

## CME POSTTEST

### Unresolved Issues in Identifying and Overcoming Inadequate Response in Rheumatoid Arthritis: Weighing the Evidence (EM0713)

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To receive a maximum of *4.0 AMA PRA Category 1 Credits™*, complete the posttest with a passing score (70% or better) and return the posttest and evaluation to:

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### Unresolved Issues in Identifying and Overcoming Inadequate Response in Rheumatoid Arthritis: Weighing the Evidence (EM0713)

I certify that I have participated in the above-named CME activity.

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# Unresolved Issues in Identifying and Overcoming Inadequate Response in Rheumatoid Arthritis: Weighing the Evidence (EM0713)

## Posttest

1. Which measurement is least likely to be used by rheumatologists in clinical practice to assess response to rheumatoid arthritis (RA) therapy?
  - A. Acute-phase reactant
  - B. Baseline radiographs and annual hand radiographs
  - C. Composite indices such as the Disease Activity Score
  - D. Morning stiffness
  - E. Complaint-focused joint examination
2. Which treatment approach results in the best outcomes in RA?
  - A. Early aggressive treatment using combination therapies
  - B. Treatment guided by quantitative assessment of outcomes
  - C. Treatment based on clinical gestalt
  - D. Treatment driven by quantitative assessment of outcomes and clinical gestalt have a similar impact on patient outcomes
  - E. A and B
3. What percentage of patients with RA achieve “remission” in randomized controlled trials?
  - A. As many as 70%
  - B. As many as 50%
  - C. Fewer than 30%
  - D. Fewer than 10%
4. Which statement about trends in RA management is true?
  - A. Less than 10% of rheumatologists use composite measures of disease activity to assess response to treatment
  - B. A significantly lower percentage of patients who received routine care in the SONORA and RADIUS studies achieved ACR20 response compared to patients who received tight control in the BeSt and TICORA studies
  - C. In prospective cohort studies, changes in treatment were prescribed in less than half of cases even though patients met criteria for severe disease activity
  - D. B and C
  - E. All of the above
5. Which predictor of prognosis and response to therapy may improve clinicians’ ability to provide earlier intervention and prevent disease progression and damage?
  - A. Anticitrullinated peptide antibody
  - B. TNF polymorphisms
  - C. Rheumatoid factor activity
  - D. C-reactive protein
  - E. All of the above
6. Which of the following best defines an inadequate response to therapy?
  - A. Absence or unacceptable level of therapeutic benefit following treatment
  - B. Initial success of treatment with diminishing efficacy over time
  - C. The need for alternative treatment options as a result of drug toxicities or adverse events
  - D. All of the above

7. Considerations in determining an inadequate response to therapy include:
- A. Goals of therapy
  - B. Risk-to-benefit ratio of treatment options
  - C. Patient's treatment expectations
  - D. Quantitative assessment of disease activity
  - E. All of the above
8. Treatment options for patients who have an inadequate response to combined treatment with methotrexate and a TNF inhibitor include all of the following except:
- A. Switch to another TNF inhibitor
  - B. Add another biologic response modifier (BRM)
  - C. Discontinue TNF inhibitor therapy and begin treatment with rituximab or abatacept
  - D. All of the above
9. All of the following describe the unique mechanism of action of rituximab and abatacept except:
- A. Rituximab is a human/mouse chimeric IgG1 monoclonal antibody that binds to CD20 on the cell surface of all preplasma cell stages of B cell differentiation to cause B cell depletion
  - B. Rituximab is a humanized anti-human interleukin-6 (IL-6) receptor monoclonal antibody that binds to soluble or surface-bound IL-6R to inhibit the activities of the pleiotropic IL-6 cytokine
  - C. Abatacept binds to CD80 and CD86 on antigen-presenting cells to prevent them from joining with CD28 on T lymphocytes
  - D. Abatacept blocks costimulation signals required for full T cell activation
  - E. Abatacept inhibits T cell proliferation and reduces the release of IL-2, TNF- $\alpha$ , and interferon- $\gamma$  by T cells
10. Which study provides support for the safety and efficacy of rituximab and abatacept in patients with an inadequate response to TNF inhibitors?
- A. REFLEX
  - B. ATTAIn
  - C. TICORA
  - D. A and B
  - E. All of the above
11. Safety considerations with biologic disease modifying antirheumatic drugs include all of the following except:
- A. Demyelination
  - B. Renal failure
  - C. Cardiovascular complications
  - D. Hepatitis
  - E. Hepatotoxicity
12. Screening tests that should be performed prior to instituting therapy with a BRM include:
- A. Complete blood count
  - B. Liver and renal function tests
  - C. Hepatitis B and C screening
  - D. HIV screening
  - E. Chest radiograph
  - F. All of the above

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## Evaluation

Please circle one option for each of the following questions.

- 1) The overall quality of this activity and its educational content was excellent.  
a) Strongly agree b) Agree c) Undecided d) Disagree e) Strongly disagree

- 2) Upon completion of this activity I am better able to:

Identify key unresolved issues in defining and overcoming inadequate response to therapy in RA.

- a) Strongly agree b) Agree c) Undecided d) Disagree e) Strongly disagree

Apply an appropriate, clinically rational, evidence-based approach to altering BRM therapy to achieve adequate response and minimize disease progression.

- a) Strongly agree b) Agree c) Undecided d) Disagree e) Strongly disagree

Evaluate the clinical evidence to draw sound conclusions about the:

Applicability, benefits, and limitations of various outcome measures to identify and treat inadequate response to therapy

- a) Strongly agree b) Agree c) Undecided d) Disagree e) Strongly disagree

Utility and reliability of predictors of response in aiding treatment decisions

- a) Strongly agree b) Agree c) Undecided d) Disagree e) Strongly disagree

Safety and efficacy of currently available biologic response modifiers

- a) Strongly agree b) Agree c) Undecided d) Disagree e) Strongly disagree

- 3) The information given was without promotional or commercial bias.

- a) Strongly agree b) Agree c) Undecided d) Disagree e) Strongly disagree

- 4) The scientific articles provided something new that I will apply to my practice.

- a) Strongly agree b) Agree c) Undecided d) Disagree e) Strongly disagree

- 5) The content met my educational needs.

- a) Strongly agree b) Agree c) Undecided d) Disagree e) Strongly disagree

- 6) I would recommend this activity to others.

- a) Strongly agree b) Agree c) Undecided d) Disagree e) Strongly disagree

Suggestions/comments regarding this material or recommendations for future presentations:

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