EVALUATION FORM

CMV in Hematopoietic Stem Cell Transplantation: A Focus on Prevention and Treatment

Program ID: 09149

The Medical College of Wisconsin 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. *You must complete this evaluation form to receive a CME credit certificate.*

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 better able to:

- Identify risk factors for CMV disease in HSCT recipients 5 4 3 2 1
- Describe the direct and indirect effects of CMV infection 5 4 3 2 1
- Outline clinical considerations in late CMV disease 5 4 3 2 1
- Cite current and emerging therapies for CMV prevention and treatment 5 4 3 2 1

Effectiveness of the Individual Faculty Members

SPEAKERS	**Effectiveness in Presenting the Material**	**Avoided Commercial Bias or Influence**
John R. Wingard, MD	5 4 3 2 1	5 4 3 2 1
Jayesh Mehta, MD	5 4 3 2 1	5 4 3 2 1

Overall Effectiveness of the Activity

Was timely and will influence how I practice 5 4 3 2 1
Will assist me in improving patient care 5 4 3 2 1
Fulfilled my educational needs 5 4 3 2 1
Avoided commercial bias or influence 5 4 3 2 1

Impact of the Activity

The information presented:
(check all that apply)
☒ Reinforced my current practice/treatment habits ☒ Will improve my practice/patient outcomes
☒ Provided new ideas or information I expect to use ☒ Enhanced my current knowledge base

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)

Future Activities
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:

_____
_____

Follow-up
As part of our ongoing continuous quality-improvement effort, we conduct post-activity follow-up surveys to assess the impact of our educational interventions on professional practice. Please indicate your willingness to participate in such a survey:

- ❑ Yes, I would be interested in participating in a follow-up survey
- ❑ No, I'm not interested in participating in a follow-up survey

Additional comments about this activity:

_____
_____

If you wish to receive acknowledgement of participation for this activity, please complete the post-test by selecting the best answer to each question, complete this evaluation verification of participation and fax to the Office of Continuing Professional Education, 414-456-6623, or mail to Office of Continuing Medical Education, Medical College of Wisconsin, 8701 Watertown Plank Road, Milwaukee, WI, 53226. (Note: Persons who claimed CME credit for attending the original presentations on which this program was based (at the BMT Tandem Meetings in February, 2009) may not claim additional credit for participating in this activity.)

Post-test Answer Form

1	2	3	4	5	6	7	8	9	10

Request for Credit
Name _____ Degree _____
Organization _____ Specialty _____
Address _____
City, State, Zip _____
Telephone _____ Fax _____ E-Mail _____

I certify my actual time spent to complete this educational activity to be:

- ❑ I participated in the entire activity and claim 1.0 credit.
- ❑ I participated in only part of the activity and claim _____ credit.

Signature _____ Date _____

POST-TEST QUESTIONS

CMV in Hematopoietic Stem Cell Transplantation: A Focus on Prevention and Treatment

Select the best answer for each Learning Assessment question and write the letter (a, b, c, or d) in the corresponding "Post-test Answer Form".

1. Which of the following are risk factors for cytomegalovirus (CMV) disease after allogeneic hematopoietic stem cell transplant (HSCT)?
   a. Older age
   b. Unrelated donor
   c. T-cell depletion
   d. All of the above

2. More intensive conditioning regimens do not appear to be a risk factor for CMV disease after autologous HSCT.
   a. True
   b. False

3. According to the results of a study by Atkinson and colleagues, which of the following appears to significantly decrease the incidence of CMV-related interstitial pneumonitis after HSCT?
   a. Acyclovir prophylaxis
   b. Foscarnet preemptive therapy
   c. Ganciclovir prophylaxis
   d. Valacyclovir preemptive therapy

4. In patients who have undergone HSCT, CMV prophylaxis offers which of the following advantages over preemptive therapy?
   a. Better CMV disease control
   b. Decreased toxicity
   c. Lower cost
   d. Decreased risk for late CMV disease

5. Increases in pp65 antigen levels can usually be attributed to drug resistance.
   a. True
   b. False

6. Which of the following agents directly inhibits viral DNA replication by blocking the pyrophosphate binding site?
   a. Cidofovir
   b. Foscarnet
   c. Ganciclovir
   d. Maribavir

7. Mutations in the CMV UL97 kinase gene have been associated with viral resistance to which of the following agents?
   a. Cidofovir
   b. Foscarnet
   c. Ganciclovir
   d. UL97 kinase gene mutations have not been associated with drug resistance

8. Long-term monitoring for late-onset CMV infection after HSCT (>100 days posttransplant) can be discontinued when patients have which of the following?
   a. Detectable CMV-specific T-cell function
   b. No or minimal systemic immunosuppression
   c. Persistently negative results on CMV polymerase chain reaction (or antigenemia) assay
   d. All of the above

9. In patients receiving valganciclovir therapy for CMV infection, a complete blood count should be performed _____ as long as results are normal or _____ if the absolute neutrophil count decreases below 2000 cells/L.
   a. Monthly; weekly
   b. Weekly; twice weekly
   c. Weekly; daily
   d. Twice weekly; daily

10. Antigenemia appears to stimulate CMV-specific CD4+ and CD8+ immune response.
   a. True
   b. False