OPTIMISATION OF RHEUMATIC DISEASE ASSESSMENTS IN CLINICAL TRIALS, CLINICAL CARE AND LONG-TERM DATABASES

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:

Joann Carpana NYU Post-Graduate Medical School 577 First Avenue, #127-B New York, NY 10016

The submission deadline is March 15, 2014

| Please print clearly | |
|--|--|
| Name | Degree |
| Mailing address | |
| | |
| Telephone | Fax |
| E-mail | |
| | |
| Attestation: | |
| certify that I have completed this enduring | |
| Γhe actual time I spent on this activity was _ | hours (maximum of 10 hours). |
| Signature | Date of completion [no later than January 13, 2015] |

CME Multiple Choice Questions

Post-Test Questions

Please indicate the correct answers to the following questions.

- 1. Each of the following is true regarding the $14-3-3\eta$ biomarker except:
 - a) 14-3-3η regulates expression of metalloproteinases
 - b) The citrullinated variant of the $14-3-3\eta$ protein induces an antibody response but not the native protein
 - c) There is minimal correlation between levels of $14-3-3\eta$ and acute phase reactants
 - d) There is an association between a positive test for $14-3-3\eta$ and the severity of rheumatoid arthritis
 - e) Signalling cascades activated by 14-3-3η may lead to expression of tumour necrosis factor alpha
- 2. Approximately what proportion of patients with rheumatoid arthritis has either a positive test for rheumatoid factor or anti-cirullinnated peptide antibodies (ACPA):
 - a) 50%
 - **b**) 60%
 - c) 70%
 - **d**) 80%
 - e) 90%
- **3.** Approximately what proportion of patients with rheumatoid arthritis has either an elevated erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP):
 - a) 50%
 - **b**) 60%
 - **c**) 70%
 - **d**) 80%
 - e) 90%
- 4. Which of the following is most correct about ultrasound? Ultrasound has been shown to:
 - a) Replace the need for synovial aspiration in the diagnosis of gout
 - b) Provide standardised whole-body synovitis outcomes for RA clinical trials
 - c) Improve the outcomes for patients diagnosed with RA
 - d) Improve clinical certainty in diagnosing RA, when used in combination with the ACR/EULAR classification criteria
 - e) Improve long-term outcomes for painful joints after corticosteroid injections
- **5.** The simplified disease activity index (SDAI) includes:
 - a) C-reactive protein (CRP)
 - **b)** Swollen joint count
 - c) Patient global assessment
 - d) All of the above
 - e) B and C but not A
- **6.** The clinical disease activity index (CDAI) includes:
 - a) C-reactive protein (CRP)
 - b) Swollen joint count
 - c) Patient global assessment
 - d) All of the above
 - e) B and C but not A
- 7. The upper limit for Remission according to the RADAI-5 is:
 - **a**) 0.2
 - **b**) 0.8
 - **c**) 1.4
 - **d**) 2.0
 - **e**) 2.6
- **8.** Which 2 of the 7 core data set measures are most efficient to distinguish active from control treatment in clinical trials:
 - a) Physician and patient global assessment
 - **b**) ESR/CRP and swollen joint count
 - c) Swollen joint count and tender joint count
 - d) Tender joint count and ESR
 - e) ESR and patient global assessment

- **9.** RAPID3 includes:
 - a) Physical function
 - **b**) Pain
 - c) Patient global assessment
 - **d**) All of the above
 - **e)** 2 and 3
- **10.** All of the following are true of RAPID3 except:
 - a) Correlated significantly with DAS28 and CDAI
 - b) Distinguish active from control treatment in clinical trials as efficiently as DAS28 and CDAI
 - c) Requires 5 seconds on MDHAQ compared to >90 seconds for DAS28 or CDAI
 - **d**) Requires physician global assessment
 - e) Requires information from patient as do DAS28 and CDAI
- 11. All of the following statements are true of Routine Assessment of Patient Index Data 3 (RAPID3) in SLE except:
 - a) Scores detect clinical improvement in SLE similarly to other rheumatic diseases
 - b) More feasible than specific SLE indices can be completed in the waiting area before seeing the rheumatologist
 - c) Substitute for standard SLE indices in clinical trials and other clinical research
 - d) Correlated significantly with the specific SLAQ lupus index
 - e) RAPID3 encourages the patient to be more involved in her/his own care
- 12. Which of these SLE disease activity indices provides scores for individual organs rather than an overall summary score:
 - a) European Consensus Lupus Activity Measurement (ECLAM)
 - b) Systemic Lupus Erythematosus Disease Activity Measure (SLEDAI)
 - c) Systemic Lupus Activity questionnaire (SLAQ)
 - d) UCSF/JHU Lupus Activity Index (LAI)
 - e) British Isles Lupus Assessment Group (BILAG)
- 13. In the NOR-DMARD Data Management system, which information is not registered in the EHR system?
 - a) Joint Counts
 - **b)** Adverse Events
 - c) M-HAO
 - d) Acute Phase Reactants
 - e) RAID
- 14. What is the measurement construct of the ASAS Health Index?
 - a) To measure quality of life
 - **b**) To measure functioning and health in patients with SpA
 - c) To measure disease activity in patients with SpA
 - d) To measure severity in patients with musculo-skeletal complaints
 - e) To measure physical functioning as a single concept
- 15. Which of the following outcome measures is NOT included in the current definition of inactive disease for JIA?
 - a) Morning stiffness
 - **b**) Uveitis
 - c) Parent's assessment of overall well-being
 - d) Physician assessment of disease activity
 - e) Systemic manifestations attributable to JIA
- 16. Which of the following outcome measures are included in the juvenile arthritis disease activity score (JADAS)?
 - a) Physician assessment of disease activity, Number of active joints, Parent's assessment of overall well-being, ESR
 - b) Physician assessment of disease activity, Number of swollen joints, Number of tender joints, ESR
 - c) Physician assessment of disease activity, Number of swollen joints, Number of tender joints, Parent's assessment of overall well-being
 - d) Physician assessment of disease activity, Number of swollen joints, Number of restricted joints, ESR
 - Physician assessment of disease activity, Number of active joints, Parent's assessment of overall well-being, Physical function (CHAQ)

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Post-Test Answer Sheet

| 1. | | | | | |
|-----------|--------|---------------|---------------|---------------|-------|
| | a | b | c | d | e |
| 2. | | | | | |
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| 3. | | | | | |
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| 6. | | 1. | | | |
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Program Evaluation

| Effec | tiveness Measurement | | | | |
|---|---|--|--|--|--|
| Based on your participation in this activity, what practice changes do you expect to make in your use of measures and indices to assess the status of patients with rheumatic diseases? | | | | | |
| | | | | | |
| In add | dition to the changes to practice described above, please indicate any additional changes that tend to make based on the information received from this activity. | | | | |
| | education intervention did not fulfill your educational needs, how could future activities ss your needs better? | | | | |
| | | | | | |
| Was t | he 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 | | | | |
| Disclo | osure / Perception of Bias | | | | |
| Disclo | osure of commercial support (if any) was clearly communicated. | | | | |
| | Yes | | | | |
| | No | | | | |
| \square | Not Applicable | | | | |

| Disclo | osure of relevant financial relationships of faculty were clearly communicated |
|---------------|---|
| | Yes |
| | No |
| | closure of either relationships or commercial support was unclear, how can this information are clearly presented? |
| | |
| Facult | ey disclosed when they discussed unlabeled or unapproved uses of drugs or medical devices. |
| | Yes |
| | No |
| | Not Applicable |
| The ac | ctivity was free of commercial bias. |
| П | Yes |
| | No |
| If you tailed | perceived commercial bias in the content or presentation of this activity, please give a deaccount, including the name of the presenter and nature of the perceived bias. |
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| Needs | s Assessment |
| in you | e indicate what knowledge gaps, practice gaps, or patient health issues you have encountered arr own practice or in the profession that the NYU Post-Graduate Medical School could adwith continuing medical education initiatives. |
| | |
| Activi | ity Preference |
| | is your preference for CME activity format? |
| П | Live Program |
| | Web-Based Enduring Materials |
| | DVD Enduring Materials |
| | Printed Enduring Materials |
| Overs | all Activity Comments |
| Over | an Activity Comments |
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