

CME/CPE QUIZ

Managing Hepatitis C: Issues and Challenges for Managed Care

Instructions

For each question, please circle the best response on the answer key provided on pages S43/S44. A statement of credit will be mailed to those who successfully complete the examination with a minimum score of 75%.

- In the late 1980s, the number of new cases of hepatitis C virus (HCV) infections occurring annually in the United States was**
 - 12 000
 - 48 000
 - 124 000
 - 242 000
- By 1998, HCV incidence in the United States was**
 - 25 000 per year
 - 40 000 per year
 - 250 000 per year
 - 550 000 per year
- The overall prevalence of HCV infection in the general US population in 1998 was estimated to be**
 - 0.5%
 - 1.8%
 - 3.2%
 - 5.0%
- Between 1990 and 2015, the number of patients diagnosed with HCV in the United States is projected to**
 - Decrease by half
 - Remain stable
 - Double
 - Increase 4-fold
- The major risk factor for HCV infections in the United States today is**
 - Sexual transmission
 - Blood transfusions and hemodialysis
 - Injection drug abuse
 - Undetermined
- Of patients infected with HCV who go on to develop chronic hepatitis, the percentage of patients who will eventually develop cirrhosis is approximately**
 - 3%
 - 5%
 - 8%
 - 17%
- The rate of progression to cirrhosis in patients with chronic HCV infection is influenced by**
 - Viral genotype
 - Ongoing alcohol use
 - Patient sex
 - All of the above
- The most accurate measure of HCV disease severity is**
 - Quantitative polymerase chain reaction test for HCV
 - Branched-chain DNA test for HCV
 - Liver biopsy and fibrosis level X
 - HCV ribonucleic acid level + genotyping
- Patients with HCV genotype 1 have a higher response rate to antiviral therapy than patients with genotypes 2 and 3.**
 - True
 - False
- In all patients infected with HCV who receive a combination of interferon and ribavirin, the overall sustained virologic response rate is approximately**
 - 10% to 20%
 - 30% to 40%
 - 50% to 70%
 - 80% to 95%
- The enhanced virologic response rate of the pegylated interferons in HCV infections is related to**
 - Reduced incidence of side effects
 - Prolonged duration of pharmacologic activity
 - Enhanced pharmacodynamic actions on macrophages
 - Enhanced activity in patients with concomitant human immunodeficiency virus infection
- There is evidence that HCV cirrhosis can actually be reversed by HCV antiviral therapy.**
 - True
 - False
- In large clinical trials of patients treated with interferon, the incidence of fatigue, headache, and myalgia was approximately**
 - 10% to 20%
 - 30% to 40%
 - 50% to 60%
 - 80% to 90%
- The interferon/ribavirin dosing strategy that has been shown to improve sustained virologic response in the most difficult-to-treat genotype of HCV is**
 - Induction therapy followed by sustained high-dose therapy
 - Weight-based dosing
 - Pulsed interferon dosing
 - Individualized dosing based on HCV viral load
- Absolute contraindications to interferon alfa treatment include**
 - Anemia
 - Pregnancy
 - Untreated depression
 - Old age
- The most common dosing regimen for pegylated interferon (Peg IFN) and ribavirin (RIB) antiviral therapy today is**
 - Peg IFN once weekly + RIB BID
 - Peg IFN twice weekly + RIB BID
 - Peg IFN twice weekly + RIB once daily
 - Peg IFN once weekly + RIB once daily
- Dose reduction is a common strategy for reducing the impact of the common ribavirin-induced side effect of**
 - Anemia
 - Fatigue
 - Diarrhea
 - Depression
- Pharmacists can assure patients that there is absolutely no risk of intrahousehold HCV transmission with the sharing of common household items such as razors or toothbrushes.**
 - True
 - False
- The most recent Consensus Statement from the National Institutes of Health states that antiviral therapy is absolutely NOT recommended for HCV-infected patients with**
 - Persistently elevated alanine transaminase (ALT) levels and liver fibrosis
 - Persistently elevated ALT levels and no liver fibrosis
 - Advanced cirrhosis at risk of decompensation
 - Age less than 18 years or over 60 years
- Nonresponders to interferon plus ribavirin therapy are candidates for further treatment.**
 - True
 - False

CME EVALUATION

For Physicians: Please complete this form and submit to the University of Pennsylvania School of Medicine Office of Continuing Medical Education to receive CME credit.



UNIVERSITY OF PENNSYLVANIA SCHOOL OF MEDICINE
CONTINUING MEDICAL EDUCATION

ACTIVITY EVALUATION FORM

Managing Hepatitis C: Issues and Challenges for Managed Care

In order to continue to improve the quality of our CME programs, the Office of CME at the University of Pennsylvania School of Medicine would appreciate if you would take the time to complete this evaluation. Your comments and suggestions will help us to plan future activities that meet your educational needs.

Your medical specialty is: _____

Your practice setting is: _____

Your academic degree or professional status: _____

Will your practice of medicine change as a result of participating in this activity?

NOT AT ALL

1

2

3

4

COMPLETELY

5

Comments: _____

This activity was objective, scientifically rigorous, and free of commercial bias:

NOT AT ALL

1

2

3

4

COMPLETELY

5

Comments: _____

Please rate the degree to which the following learning objectives for this activity were met.

How much did participation in this educational activity enhance your ability to:

NOT AT ALL

1

2

3

4

COMPLETELY

5

Understand the prevalence and epidemiology of hepatitis C.

Learn the risk factors, complications, genotypes, and standards of care for hepatitis C.

Discuss the public health issues, impact of HIV and alcohol, and pharmacoconomics and costs of injectables.

Please suggest educational needs or practice-related problems that you would like to see addressed in future CME activities:

For Physicians: Please complete this form and submit to the University of Pennsylvania School of Medicine Office of Continuing Medical Education to receive CME credit.



Original release and review date:
March 2004
Expiration date: March 31, 2005.

**UNIVERSITY OF PENNSYLVANIA SCHOOL OF MEDICINE
CONTINUING MEDICAL EDUCATION
CME CREDIT REQUEST**

Managing Hepatitis C: Issues and Challenges for Managed Care

PLEASE SEND MY CERTIFICATE OF PARTICIPATION TO:

(This form must be completed, signed, and dated in order to receive the CME credit certificate from the University of Pennsylvania School of Medicine. Please print clearly.)

Name		Medical Degree
Affiliation		
Address		
City	State	ZIP
Telephone	Fax	E-mail
Licensed in		
Last four digits of your Social Security Number (for CME office records)		

I would would not be willing to participate in a brief follow-up survey to determine whether this activity has had any long-term impact on practice patterns.

The University of Pennsylvania School of Medicine designates this educational activity for a maximum of 2 category 1 credits toward the AMA Physician's Recognition Award. Each physician should claim only those credits that he/she actually spent in the activity.

I certify that I have participated in the CME-certified activity, "Managing Hepatitis C: Issues and Challenges for Managed Care," for a total of _____ hours.

SIGNATURE DATE

Please mail your completed ACTIVITY EVALUATION FORM and CME CREDIT REQUEST FORM for credit to:

**University of Pennsylvania School of Medicine
Office of Continuing Medical Education
333 Blockley Hall
423 Guardian Drive
Philadelphia, PA 19104-6021**

Or you may fax these forms to 215-898-1888.

You may review this activity and complete all CME requirements and receive immediate CME credit by signing in and registering at: <http://cme-online.med.upenn.edu/>

PHYSICIAN ANSWER FORM (Please circle your answers):

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
a	a	a	a	a	a	a	a	a	a	a	a	a	a	a	a	a	a	a	a
b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b
c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c
d	d	d	d	d	d	d	d	d	d	d	d	d	d	d	d	d	d	d	d

For Pharmacists: Please complete this form and submit to *Pharmacy Times*.

ANSWER CARD INSTRUCTIONS

Testing and Grading Procedures

1. Each participant achieving a passing grade of 70% or higher on any examination will receive an official computer form stating the number of CE credits earned. This form should be safeguarded and may be used as documentation of credits earned.
2. Participants receiving a failing grade on any exam will be notified and permitted to take 1 reexamination at no cost.
3. All answers should be recorded on the answer form. Please print clearly to ensure receipt of CE credit.
4. To receive credit certification electronically, please provide your e-mail address. Detach and mail completed exam form to Pharmacy Times CE Department, 405 Glenn Drive, Suite 4, Sterling, VA 20164-4432.
5. Take the test online for FREE at www.pharmacytimes.com and receive immediate grading and CE credits, and download your CE statement of credit.

Please photocopy the test form for additional test takers



Pharmacy Times is accredited by the American Council on Pharmaceutical Education as a provider of continuing pharmaceutical education. This program is approved for 2 contact hours (0.2 CEUs) under the ACPE universal program number of 290-999-04-017-H01. The program is available for CE credit through March 31, 2005.

PHARMACIST ANSWER FORM

Please circle your answers:

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

11	12	13	14	15	16	17	18	19	20
a	a	a	a	a	a	a	a	a	a
b	b	b	b	b	b	b	b	b	b
c		c	c	c	c	c		c	
d		d	d	d	d	d		d	

Lesson Evaluation

How long did it take you to complete this lesson? _____ minutes

How well did this lesson achieve its educational objectives?

- ___ Very well
- ___ Well
- ___ Somewhat
- ___ Not at all

What overall grade would you assign this lesson?

- ___ A
- ___ B
- ___ C
- ___ D

Did this activity exhibit promotional bias for any pharmaceutical agents?

- ___ Yes ___ No

Will you make changes in your practice as a result of information presented in this lesson?

- ___ Yes ___ No

CONTINUING EDUCATION

Managing Hepatitis C: Issues and Challenges for Managed Care

GOAL

To provide current information on the burden of hepatitis C on patients and the managed care community.

TARGET AUDIENCE

This activity is intended for pharmacists, pharmacy directors, physicians, infectious disease specialists, medical directors, pharmacy and therapeutics committee members, public health officials, and other managed care decision makers.

EDUCATIONAL OBJECTIVES

After participating in this activity, participants should be better able to:

- Understand the prevalence and epidemiology of hepatitis C.
- Learn the risk factors, complications, genotypes, and standards of care for hepatitis C.
- Discuss the public health issues, impact of HIV and alcohol, and pharmacoeconomics and costs of injectables.

CONTINUING MEDICAL EDUCATION ACCREDITATION

The University of Pennsylvania School of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

Designation of Credit

The University of Pennsylvania School of Medicine designates this educational activity for a maximum of 2 category 1 credits toward the AMA Physician's Recognition Award. Each physician should claim only those credits he/she spends in the activity.

This program was originally presented on December 10, 2003, as a live teleconference. An additional teleconference was held on January 14, 2004. This enduring material was released in March 2004, and CME certification will expire on March 31, 2005.

CONTINUING PHARMACY EDUCATION ACCREDITATION



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FUNDING

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