

CME/CE QUESTIONS

Hepatitis C Update: Strategies for Treatment, Compliance, and Long-term Health

Continuing Medical Education Accreditation

The University of Cincinnati College 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 hours that he/she actually spends in the educational activity.

The University of Cincinnati College of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor medical education for physicians.

Continuing Pharmacy Education Accreditation



Pharmacy Times/Ascend Media Office of Continuing Professional Education is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. This program is approved for 2 contact hours (0.2 CEUs) under the ACPE universal program number of 290-999-05-018-H01.

Instructions

After reading "Hepatitis C Update: Strategies for Treatment, Compliance, and Long-term Health," complete the program evaluation and select the 1 best answer to each of the following questions. A statement of continuing education hours will be mailed to those who successfully complete (with a minimum score of 70%) the examination at the conclusion of the program.

1. A national survey with testing for anti-hepatitis C virus (HCV) antibody indicates that the overall prevalence of exposure to HCV in the United States is:

- a) 0.5%
- b) 1.0%
- c) 1.8%
- d) 3.9%

2. Progression from acute to chronic infection in individuals acutely infected with HCV occurs at a rate of:

- a) 10% to 30%
- b) 30% to 35%
- c) 40% to 50%
- d) 50% to 85%

3. Over the past 25 years, the number of new cases of HCV infection per year has:

- a) Increased dramatically
- b) Increased slightly
- c) Stayed about the same
- d) Decreased significantly

4. The percentage of individuals with chronic HCV infection and cirrhosis who will develop hepatocellular carcinoma each year is approximately:

- a) 0.25% to 0.50%
- b) 1% to 4%
- c) 10%
- d) 20%

5. All of the following reasons account for the next decade's anticipated increase in morbidity and mortality due to HCV-related cirrhosis EXCEPT:

- a) Aging population with chronic infections
- b) Patients with human immunodeficiency virus (HIV)-HCV coinfections living longer
- c) Increasing incidence of new HCV infections
- d) Failure to diagnose and treat HCV infection before liver damage is advanced

6. In the major clinical trials with the 2 main anti-HCV agents, the main indicator of efficacy has been:

- a) Mortality plus HCV-related hospitalizations
- b) Quality of life
- c) Sustained virologic response (SVR)
- d) HCV serum antibody levels and liver enzymes

7. The Centers for Disease Control and Prevention recommends routine screening of HCV infection in all of the following groups EXCEPT:

- a) Household (nonsexual) contacts of HCV-positive persons
- b) Individuals who have ever injected illegal drugs
- c) Individuals with evidence of liver disease
- d) Those who received blood/organs before July 1992

8. An SVR is defined as:

- a) Absence of anti-HCV antibody 12 months after treatment termination
- b) A 100-fold reduction in anti-HCV antibody at the end of drug therapy
- c) A 100-fold reduction in viral antigen in serum plus reduction in liver fibrosis at end of drug therapy and 6 months later
- d) Absence of HCV ribonucleic acid (RNA) in serum at end of treatment and 6 months later

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CME/CE QUIZ

9. The major risk factor for HCV infection in the United States today is:

- a) Transfusions and organ transplants
- b) Sexual transmission
- c) Injection drug use
- d) Poor hygiene and water-borne transmission

10. In the whole patient population infected with HCV, the typical SVR with combination therapy with pegylated interferon alfa and ribavirin is:

- a) 10% to 30%
- b) Approximately 35%
- c) Approximately 55%
- d) Approximately 80%

11. In the United States, genotype 1 of HCV is:

- a) More common than genotype 2/3, and harder to treat
- b) Less common than genotype 2/3, and harder to treat
- c) More common than genotype 2/3, and easier to treat
- d) Less common than genotype 2/3, and easier to treat

12. In patients with HCV genotype 1 infections, guidelines suggest testing HCV RNA at week 12 because this result:

- a) Indicates likelihood of developing side effects
- b) Must be used to adjust dosage
- c) Indicates likelihood of treatment failure and need for treatment discontinuation
- d) Provides useful epidemiologic information on viral mutation patterns

13. Adherence to drug therapy (eg, taking at least 80% of doses for at least 80% of days) has been shown to boost the SVR by about:

- a) 5%
- b) 10%
- c) 30%
- d) 50%

14. One of the major side effects of ribavirin therapy is:

- a) Muscle aches
- b) Fever
- c) Anemia
- d) Depression

15. Managing HCV infection in black Americans is difficult because:

- a) The prevalence is 3 times higher
- b) This group tends to have the harder-to-treat genotype
- c) This group tends to have a lower response to treatment
- d) All of the above

16. Managing HCV infection in patients with human immunodeficiency virus (HIV) is challenging because:

- a) HCV may increase risk of HIV progression
- b) The anti-HIV drugs may harm the liver
- c) HIV itself may accelerate liver fibrosis
- d) All of the above

17. In a patient presenting with severe depression and HCV, anti-HCV combination therapy is:

- a) Initiated at low doses and then titrated upwards
- b) Contraindicated (interferon)
- c) Combined with antidepressants
- d) Both a and c

18. Routine blood tests at weeks 1, 2, 4, 8, etc are a critical part of combination therapy mainly to test for:

- a) Neutropenia/thrombocytopenia due to interferon and anemia due to ribavirin
- b) HCV RNA
- c) Liver enzymes
- d) C-reactive protein levels

19. Although all patients with chronic HCV infection are potential candidates for antiviral therapy, the main targets of therapy are:

- a) Those with low HCV levels
- b) Those with no evidence of fibrosis or inflammation on liver biopsy
- c) Those at increased risk of cirrhosis (high HCV levels, biopsy-proved liver damage)
- d) Those with advanced liver decompensation and active alcohol abuse

20. In patients who do not respond to initial anti-HCV therapy, the best chance for success with retreatment is seen in those:

- a) With genotype 1
- b) With excellent adherence
- c) Who had a relapse or partial response
- d) Who had received combination therapy

CME QUIZ & EVALUATION

For Physicians

CME TEST FORM

Hepatitis C Update: Strategies for Treatment, Compliance, and Long-term Health

Please circle your answers:

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

Answer Form 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 CME 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.
4. To receive credit certification electronically, please provide your e-mail address. Detach and mail or fax the test portion of this page to: University of Cincinnati, Office of CME, PO Box 670567, Cincinnati, OH 45267-0567; phone: 513-558-7277; fax: 513-558-1708. Please print clearly to ensure receipt of CME credit.

(PLEASE PRINT CLEARLY)

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Release Date: October 6, 2005

Expiration Date: October 1, 2006

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CME Activity Evaluation

Activity Evaluation

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

How well did this activity achieve its educational objectives?
 Very well Well Somewhat Not at all

What overall grade would you assign this activity?
 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

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CE QUIZ

For Pharmacists

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 with your \$10.00 payment to *Pharmacy Times*, 405 Glenn Drive, Suite 4, Sterling, VA 20164-4432; or fax to 703-404-1801.
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.



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Answer card and evaluation form for Pharmacists follow on page S311.

CE EVALUATION

For Pharmacists

ANSWER CARD AND EVALUATION FORM

Hepatitis C Update: Strategies for Treatment, Compliance, and Long-term Health

(PLEASE PRINT CLEARLY)

PROGRAM EVALUATION

Please mark your level of agreement with the following statements.

(4 = Strongly Agree; 0 = Strongly Disagree)

- | | |
|------------------------------------------------------------------------|-----------|
| 1) Met its stated objectives | 4 3 2 1 0 |
| 2) Was well organized | 4 3 2 1 0 |
| 3) Contributed to my knowledge | 4 3 2 1 0 |
| 4) Presented current and relevant information | 4 3 2 1 0 |
| 5) Presented information in a fairly balanced and noncommercial manner | 4 3 2 1 0 |
| 6) Offered information useful in my professional practice | 4 3 2 1 0 |
| 7) Provided new insights into contemporary pharmacy practice | 4 3 2 1 0 |

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SSN _____ - _____ - _____

Credit Card Number _____

Expiration Date _____

Signature (REQUIRED) _____

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Detach and mail completed answer card and evaluation form with your \$10.00 payment to:

Pharmacy Times
405 Glenn Drive
Suite 4
Sterling, VA 20164-4432

Or take the quiz online for FREE at www.pharmacytimes.com.

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ANSWER CARD

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 | c |
| d | 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 | c | c | c |
| d | d | d | d | d | d | d | d | d | d |

CONTINUING EDUCATION

Hepatitis C Update: Strategies for Treatment, Compliance, and Long-term Health

GOAL

To provide participants with current information on the treatment of hepatitis C, including compliance issues, impact on special populations, and outlook for long-term health.

TARGET AUDIENCE

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

EDUCATIONAL OBJECTIVES

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

- Understand the medical and economic impact hepatitis C has on managed care resources.
- Explain strategies for improving treatment compliance.
- Identify the special populations that are at risk for hepatitis C.
- Define ways to expand and improve services to patients with hepatitis C.

CONTINUING MEDICAL EDUCATION ACCREDITATION

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CONTINUING PHARMACY EDUCATION ACCREDITATION



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