# A Multidisciplinary Approach to Individualizing Treatment

## CME Post-Test, Answer Key, and Evaluation Form





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PeerView.com/EGPA-Survey-DKK

To assist us in evaluating the effectiveness of this activity and to make recommendations for future educational offerings, please take a few minutes to complete the post-test and evaluation form. The Medical Learning Institute, Inc. and PVI, PeerView Institute for Medical Education, respect and appreciate your opinions. You may return this post-test and evaluation form on-site to a PeerView staff member or via mail, fax, or email. There are no prerequisites and there is no fee to participate in this activity or to receive CME credit.

CME: In order to receive a Statement of Credit, you must complete and submit the request for credit.

This CME activity is jointly provided by Medical Learning Institute, Inc. and PVI, PeerView Institute for Medical Education.



Request for Credit

**Physicians:** Please complete the following:

This live activity has been certified for a maximum of 1.0 AMA PRA Category 1 Credit<sup> $\infty$ </sup>. Physicians should only claim credit commensurate with the extent of their participation in the activity (15 minutes = 0.25 credit).

I certify my actual time spent to complete this live activity to be:

- ☐ I participated in the entire activity and claim 1.0 AMA PRA Category 1 Credit™
- ☐ I participated in part of the activity and claim \_\_\_\_\_ AMA PRA Category 1 Credit™

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#### Contact Information (\*required)

*First Name:	*Last Name:			
*Degree:	Specialty:			
*Address:				
*City:	*State/Province:			
*ZIP/Postal Code:	*Country:			
Phone Number:	Fax Number:			
*Email (required for electronic copy of Statement of Credit):				

□ I would like to receive email alerts about upcoming PeerView educational activities.

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**CME Post-Test** (Please write the letter of your answer in the assigned circle.)

1.	Research has shown that which of the following cytokines may be highly increased in eosinophilic granulomatosis with polyangiitis (EGPA) and, as such, inhibition represents a therapeutic target?  a. Interleukin (IL)-17  b. IL-4  c. IL-13  d. IL-5  e. I'm not sure	ts)
2.	You are evaluating a patient for a possible eosinophilic disorder. Which of the following would suggest a diagnosis of EGPA as opposed to hypereosinophilic syndrome or acute eosinophilic pneumonia?  a. Acute respiratory failure b. Vasculitis c. Lack of asthma/allergy history d. A requirement for therapies other than glucocorticoids e. I'm not sure	)
3.	Lower doses of glucocorticoid monotherapy may be appropriate for which of the following patients with EGPA?  a. Monotherapy is never appropriate  b. A patient with mild to moderate disease  c. A patient with organ- or life-threatening manifestations  d. A patient with central nervous system involvement  e. I'm not sure	)
4.	Which of the following subspecialists is likely to be the first to encounter EGPA in a patient?  a. A dermatologist  b. An allergist/immunologist  c. A neurologist  d. Any of these subspecialists may be the first to encounter a manifestation of EGPA in patients  e. I'm not sure	)
5.	In clinical trials, the use of IL-5-targeted therapy for the treatment of EGPA has shown a reduction in daily glucocorticoid dose of more than:  a. 15% b. 25% c. 50% d. No reduction in dose has been observed e. I'm not sure	)

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### CME Activity Evaluation Form (Please mark your answer with a circle.)

1. To what extent have the information and practice strategies discussed in this activity improved your ability to competently manage patients/support patient care?

Not at all				Very much	
1	2	3	4	5	N/A

2. After participating in this activity, how often do you plan to do the following?

	Never	Infrequently	Sometimes	Frequently	Always	
Consider the possibility of eosinophilic granulomatosis with polyangiitis (EGPA) in patients with high eosinophil counts	1	2	3	4	5	N/A
Use evidence-based criteria to diagnose and differentiate EGPA from other eosinophilic disorders	1	2	3	4	5	N/A
Select treatment, including novel therapies, for patients with EGPA based on the latest clinical evidence	1	2	3	4	5	N/A

3. Please indicate your level of agreement with the following statements:

Strongly <b>disagree</b>					Strongly <b>agree</b>
The content was presented in a fair and unbiased manner.	1	2	3	4	5
The content was evidence-based.	1	2	3	4	5
The content was relevant to my practice.	1	2	3	4	5
The format of this activity was useful and conducive to learning.	1	2	3	4	5
The faculty demonstrated expertise in subject matter.	1	2	3	4	5
The interactive questions positively impacted my learning.	1	2	3	4	5

4. As a result of your participation in this activity, please indicate your ability to meet each of the stated educational objectives.

	Not able				Very able
Describe the pathophysiology of eosinophilic granulomatosis with polyangiitis (EGPA) and its relationship to novel therapeutic targets	1	2	3	4	5
Recognize the importance of a multidisciplinary approach in diagnosing and managing patients with EGPA	1	2	3	4	5
Apply evidence-based approaches to diagnose and differentiate EGPA from other eosinophilic disorders	1	2	3	4	5
Develop individualized treatment plans for patients with EGPA based on the latest clinical data	1	2	3	4	5

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#### Improving Recognition and Management of EGPA

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**5.** Please indicate the likelihood of the following statements:

	<b>Not</b> at all likely				<b>Very</b> likely
I will make changes to my practice after participating in this activity.	1	2	3	4	5
Practice changes I make based on this activity will improve my and the healthcare teams' ability to affect patients' outcomes.	1	2	3	4	5
I would participate in future activities on this topic presented in a similar format.	1	2	3	4	5
I would recommend this activity to my colleagues.	1	2	3	4	5

6.	Which of the following barriers or challenges that you encounter in your care of (Indicate all that apply.)	patiei	nts or practice will this activity help you overcome?
	Engaging patients and caregivers in shared decision-making		Coordinating care with interprofessional team
	Patient adherence		Decision-making in the presence of conflicting evidence
	Lack of training/experience with this specific topic		Cost/Reimbursement/Therapy Approval Status
	Other (please specify): Detailed feedback is encouraged and appreciated		
	None; I do not encounter barriers in the care of patients/my practice		
7.	Do you intend to change your practice as a result of participating in this activity:		Yes No If so, how? If not, why not?
9.	Please provide any other feedback or comments regarding this activity.		