Continuing Medical Education Evaluation

To obtain CME credit:

- Complete this evaluation for any and all supplement articles for which you are claiming CME credit.
- Credit will only be granted for those articles for which you provide evaluation.
- Send the completed form by e-mail to: CE_office@rush.edu OR
- Send the completed form by post to:
  RUMC, Office of IPCE, 710 S. Paulina Suite 234, Chicago IL 60612, USA.
- Credit will be granted based upon this evaluation. You must:
  o Indicate the articles for which you are claiming credit and
  o Complete the multiple-choice test and
  o Achieve a passing score commensurate with the number of credits you are claiming.
  (Each article is available for 0.5 AMA PRA Category 1™ credit) See table below.
- Your Certificate of Participation will be available 7-10 days after Rush receives the evaluation. You will be notified by e-mail.

Name: _________________________________________________________________________
Credentials (MD, DO, etc.): ________________________________________________________
E-mail address (required):  _________________________________________________________
Mailing address: _________________________________________________________________
_______________________________________________________________________________

I have reviewed the content of all of the articles indicated here
(Title or chapter number of all articles for which you are claiming CME credit):
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

I am claiming ____ credits
(indicate number from 0.5 to 13.5. Each article is available for 0.5 AMA PRA Category 1™ credit).

Please select the most appropriate response to each of the following statements.
Fill in the circle corresponding to the best answer.

1. The content of this article(s) was presented without bias toward any commercial product.
   ○ Yes  ○ No

2. I intend to apply the knowledge and/or skills I have acquired from this article(s) to my practice.
   Strongly Agree    Agree    Neither Agree nor Disagree    Disagree    Strongly Disagree
   ○                 ○                 ○                           ○                     ○

3. I have a strategy/strategies to make change(s) in my professional practice based on the knowledge
and/or skills I have acquired from this article(s).
   Strongly Agree    Agree    Neither Agree nor Disagree    Disagree    Strongly Disagree
   ○                 ○                 ○                           ○                     ○

4. Please provide one goal you will work on in the next three months based on what you learned in this article(s).
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
Please select the single best answer for each question below. Fill in the circle corresponding to the best answer.

1. The proportion of patients with psoriasis who also have psoriatic arthritis is approximately
   ○ 5-20%
   ○ 21-35%
   ○ 36-50%
   ○ 51-65%

2. The proportion of people with undiagnosed psoriatic arthritis among patients under care of dermatologists is estimated to be
   ○ 5%
   ○ 15%
   ○ 25%
   ○ 35%

3. Apremilast is inhibitory to following:
   ○ tumour necrosis factor α (TNF-α)
   ○ interleukin 1 (IL-1)
   ○ phosphodiesterase 4 (PDE4)
   ○ B cells

4. According to ACR criteria (ACR20), with anti-TNF therapy in psoriatic arthritis the likelihood of a 20% response is approximately
   ○ 76-90%
   ○ 61-75%
   ○ 45-60%
   ○ 31-45%

5. Long-term radiographic progression and spinal mobility tend to be
   ○ independent in PsA and congruent in AS
   ○ independent in both PsA and AS
   ○ independent in AS and congruent in PsA
   ○ congruent in both PsA and AS

6. Anti-TNF therapy in psoriatic arthritis is of benefit to
   ○ enthesitis only
   ○ dactylitis in 41-60% of patients
   ○ skin alone
   ○ enthesitis, dactylitis in 41-60% of patients, and skin

7. Cyclosporine for psoriatic arthritis has been found most efficacious for
   ○ polyarticular disease
   ○ arthritis mutilans
   ○ axial disease
   ○ oligoarticular disease
8. The most effective small molecule medication for skin lesions in psoriatic arthritis is
   ○ Leflunomide
   ○ Cyclosporine
   ○ Methotrexate
   ○ Sulphasalizine

9. Classification of juvenile psoriatic arthritis includes which of the following?:
   ○ Similar to ANA-positive JIA
   ○ Part of a spondyloarthropathy
   ○ Both similar to ANA-positive JIA and part of a spondyloarthropathy

10. Each of the following has been reported for quantitative scoring of radiographs in psoriatic arthritis EXCEPT
    ○ Sharp van der Heijde Score
    ○ Larsen Score
    ○ Modified Steinbrocker Global Score
    ○ PsA Ratingen Score (PRAS)

11. The nails are affected in approximately what percentage of people with psoriasis?
    ○ 20%
    ○ 40%
    ○ 60%
    ○ 80%

12. What are the two most common phenotypes of psoriatic arthritis?
    ○ polyarticular and arthritis mutilans
    ○ distal interpharangeal (DIP) and axial disease
    ○ polyarticular and axial disease
    ○ DIP disease and arthritis mutilans

13. Which of the following is a prominent inhibitor of IL-12/23 used to treat skin and musculoskeletal psoriasis in psoriatic arthritis?
    ○ Apremilast
    ○ Ustekinumab
    ○ Abatacept
    ○ Golimumab

14. What is the first conventional synthetic DMARD to be used for psoriatic arthritis included in EULAR recommendations?
    ○ Sulphasalizine
    ○ Methotrexate
    ○ Leflunomide
    ○ Cyclosporine

15. A comparison of involvement of the feet in psoriatic arthritis indicated which of the following?
    ○ Ultrasound involvement in about 75% and clinical involvement in about 33%
    ○ Ultrasound involvement in 33% and clinical involvement in 75%
    ○ Ultrasound involvement in 100% and clinical involvement in 75%
    ○ Ultrasound involvement in 50% and clinical involvement in 25%

16. In the initial description of psoriatic arthritis by Moll and Wright the most common presentation was
    ○ oligoarticular arthritis
    ○ arthritis mutilans
    ○ axial arthritis
    ○ symmetrical polyarthritis