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**CME/CPE QUESTIONS**

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**Instructions**

For each question, please circle the best response on the answer sheet provided on page S544.

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**1. Each year in the US, upper gastrointestinal (GI) complications associated with the use of nonselective nonsteroidal anti-inflammatory drugs (NSAIDs) have been associated with approximately**

- a) 100 000 hospitalizations
- b) 16 500 deaths
- c) more than \$2 billion in healthcare costs
- d) all of the above

**2. In the sensitivity analyses of decision analytic models developed to evaluate use of celecoxib and rofecoxib, cost-effectiveness was dependent on**

- a) Risk of GI events in the patient population
- b) Rate of utilization of gastroprotective agents (GPAs)
- c) Both the patient risk and the rate of GPA use
- d) The type of nonselective NSAID used prior to switch to coxib therapy

**3. Based on the symptom-based Markov models of cost-effectiveness, the following conclusion can be drawn:**

- a) Safer but more expensive agents are not likely to be cost-effective in patients at low risk
- b) The incremental cost of safer agents may be favorable in chronic users at moderate risk
- c) The lowest incremental risk of safer agents can be obtained by targeting patients at high risk of event
- d) All of the above

**4. In patients receiving therapy with NSAIDs, occurrence of dyspepsia significantly impacts all of the following except:**

- a) Occurrence of serious upper GI events
- b) Quality of life
- c) Adherence to therapy
- d) Healthcare resource utilization

**5. Occurrence of endoscopic ulcers is a significant predictor of GI perforations, ulcers, and bleeds**

- a) True
- b) False

**6. Large studies of cyclooxygenase-2 (COX-2)-selective inhibitors have indicated that these agents can reduce the risk of**

- a) Serious upper GI events
- b) Discontinuations of therapy
- c) Dyspepsia and other upper GI symptoms
- d) All of the above

**7. In large outcome studies, use of aspirin was shown to offset the GI benefits of coxib use:**

- a) Only in a study with rofecoxib
- b) Only in a study with celecoxib
- c) In studies of both rofecoxib and celecoxib.
- d) No study has shown impact of aspirin use on GI benefits of coxibs

**8. The COX-2 hypothesis states that selective inhibitors of COX-2**

- a) Would be safer than nonselective NSAIDs, with somewhat lower efficacy
- b) Would inhibit the inflammatory response associated with COX-1 activity
- c) Would be as efficacious as nonselective NSAIDs without inhibiting the COX-1-dependent homeostatic functions
- d) Would enhance the activity of traditional NSAIDs against pain and inflammation

**9. COX-2-selective inhibitors have been proven effective for the treatment of the following except:**

- a) Rheumatoid arthritis
- b) Osteoarthritis
- c) Chronic lower back pain
- d) Angina pectoris

**10. The renal effects of coxibs are usually**

- a) Similar to those seen with traditional NSAIDs
- b) Much more severe than those with traditional NSAIDs
- c) Generally clinically significant and irreversible
- d) Consistently clinically insignificant, regardless of patient's clinical history

...CME/CPE QUIZ...

**CME/CPE EVALUATION FORM**

Upon completion, please return this form to HSC-CME via fax to 212-741-7728 or via mail to The Health Science Center for Continuing Medical Education, 16 West 22nd Street, 7th Floor, New York, NY 10010. Select the appropriate response (1 = not at all; 5 = completely).

How much did participation in this activity enhance your ability to

	<i>Not at all</i>			<i>Completely</i>	
	1	2	3	4	5
Review the need for alternatives to NSAIDs and the rationale behind the development of COX-2-selective inhibitors	1	2	3	4	5
<ul style="list-style-type: none"> <li>• Analyze clinical trial data of COX-2-selective inhibitors, demonstrating comparable analgesic efficacy with a lower incidence of GI toxicity</li> <li>• Assess how use of COX-2-selective inhibitors could diminish the costs associated with pain management</li> </ul>	1	2	3	4	5

Will your practice change as a result of participating in this activity? Please describe.

1	2	3	4	5
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To what degree do you feel this activity was objective, scientifically rigorous, and free of commercial bias?

1	2	3	4	5
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	<i>Poor</i>			<i>Excellent</i>	
	1	2	3	4	5
Please rate the quality of the content presented.	1	2	3	4	5
Please rate the quality and usefulness of this educational format.	1	2	3	4	5

Please suggest educational needs or practice-related problems in which you have interest for future CME activities:

\_\_\_\_\_

\_\_\_\_\_

Which methods of learning do you prefer (grand rounds lecture, symposium, workshop, self-study, monograph, Internet-based CME, CD-ROM, etc)?

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Additional comments:

\_\_\_\_\_

\_\_\_\_\_

## ...CME/CPE QUIZ...

### CME/CPE CREDIT REQUEST FORM

I am applying for (check one)       CME Credit       CPE Credit

Please send my certificate of participation to: *(please print clearly)*

Name \_\_\_\_\_ Degree(s) \_\_\_\_\_

Title \_\_\_\_\_

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### CME/CPE POST-TEST ANSWER SHEET

Please circle the best answer for each question; the CME/CPE Post-Test questions appear on page S542.

- |                   |                   |                    |
|-------------------|-------------------|--------------------|
| 1. <b>A B C D</b> | 5. <b>A B</b>     | 9. <b>A B C D</b>  |
| 2. <b>A B C D</b> | 6. <b>A B C D</b> | 10. <b>A B C D</b> |
| 3. <b>A B C D</b> | 7. <b>A B C D</b> |                    |
| 4. <b>A B C D</b> | 8. <b>A B C D</b> |                    |

I am applying for (check one)       CME Credit       CPE Credit

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

The Health Science Center for Continuing Medical Education (HSC-CME) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

HSC-CME designates this educational activity for a maximum of 2.0 hours in category 1 credit toward the AMA Physician's Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.

I certify that I have participated in the CME activity *Use of Selective COX-2 Inhibitors for Chronic Therapy: The Managed Care Perspective* for a total of \_\_\_\_ hour(s).

I certify that I have participated in the CPE activity *Use of Selective COX-2 Inhibitors for Chronic Therapy: The Managed Care Perspective* for a total of \_\_\_\_ hour(s).

Signature \_\_\_\_\_

Date \_\_\_\_\_

Complete the CME/CPE Post-Test Answer Sheet, CME/CPE Evaluation Form, and CME/CPE Credit Request Form and submit the above materials by fax to 212-741-7728 or via mail to The Health Science Center for Continuing Medical Education, 16 West 22nd Street, 7th Floor, New York, NY 10010. *All requests for credit should be submitted to HSC-CME by November 30, 2003.* Your CME/CPE certificate will arrive in the mail within 4 to 6 weeks.

## ...CONTINUING EDUCATION...

### *Use of Selective COX-2 Inhibitors for Chronic Therapy: The Managed Care Perspective*

#### **A CME/CPE-Certified Journal Supplement**

Release Date: November 2002

Term of Certification: CME/CPE credit will be awarded through November 30, 2003.

Estimated time to complete activity: 2.0 hours

#### **Program Overview**

The first-generation cyclooxygenase-2 (COX-2) inhibitors, celecoxib and rofecoxib, were developed to provide efficacy equivalent to that of traditional nonsteroidal anti-inflammatory drugs (NSAIDs), but with a reduced risk of ulcers and gastrointestinal (GI) bleeding. Several second-generation COX-2 inhibitors are already approved or are on the horizon. The introduction and widespread use of COX-2 inhibitors has greatly expanded the anti-inflammatory market. The articles in this supplement cover 3 major topics. First, the rationale for the development of COX-2 inhibitors and a comprehensive analysis of the efficacy, safety, and tolerability data from clinical trials of celecoxib and rofecoxib in the management of osteo- and rheumatoid arthritis. Second, the outcomes trials that further demonstrate a reduction of clinically important GI adverse events compared with traditional NSAIDs and the consequent benefit to patient-centered outcomes. Finally, the effect on the "bottom line" is reviewed through a discussion of pharmacoeconomic models used to evaluate the economic impact of COX-2 inhibitors, taking into account the reduction of costs from decreases in GI complications and the relative benefits in patients of varying risk levels.

#### **Target Audience**

These activities are intended for all healthcare professionals who are interested in learning more about the role of anti-inflammatory therapy within the managed care setting.

#### **Learning Objectives**

At the conclusion of this activity, participants should be better able to

- Review the need for alternatives to NSAIDs and the rationale behind the development of selective COX-2 inhibitors.
- Analyze clinical trial data of selective COX-2 inhibitors, demonstrating comparable analgesic efficacy with a lower incidence of GI toxicity.
- Assess how use of selective COX-2 inhibitors could diminish the costs associated with pain management.

#### **Accreditation and Designation of Credit**

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HSC-CME is accredited by the American Council on Pharmaceutical Education as a provider of continuing pharmaceutical education.

This program has been assigned the Universal Program Number 247-000-02-003-H01 and approved for 2.0 contact hours. This educational activity is provided free of charge to participating pharmacists. In order to receive credit, participants must complete the post-test, the evaluation form, and the certificate request form. No partial credit will be awarded.

#### **Acknowledgments**

This continuing medical education activity is sponsored by HSC-CME and was supported by an unrestricted educational grant from **Merck & Co, Inc.**

This continuing pharmaceutical education activity is supported by an unrestricted educational grant from Merck & Co, Inc.

#### **Instructions for Obtaining Credit**

To obtain CME/CPE, you should:

- Read the articles presented in this supplement.
- Complete the CME/CPE Post-Test Answer Sheet, CME/CPE Evaluation Form, and CME/CPE Credit Request Form.
- Please submit the above materials by fax to 212-741-7728 or via mail to The Health Science Center for Continuing Medical Education, 16 West 22nd Street, 7th Floor, New York, NY 10010. *All requests for credit should be submitted to HSC-CME by November 30, 2003.* Your CME/CPE certificate will arrive in the mail within 4 to 6 weeks.