

EVALUATION FORM

Case Studies in the Antifungal Treatment of High-Risk Patients

Cryptococcus Infection in a CLL Patient

EVALUATION FORM – PLEASE PRINT CLEARLY

Wayne State University School of Medicine respects and appreciates your opinions. To assist us in evaluating the effectiveness of this activity and to make recommendations for future educational offerings, please take a few minutes to complete this evaluation form. Please note that a certificate of completion is issued only upon receipt of your completed evaluation form and posttest.

PLEASE ANSWER THE FOLLOWING QUESTIONS BY CIRCLING THE APPROPRIATE RATING:

5 = Outstanding 4 = Good 3 = Satisfactory 2 = Fair 1 = Poor

EXTENT TO WHICH PROGRAM ACTIVITIES MET THE IDENTIFIED OBJECTIVES

Upon completion of this activity, participants should be able to:

- | | | | | | |
|--|---|---|---|---|---|
| • Determine how therapeutic choices for invasive fungal infections can be most appropriately employed in high-risk patients | 5 | 4 | 3 | 2 | 1 |
| • Explore methods to improve patient outcomes, considering antifungal efficacy, spectrum of activity, safety, and cost-effectiveness | 5 | 4 | 3 | 2 | 1 |
| • Compare and understand uses of all available antifungal agents | 5 | 4 | 3 | 2 | 1 |

Please describe some specifics of what you learned as a result of this activity.

OVERALL EFFECTIVENESS OF THE ACTIVITY

- | | | | | | |
|--|---|---|---|---|---|
| Objectives were related to overall purpose/goal(s) of activity | 5 | 4 | 3 | 2 | 1 |
| Related to my practice needs | 5 | 4 | 3 | 2 | 1 |
| Will influence how I practice | 5 | 4 | 3 | 2 | 1 |
| Will help me improve patient care | 5 | 4 | 3 | 2 | 1 |
| Stimulated my intellectual curiosity | 5 | 4 | 3 | 2 | 1 |
| Overall, the activity met my expectations | 5 | 4 | 3 | 2 | 1 |

Will the information presented cause you to make any changes in your practice? ___ Yes ___ No

If yes, please describe any change(s) you plan to make in your practice as a result of this activity.

How committed are you to making these changes? 5 (Very committed) 4 3 2 1 (Not at all committed)

Additional comments about this activity?

Do you feel future activities on this subject matter are necessary and/or important to your practice? ___ Yes ___ No

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Please list any other topics that would be of interest to you for future educational activities:

The program was educationally unbiased and not promotional: _____ Yes _____ No

If no, please explain: _____

Specialty: Infectious Diseases Hematology Oncology Bone Marrow Transplant Solid Organ Transplant

Degree: MD DO PharmD RPh NP RN BS PA Other _____

IF YOU WISH TO RECEIVE CREDIT FOR THIS ACTIVITY, PLEASE FILL IN YOUR NAME AND ADDRESS AND MAIL ALONG WITH YOUR POSTTEST TO:

Wayne State University School of Medicine Division of Continuing Medical Education
CME Contact
LaCerna Womack
101 East Alexander, Lower Level
Detroit, Michigan 48201

I certify my actual time spent to complete this educational activity to be _____ hour(s) [not to exceed 1.0 hours].

Signature _____

PLEASE PRINT CLEARLY

NAME _____

SPECIALTY _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ FAX NUMBER _____

EMAIL _____

CME Posttest

CASE STUDIES IN THE ANTIFUNGAL TREATMENT OF HIGH-RISK PATIENTS
Cryptococcus Infection in a CLL Patient

Release Date: September 7, 2006

CME Instructions

To receive documentation of your participation in this CME activity for a total of 1 hour of CME credit, please complete the following steps:

1. Read the newsletter carefully.
2. Complete the CME Posttest included in this newsletter.
3. Mail your CME Posttest to:
Wayne State University School of Medicine Division of Continuing Medical Education
CME Contact
Lacema Womack
101 East Alexandrine, Lower Level
Detroit, Michigan 48201
4. After reading the newsletter, complete the CME Evaluation Survey and mail it to the above address.
5. This posttest and the evaluation survey must be received by September 7, 2007 for you to be eligible to receive CME credit.

NAME

SPECIALTY

STREET ADDRESS

CITY

STATE

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EMAIL

Posttest

1. Which of the following antifungal agents does not have activity against *Cryptococcus*?
 - a. Fluconazole
 - b. Caspofungin
 - c. Amphotericin B deoxycholate
 - d. Lipid amphotericin B formulation
2. Cancer patients who are infected with *Cryptococcus* typically present with:
 - a. Meningitis
 - b. Disseminated disease
 - c. Pulmonary cryptococcosis
 - d. None of the above
3. Which of the following statements concerning serum cryptococcal antigen is true?
 - a. Serum cryptococcal antigen levels are useful in monitoring clinical response to therapy
 - b. Detection of serum cryptococcal antigen has a limited role in the diagnosis of infection
 - c. There is large evidence to support its use as diagnostic measure in non-HIV patients
 - d. There appears to be no correlation between outcome and changes in serum antigen titers, based on studies in patients with AIDS-associated cryptococcal meningitis
4. *Cryptococcus* can result in false positives on the galactomannan assay.
 - a. True
 - b. False
5. In the CLEAR database, what percentage of patients with *Cryptococcus* had a favorable response (cure or improved) to treatment with ABLC?
 - a. 44%
 - b. 55%
 - c. 66%
 - d. 77%