POSSIBLE DISCONTINUATION OF THERAPIES IN INFLAMMATORY RHEUMATIC DISEASES

To receive up to 10.25 CME credits for this activity, complete the evaluation, attestation and posttest answer sheet (minimum passing grade of 70%) and return all pages to:

> Joann Carpana NYU Post-Graduate Medical School 545 First Avenue, 5Q-A New York, NY 10016

The submission deadline is March 15, 2014

| Please print clear | rly |
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| Name | Degree |
| Mailing address | |
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| Telephone | Fax |
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| Attestation: | |
| I certify that I have completed this continuing medical education activity. The actual time I spent on this activity was hours (maximum of 10.25 hours). | |
| Signature | Date of completion |

Post-Test Questions

Please indicate the correct answers to the following questions.

- 1. Patients with rheumatoid arthritis who are in low disease activity or remission while taking a biological agent with methotrexate, are likely to remain in low disease activity or remission after withdrawal of the biological agent in:
 - a) In about 20% of instances in different clinical trials
 - b) In about 40% of instances in different clinical trials
 - c) In about 60% of instances in different clinical trials
 - d) In about 80% of instances in different clinical trials
 - e) In about 20-80% of instances in different clinical trials
- 2. The BeSt clinical trial included all but the following arms:
 - a) Sequential DMARD monotherapy
 - **b**) Step-up to combination DMARD therapy
 - c) Initial combination therapy with tapered high-dose prednisone
 - d) Initial combination therapy with etanercept
 - e) Initial combination therapy with infliximab
- **3.** In the BRIGHT study, an open-label extension in patients with RA after a one-year clinical trial of adalimumab monotherapy documented that patients who maintained persistent low disease activity had:
 - a) Shorter disease duration and higher use of glucocorticoids
 - b) Longer disease duration and higher use of glucocorticoids
 - c) Longer disease duration and lower use of glucocorticoids
 - d) Shorter disease duration and lower use of glucocorticoids
 - e) No differences according to disease duration or use of glucocorticoids
- 4. In patients with ankylosing spondylitis, discontinuation of treatment with anti-TNF agents in usual care is more likely to be associated with the following prior to initiation of treatment:
 - a) Female gender
 - **b**) No peripheral arthritis
 - c) Low BASDAI scores
 - d) Low CRP
 - e) Low ESR
- 5. The most frequently prescribed non-biological disease modifying antirheumatic drug (DMARD) taken by patients who have psoriatic arthritis is:
 - a) Cyclosporine
 - **b**) Leflunomide
 - c) Methotrexate
 - d) Hydroxychloroquine
 - e) Sulfasalazine
- 6. In a study of patients with psoriatic arthritis, in which 80% of patients who took a biological agent achieved remission compared to 20% who took only methotrexate, criteria for remission included all of the following except:
 - a) Pain visual analogue scale score less than 10 mm
 - b) No skin involvement
 - c) Normal erythrocyte sedimentation rate (ESR)
 - d) No swollen joints
 - e) No tender joints

- 7. The dermatology literature suggests the following considerations for continuous and intermittent therapies of biologic agents and non-biologic DMARDs for optimal management of moderate-to-severe psoriasis:
 - a) Continuous biological agent and intermittent methotrexate or cyclosporine
 - b) Continuous methotrexate and intermittent biological agent or cyclosporine
 - c) Continuous cyclosporine and intermittent biologic agent or methotrexate
 - d) Continuous biologic agent or methotrexate and intermittent cyclosporine
 - e) Continuous biologic agent or cyclosporine and intermittent methotrexate
- 8. In patients with systemic lupus erythematosus (SLE), which medication has been most extensively documented to result in disease flares after withdrawal of therapy:
 - a) Cyclophosphamide
 - **b**) Mycophenolate mofetil
 - c) Prednisolone
 - d) Azathioprine
 - e) Hydroxychloroquine
- **9.** Patients with nephritis associated with systemic lupus erythematosus (SLE) who were able to discontinue therapy completely were more likely to be characterised by:
 - a) Longer treatment, longer remission before therapy withdrawal, discontinue anti-malarials
 - b) Shorter treatment, longer remission before therapy withdrawal, continue anti-malarials
 - c) Shorter treatment, shorter remission before therapy withdrawal, continue anti-malarials
 - d) Longer treatment, shorter remission before therapy, discontinue anti-malarials
 - e) Longer treatment, longer remission before therapy withdrawal, continue anti-malarials
- **10.** In patients with ANCA-associated vasculitis who have been treated effectively with cyclophosphamide, relapses are seen in approximately what percentage of patients after discontinuation of cyclophosphamide:
 - a) 10% of patients
 - **b**) 30% of patients
 - c) 50% of patients
 - d) 70% of patients
 - e) 90% of patients
- **11.** In patients with giant cell arteritis treated with glucocorticoids, adverse events associated with glucocorticoids may be seen in about:
 - a) 20% of patients
 - **b**) 40% of patients
 - c) 60% of patients
 - d) 80% of patients
 - e) 100% of patients
- **12.** The best evidence for successful withdrawal of medications in patients with juvenile inflammatory arthritis who have achieved sustained low disease activity or remission appears to be:
 - a) Discontinue biological agent
 - b) Discontinue conventional DMARD
 - c) Reduce dose of biologic agent and conventional DMARD
 - d) Discontinue both biologic agent and conventional DMARD
 - e) Discontinue conventional DMARD and continue biological agent

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Post-Test Answer Sheet

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Program Evaluation

Effectiveness Measurement

Based on your participation in tis activity, what criteria will you use to determine if discontinuation of therapy for individual patients is warranted?

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?

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.

- 2 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 unlabelled or unapproved uses of drugs or medical devices.

| Yes |
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| No |
| Not Applicable |

The activity was free of commercial bias.

| 2 |
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| 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