
CME Posttest

CASE STUDIES IN THE ANTIFUNGAL TREATMENT OF HIGH-RISK PATIENTS

Zygomycosis in a Stem Cell Transplant Recipient

Release Date: October 27, 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 October 27, 2007 for you to be eligible to receive CME credit.

NAME

SPECIALTY

STREET ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

FAX NUMBER

EMAIL

Posttest Questions

1. Which of the following statements concerning fungal infection patterns in HSCT patients is TRUE?
 - a. Rates of *Aspergillus* infections are decreasing in the postengraftment period.
 - b. Zygomycetes is the second most common infecting mold pathogen.
 - c. Candidal infections are increasing in the postengraftment period.
 - d. All of the above
2. Risk factors for zygomycosis include all of the following except:
 - a. GVHD
 - b. Diabetes
 - c. Voriconazole prophylaxis
 - d. All are risk factors.
3. Which of the following statements is FALSE concerning the treatment of infection due to Zygomycetes?
 - a. For clinical effectiveness against Zygomycetes, higher doses of amphotericin B may be needed.
 - b. Combination therapy with voriconazole and micafungin is an effective strategy for treating zygomycosis.
 - c. Lipid-based amphotericin B formulations are preferred over conventional amphotericin B deoxycholate because of a reduced risk for nephrotoxicity, despite higher drug costs.
 - d. When considering posaconazole, clinicians must recognize the variability in the rate and extent of drug absorption under certain conditions.
4. Which antifungal agents have adequate clinical data to support their use in treating zygomycosis?
 - a. Amphotericin B; itraconazole
 - b. Voriconazole plus micafungin; posaconazole
 - c. Caspofungin; posaconazole
 - d. ABLC; posaconazole
5. In the CLEAR registry, treatment with ABLC in patients with zygomycosis resulted in an overall success rate of:
 - a. 24%
 - b. 53%
 - c. 72%
 - d. 88%

EVALUATION FORM

Case Studies in the Antifungal Treatment of High-Risk Patients *Zygomycosis in a Stem Cell Transplant Recipient*

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

EVALUATION FORM
Case Studies in the Antifungal Treatment of High-Risk Patients
Zygomycosis in a Stem Cell Transplant Recipient

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
LaCema Womack
101 East Alexandrine, 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 _____

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