

EVALUATION FORM
Current and Future Trends in HSCT: The Impact of Preparative Regimens
Program ID: 07143

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:

Upon completion of this activity, the participant will be able to:

- | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|
| ◆ Discuss strategies to enhance efficacy and reduce toxicity of fully ablative conditioning regimens for HSCT in patients with hematologic malignancies | 5 | 4 | 3 | 2 | 1 |
| ◆ Evaluate the efficacy and safety of nonmyeloablative conditioning regimens for HSCT | 5 | 4 | 3 | 2 | 1 |
| ◆ Describe autologous HSCT strategies to minimize relapse in patients with acute myeloid leukemia | 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)

- | | |
|----------------------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Reinforced my current practice/treatment habits | <input type="checkbox"/> Will improve my practice/patient outcomes |
| <input type="checkbox"/> Provided new ideas or information I expect to use | <input type="checkbox"/> 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

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, 2007) may not claim additional credit for participating in this activity.)

Post-test Answer Form

1	2	3	4	5	6

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 credits.
- I participated in only part of the activity and claim _____ credits.

Signature _____ Date _____

POST-TEST QUESTIONS

Current and Future Trends in HSCT: The Impact of Preparative Regimens

1. **Antitumor effect resides in the chemotherapeutic regimen in autologous as opposed to allogeneic hematopoietic stem cell transplantation.**
 - a. True
 - b. False

2. **Which of the following properties of IV busulfan make it useful in pharmacokinetic-directed therapy**
 - a. Linear relationship between busulfan dose and plasma levels in therapeutic range
 - b. Parent compound is only active agent
 - c. Simple pharmacology
 - d. Plasma levels are easy to measure
 - e. a and b
 - f. c and d
 - g. All of the above
 - h. None of the above

3. **To reduce the risk of veno-occlusive disease toxicity using busulfan-based conditioning regimens, a 24-hour period should be inserted between the last busulfan dose and the next agent of the conditioning regimen.**
 - a. True
 - b. False

4. **All of the following host- or disease-related factors are valid rationales for choosing a reduced-intensity conditioning (RIC) regimen EXCEPT:**
 - a. Age \leq 50 years
 - b. Comorbid medical conditions
 - c. Second transplants
 - d. Susceptibility of disease to graft-versus-leukemia effect

5. **When compared with ablative conditioning transplantation, all of the following outcomes of RIC transplantation are the same EXCEPT:**
 - a. Overall survival
 - b. Progression-free survival
 - c. Relapse rates
 - d. Treatment-related mortality
 - e. a and b
 - f. c and d
 - g. All of the above
 - h. None of the above

6. **High plasma concentrations of CEPM, an inert metabolite of cyclophosphamide metabolism, correlates with increase risk of transplant related mortality.**
 - a. True
 - b. False