

TREAT-TO-TARGET IN RHEUMATOID ARTHRITIS

To receive up to 10 CME credits for this activity, complete the evaluation, attestation and post-test answer sheet (minimum passing grade of 70%) and return all pages to:

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New York, NY 10016

The submission deadline is February 28, 2013

Please print clearly

Name _____ Degree _____

Mailing address _____

Telephone _____ Fax _____

E-mail _____

Attestation:

**I certify that I have completed this continuing medical education activity.
The actual time I spent on this activity was _____ hours (maximum of 10.0 hours).**

Signature _____ Date of completion _____

CME Multiple Choice Questions

Post-Test Questions

Please indicate the correct answers to the following questions.

1. Treatment to target in rheumatoid arthritis suggests that the therapeutic goal in patients with early RA should be:
 - a) Moderate disease activity
 - b) No joint swelling by sonography
 - c) Remission or low disease activity
 - d) Remission as the only acceptable target
 - e) All of the above
 - f) None of the above

2. The DAS28 includes:
 - a) swollen joint count, tender joint count, patient function, patient global estimate of status
 - b) swollen joint count, tender joint count, ESR or CRP, patient function
 - c) swollen joint count, tender joint count, ESR or CRP, patient global estimate of status
 - d) swollen joint count, tender joint count, ESR or CRP, patient pain
 - e) swollen joint count, tender joint count, ESR or CRP, physician global estimate of status

3. The CDAI includes:
 - a) swollen joint count, tender joint count, physician global estimate of status, patient global estimate of status
 - b) swollen joint count, tender joint count, ESR or CRP, physician global estimate of status, patient function
 - c) swollen joint count, tender joint count, ESR or CRP, patient function, patient global estimate of status
 - d) swollen joint count, tender joint count, physician global estimate of status, patient pain
 - e) swollen joint count, tender joint count, patient function, patient pain

4. The RAPID3 score includes:
 - a) swollen joint count, patient function, ESR or CRP, patient global estimate of status
 - b) tender joint count, patient function, patient global estimate of status
 - c) ESR or CRP, patient function, patient global estimate of status
 - d) physician global estimate of status, patient function, patient pain
 - e) patient function, patient pain, patient global estimate of status

5. Recommendations for treat-to-target include which one of the following?
 - a) add therapy with glucocorticoids if no response to methotrexate after 3 months
 - b) all patients should be treated with an anti-TNF agent if no response to methotrexate after 3 months
 - c) the level of the target value... must be based on a shared decision between patient and rheumatologist
 - d) patients who are unwilling to be treated with biological agents should attend a patient education program
 - e) all patients who have high disease activity levels should receive glucocorticoids.

6. In one large series of 6,135 patients with rheumatoid arthritis treated in usual care settings, approximately what proportion reported an adverse effect of treatment with arthritis medications:
 - a) 25%
 - b) 45%
 - c) 65%
 - d) 85%

7. In one large series of 6,135 patients with rheumatoid arthritis treated in usual care settings, approximately what proportion responded “true” to the statement “As long as I don’t get worse I wouldn’t want to change my arthritis medications” ?
 - a) 25%
 - b) 45%
 - c) 65%
 - d) 85%

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8. Which of the following is (are) true concerning the QUEST-RA international database:
- a) patients from the Netherlands, Finland and the United States have mean DAS28 less than 3.2, indicating low disease activity
 - b) patients from the United Kingdom, France and Turkey have mean DAS28 between 3.2 and 5.1, indicating moderate disease activity
 - c) patients from Latvia, Serbia and Poland have mean DAS28 greater than 5.1, indicating high disease activity
 - d) only a and b
 - e) all of the above
9. Which one of the following is true regarding intensive management of patients with early rheumatoid arthritis (RA) in the TICORA clinical trial?
- a) Must include anti-TNF- α therapy in order to reach treatment target
 - b) Improved clinical but not radiographic outcomes
 - c) Results in an increased likelihood of clinical remission
 - d) Is associated with an increased risk of serious adverse events
 - e) Is too costly to implement in routine rheumatologic practice
10. According to the results of the BeSt (Behandel Strategieën or “treatment strategies”) trial, which is the best initial treatment for most patients with recent-onset rheumatoid arthritis (RA)?
- a) high-dose methotrexate and taper the dose after 6 months
 - b) a TNF- α inhibitor only
 - c) combination of methotrexate and either prednisone or infliximab, followed by DAS-steered treatment adjustments in all patients
 - d) methotrexate only, reserving prednisone and TNF- α inhibitor for those who fail at least 2 synthetic DMARDs
11. According to the results of the BeSt (Behandel Strategieën or “treatment strategies”) trial, which of the following statements is true?
- a) initial combination therapy with prednisone or infliximab results in more drug-free remission than initial monotherapy with methotrexate
 - b) almost all patients who discontinue infliximab after achieving prolonged low disease activity will need to restart infliximab because of a disease flare within the next year
 - c) initial combination therapy with methotrexate and prednisone or infliximab can often be tapered to methotrexate monotherapy in patients with recent-onset RA
 - d) radiographic damage will progress in patients who discontinue medication after achieving remission
12. The second Computer Assisted Management in Early Rheumatoid Arthritis study (CAMERA-II) indicates that addition of 10 mg prednisone daily for 2 years to a methotrexate-based tight-control strategy in early rheumatoid arthritis:
- a) leads to better clinical effects (disease activity signs and symptoms, functioning), but more adverse effects and no beneficial effect on radiographic joint damage
 - b) leads to better clinical effects and beneficial effect on radiographic joint damage, but more adverse effects
 - c) leads to better clinical effects and fewer adverse effects, but no beneficial effect on radiographic joint damage
 - d) leads to better clinical effects, fewer adverse effects, and beneficial effect on radiographic joint damage
 - e) does not lead to better clinical effects, but does lead to fewer adverse effects, and beneficial effect on radiographic joint damage
13. In the CIMESTR (Cyclosporine, Methotrexate, Steroid in RA) study, intra-articular injections with glucocorticoids in combination with methotrexate were part of the treatment strategy. Which of the following statements is correct?
- a) The cumulative equivalent dosage of glucocorticoids corresponded to less than 1 mg of prednisolone per day
 - b) Among patients who received first-time joint injection, more than 50% had not relapsed after two years of follow-up
 - c) Three in four patients were in DAS28 remission after 5 years
 - d) During 5 years of follow-up, the median radiographic progression was less than 1 Sharp score unit per year
 - e) All of the above
 - f) None of the above

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14. Which statement(s) is (are) correct about discontinuation of biological therapy?
- a) Evidence shows that it can be tried only in patients who have been in remission for at least six months.
 - b) Severe joint damage progression in the first year after discontinuation of biological agents is rare.
 - c) Re-treatment with biological therapy in patients who have flared after discontinuation is successful in 70-100%.
 - d) Re-treatment with biological therapy in patients who have flared after discontinuation causes more infusion reactions than the first treatment with biological therapy.
 - e) *b* and *c* are correct
 - f) *a* and *c* are correct
15. Broadly speaking, economic evaluation can be defined as the approach aimed to compare costs and consequences (effects) of two or more alternative course of actions, which in healthcare generally include options to diagnose, prevent or treat a disease. In particular, pharmacoeconomics refers to health economic evaluations in which at least one of the compared options includes a drug therapy.
- a) True
 - b) False
16. Typical methods for pharmacoeconomic evaluations include all but which one of the following?
- a) cost-effectiveness analysis
 - b) cost-benefit analysis
 - c) cost-utility analysis
 - d) decision tree analysis
 - e) six sigma analysis
17. Rheumatoid arthritis (RA) presents a serious socio-economic burden in terms of direct costs. Which of the following is not included in the direct costs?
- a) drugs
 - b) hospitalisation
 - c) productivity loss (working days lost)
 - d) ambulatory visits
 - e) rehabilitation
18. What is the least reasonable explanation for the limited literature evaluating the direct and indirect costs of systemic lupus erythematosus (SLE)?
- a) the low prevalence of the disease, compared to other chronic rheumatic diseases such as rheumatoid arthritis (RA)
 - b) the relatively modest medication costs for most drugs currently used for the condition
 - c) there are not adequate economic tools for evaluating direct and indirect costs
 - d) although the impact of indirect costs on patients is high, these costs do not impact healthcare payers
19. Which of the following statements is true concerning the concept of “treat-to-target” in psoriatic arthritis (PsA)?
- a) because it is an inflammatory arthritis, recommendations for targets of disease activity in PsA should be similar to those for RA
 - b) PsA patients generally have arthritis preceding skin symptoms, so the target of therapy should be driven primarily by joint symptoms
 - c) because they occur commonly, enthesitis and dactylitis should be considered as measures of disease activity in PsA patients
 - d) axial involvement occurs in more than 90% of PsA patients, and should be a major consideration for treat-to-target in PsA
20. Which of these items is not included in the Juvenile Arthritis Disease Activity Score (JADAS)?
- a) Erythrocyte sedimentation rate
 - b) Parent/child ratings of well-being
 - c) Physical function assessment
 - d) Count of active joints
 - e) Physician global rating of overall disease activity

Post-Test Answer Sheet
Treat-to-Target in Rheumatoid Arthritis

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TREAT TO TARGET IN RHEUMATOID ARTHRITIS

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Program Evaluation

Effectiveness Measurement

Based on this enduring material, how do you plan to use evidence-based recommendations for 'treat-to-target'?

Based on this enduring material, how will you update your strategy for approval of biological agents for RA?

In addition to the changes to practice described above, please indicate any additional changes that you intend to make based on the information received from this activity.

If this education intervention did not fulfill your educational needs, how could future activities address your needs better?

Was the format of the activity appropriate for the educational objectives listed?

- Yes
 No

If no, what format would be better suited for this educational intervention?

- Didactic Lecture
 Case-based discussion
 Debate
 Q/A /Panel Discussion
 Interactive ARS System
 Hands-On Training (simulation/cadaver)
 Enduring Material (online/printed/CD)
 Other

Disclosure / Perception of Bias

Disclosure of commercial support (if any) was clearly communicated.

- Yes
 No
 Not Applicable

Disclosure of relevant financial relationships of faculty were clearly communicated

- Yes
- No

If disclosure of either relationships or commercial support was unclear, how can this information be more clearly presented?

Faculty disclosed when they discussed unlabeled or unapproved uses of drugs or medical devices.

- Yes
- No
- Not Applicable

The activity was free of commercial bias.

- Yes
- No

If you perceived commercial bias in the content or presentation of this activity, please give a detailed account, including the name of the presenter and nature of the perceived bias.

Needs Assessment

Please indicate what knowledge gaps, practice gaps, or patient health issues you have encountered in your own practice or in the profession that the NYU Post-Graduate Medical School could address with continuing medical education initiatives.

Activity Preference

What is your preference for CME activity format?

- Live Program
- Web-Based Enduring Materials
- DVD Enduring Materials
- Printed Enduring Materials

Overall Activity Comments
