

CME QUESTIONS

Continuing Medical Education Accreditation

The Johns Hopkins University School of Medicine designates this continuing medical education activity for up to 4 credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association. Each physician should claim only those hours of credit that are actually spent on the educational activity. Credits are available until the expiration date of November 30, 2003. **Test #070010S**

Instructions

After reading this supplement, complete the program evaluation and select the one best answer to each of the following questions. At least 7 of the 10 answers must be correct to receive CME credit.

1. Of the 2 million people in the United States with deep vein thrombosis (DVT), approximately how many have pulmonary embolism?

- a) 30,000
- b) 60,000
- c) 600,000
- d) 800,000
- e) 1 million

2. Reasons that may explain the improved outcomes seen with the low-molecular-weight heparins (LMWHs) versus unfractionated heparin include:

- a) Preferential binding affinity to factor anti-Xa
- b) Inhibition of platelet aggregation
- c) Lack of binding to plasma proteins, macrophages, and endothelium
- d) Increased bioavailability
- e) All of the above

3. The reason(s) for underuse of prophylaxis of DVT in medical settings is (are):

- a) Clinicians are unaware of the level of thromboembolic risk in medical settings.
- b) The patient population is very heterogeneous.
- c) The significant bleeding risk perceived to be associated with prophylaxis
- d) Lack of large clinical trials on prophylaxis in some patient populations
- e) All of the above

4. The following factors put patients at increased risk of developing DVT:

- a) Use of antidepressants, anorexia, age <15
- b) Elevated blood glucose levels, arrhythmia, miscarriage
- c) Malignancy, obesity, previous stroke
- d) Arthritis, low level of physical activity, high fat intake
- e) Asthma, having any type of surgery, use of anticoagulants

5. The Prophylaxis in Medical Patients with Enoxaparin (MEDENOX) study found that:

- a) Enoxaparin 40 mg significantly decreased mortality at 3 months.
- b) Patients on either placebo or enoxaparin 20 or 40 mg had significant levels of major hemorrhage.
- c) Enoxaparin 40 mg significantly decreased pulmonary embolism.
- d) Enoxaparin 20 mg significantly decreased the incidence of all venous thromboembolic events.
- e) Enoxaparin 40 mg significantly decreased the incidence of all venous thromboembolic events.

6. According to an analysis by Prescription Solutions of patients in their database, the total cost per DVT patient in 2000 was approximately:

- a) \$15,197
- b) \$44,432
- c) \$60,019
- d) \$69,650
- e) \$75,320

7. The development of an easily used scoring tool to assess patients' risk of developing DVT would help:

- a) Physicians identify appropriate candidates for DVT prophylaxis
- b) Physicians identify appropriate candidates for rehospitalization
- c) Patients communicate with physicians regarding their risk factors
- d) Patients identify their risk factors
- e) Physicians to accurately report the incidence of DVT in their region

(CME QUESTIONS CONTINUED FROM PREVIOUS PAGE)

8. A study comparing once-daily enoxaparin with twice-daily enoxaparin with unfractionated heparin found that:

- a) Patients treated with unfractionated heparin were more likely to be rehospitalized within the 3-month follow-up period for recurrent venous thromboembolism.
- b) Total costs for the 3-month inpatient phase were similar in the 3 treatment groups.
- c) The additional cost of enoxaparin was offset by fewer hospital readmissions and shorter readmission lengths of stay.
- d) a, b, and c
- e) a and c only

9. The shift from inpatient treatment with unfractionated heparin to outpatient treatment with LMWH is associated with all of the following except:

- a) Cost savings for the health plan provider
- b) Out-of-pocket cost savings for health plan members
- c) A reallocation of resources
- d) A possible increase in out-of-pocket costs for plan members
- e) An increase in the amount of time spent obtaining outpatient care

10. All of the following statements about the MEDENOX study are true except:

- a) One study objective was to determine the incidence of venous thromboembolic events among acutely ill hospitalized medical patients after 6 to 14 days of treatment with subcutaneous enoxaparin or placebo.
- b) The illnesses for which the patients were hospitalized included acute respiratory failure and congestive heart failure.
- c) Only a small fraction of venous thromboembolic events occurring within 3 months after initiation of enoxaparin or placebo was detected by radiographic examination.
- d) The rate of venous thromboembolic events at 14 days was considerably higher in placebo patients than in those treated with enoxaparin.
- e) The study was conducted largely in Europe and Canada.

(See following page for evaluation and quiz form.)

...CME QUIZ...

CME PROGRAM EVALUATION

Johns Hopkins University School of Medicine appreciates your opinion on this supplement. Please fill out the questionnaire below and mail along with your CME test form. We thank you for your evaluation, which is most helpful in planning future programs.

On the whole, how do you rate the information presented in this supplement?

___ excellent ___ good ___ fair ___ poor

Were the educational objectives achieved?

___ yes ___ no ___ partially

Which topic was of most interest to you?

Which topic was of least interest to you?

Is the information presented useful in your practice?

___ yes ___ no

Do you have recommendations to improve this program?

___ yes ___ no

Comments:

Were any portions of this program unsatisfactory or inappropriate?

___ yes ___ no

If so, which?

Do you find the information presented in this supplement to be fair, objective, and balanced?

___ yes ___ no

Is there subject matter you would like included in the future?

___ yes ___ no

Comments:

In your opinion, were the authors biased in their discussion of any commercial product or service?

___ yes ___ no

Comments:

New Directions in the Treatment and Prevention of Deep Vein Thrombosis

Physician Name (optional)

Address

City, State, ZIP

Specialty

CME TEST FORM

AJMC Test #070010S

New Directions in the Treatment and Prevention of Deep Vein Thrombosis

(Test valid through November 30, 2003. No credit will be given after this date.)

Please circle your answers:

- 1. a b c d e
2. a b c d e
3. a b c d e
4. a b c d e
5. a b c d e
6. a b c d e
7. a b c d e
8. a b c d e
9. a b c d e
10. a b c d e

(PLEASE PRINT CLEARLY)

Name _____

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City _____

State/ZIP _____

Phone # _____

"I certify that I have completed this educational activity and post-test."

Physician's Name

Please enclose a check for \$10, payable to American Medical Publishing, and mail with this form to:

THE AJMC CME Test
American Medical Publishing
241 Forsgate Drive
Jamesburg, NJ 08831

New Directions in the Treatment and Prevention of Deep Vein Thrombosis

GOAL

To provide comprehensive and up-to-date information concerning developments in the treatment and prevention of deep vein thrombosis (DVT), including the use of low-molecular-weight heparins and economic issues.

TARGET AUDIENCE

This activity is designed for pharmacy and therapeutics committee members, group practice directors, chief medical staff, consultant pharmacists, home healthcare directors, hospital directors, vascular surgeons, cardiologists, internists, and physicians in primary care.

LEARNING OBJECTIVES

Upon completion of this educational supplement, the participant should be able to:

- Discuss the treatment of DVT with low-molecular-weight heparins.
- Assess the importance of DVT prophylaxis.
- Discuss the economic implications of the shift from inpatient treatment of DVT to outpatient treatment.
- Explain the use of pharmacoeconomics in formulary development and whether it can improve the way DVT is treated.

CONTINUING MEDICAL EDUCATION ACCREDITATION

This activity has been planned and produced in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the Johns Hopkins University School of Medicine and *The American Journal of Managed Care*. The Johns Hopkins University School of Medicine is accredited by the ACCME to provide continuing medical education for physicians and takes responsibility for the content, quality, and scientific integrity of this CME activity.

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This CME activity was produced under the supervision of Bruce Perler, MD, Professor of Surgery, Director, Vascular Noninvasive Laboratories, Johns Hopkins University School of Medicine.

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The Johns Hopkins University School of Medicine program, *New Directions in the Treatment and Prevention of Deep Vein Thrombosis*, may include articles on drugs or devices, or uses of drugs or devices, that have not been approved by the Food and Drug Administration (FDA) or have been approved by the FDA for specific uses only. The FDA has stated that it is the responsibility of the physician to determine the FDA clearance status of each drug or device he or she wishes to use in clinical practice. Faculty will disclose discussions of unlabeled/unapproved uses of drugs or devices in their articles.

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