or potential O Yes O No. If no, please explain:							
Number of patients with psoriasis, psoriatic arthritis, or rela		atory cond	litions see	en per month:			
What topic areas would you like to see in future activities? O Psoriasis and depression O Cardiovascular issue O Biosimilars in PsO/PsA O Other:		ìΑ	(O Therapeutio	pipeline in PsC	l/Psa	
What is one pearl you took away as a result of your particip	oation?						

Please wait to complete until after the presentation.

- 1. How confident are you in recognizing the signs and symptoms of psoriasis and/or psoriatic arthritis among patients typically seen in your practice?
 - a. Not at all confident
 - b. Somewhat not confident
 - c. Somewhat confident
 - d. Very confident
- 2. What is the approximate likelihood that patients with more severe psoriasis (>10% BSA) will die in the next 5 years (via all-cause mortality) compared to the general population?
 - a. At least 5 times (5X) more likely
 - b. At least 1.5 times (1.5X) more likely
 - c. At least 2 times (2X) more likely
 - d. There is no statistically significant difference in mortality
- 3. Psoriasis patients with >10% BSA are at increased risk of morbidity and mortality from major adverse cardiac events (MACEs), renal disease, liver disease, and other myriad factors. Meanwhile, psoriatic arthritis (PsA) patients also have a higher risk of MACE compared to the general population. Within this clinical context, which one of the following statements is also true?
 - a. TNF- α inhibitors are approximately six times as effective as methotrexate at preventing MACE in patients with psoriasis
 - b. Depression and/or suicidal ideation are not statistically significant causes of morbidity and mortality in the PsO/PsA population.
 - c. Adalimumab, etanercept, and infliximab are all therapies which are safe to use without restriction in PsA patients with cardiovascular comorbidities such as CHF.
 - d. NSAIDs should be considered carefully in patients with pre-existing heart disease and may generally be avoided if possible.
- 4. Which of the following are signs/symptoms of PsA which may also be a sign of concurrent axial disease (termed psoriatic spondylitis or ankylosing spondylitis)?
 - a. Dactylitis (aka "sausage digit") of the fingers and/or toes
 - b. Low back or gluteal stiffness when getting out of a car, or morning stiffness in the lower back/lower body area lasting ≥45 min.
 - c. Psoriatic nail dystrophy
 - d. Radiographic evidence of juxta-articular new bone formation of the peripheral joints

See reverse side.

- 5. Which of the following statements regarding psoriasis and adverse cardiovascular events has been proven true based on clinical evidence?
 - a. Therapeutic intervention in psoriasis directly results in reduced cardiovascular risk of major adverse events.
 - b. Systemic inflammation is a common pathway associated with atherosclerosis, psoriasis, obesity, and insulin resistance/metabolic syndrome.
 - c. Epidemiological studies have determined that psoriasis patients taking a TNF- α inhibitor (TNFi) had lower rates of major CV events compared with the MTX patient cohort at all timepoints.
 - d. Currently available clinical evidence is inadequate to establish a correlation between cardiovascular risk of major adverse events and psoriasis.
- 6. Case Question: Patient NCD received a PsO diagnosis 5 years ago; with BSA coverage >50%. She received a standard dose of adalimumab 4.5 years ago after initial treatment failure with MTX. Adalimumab failed after 6-months, which was followed by a 6-month course of etanercept along with diet and exercise counseling. At the 6-month etanercept checkup the dermatologist notices in addition to increased BSA involvement, the knuckles of NCD's right-hand middle and ring fingers are showing signs of joint swelling and articular distortion. NCD reports she is sad, unable to concentrate, and no longer enjoys her reading hobby. Her bowel habits are normal and she is adhering to dietary recommendations. Which of the following is the BEST clinical course of action for the dermatologist to take with this patient?
 - a. Keep the patient on etanercept for another 6 weeks to gauge treatment safety and efficacy.
 - b. Keep the patient on etanercept for another 6 weeks to gauge treatment safety and efficacy, and refer the patient for mental-health evaluation and treatment.
 - c. Refer the patient for evaluation by a rheumatologist, discuss the possibility of switching to secukinumab therapy given the failure of two anti-TNFs; also refer the patient for mental health evaluation and treatment.
 - d. Restart original course of methotrexate therapy and refer the patient to an occupational therapist for treatment of the new hand joint pain and articular distortion symptoms.

7. Which of the following therapies is an oral medication with a mechanism(s) of action that targets the
phosphodiesterase-4 (PDE-4) pathway?

c. ustekinumab

d. methotrexate

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Pharmacists: The St. Vincent's Health System is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. Completion of this knowledge-based activity provides for 1.0 contact hour (0.1 CEU) of continuing pharmacy education credit.								
Faculty/Course Director/Planners: STVHS has selected all faculty participating in this activity. It is the policy of STVHS that all CME/CE								

participants who have no conflict of interest or who agreed to an identified resolution process prior to their participation were involved in this activity.

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