EVALUATION FORM

Improving Outcomes in Chronic GvHD through Immune Regulation

Program ID No. 0814

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:

- Understand and explain the prevalence of GvHD in transplant patients 5 4 3 2 1
- State the current therapy options for treating chronic GvHD 5 4 3 2 1
- Identify potential future treatment options for treating chronic GvHD 5 4 3 2 1
- Assess the similarities in treatment of the BMT patient and patient and in treating patients with solid organ tumors 5 4 3 2 1
- Analyze the need for and possible design of further clinical trials on GvHD 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

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, 2008) may not claim additional credit for participating in this activity.)

Post-test Answer Form

1	2	3	4	5	6	7

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
New Technologies and Innovative Treatment Strategies for Genitourinary Malignancies

1). In the mouse model of GVHD described, four injections of ECP-treated cells beginning on day +7 after BMT was able to produce survival at day 60 of approximately

A. 40%
B. 60%
C. 80%
D. 100%

2). Approximately what percent of ECP-treated cells were detected in the spleen at 72 hours after injection?

A. 0%
B. 33%
C. 66%
D. 100%

3). Increased numbers of regulatory T cells (CD4+FoxP3+) were observed after how many injections of ECP-treated cells?

A. 4
B. 3
C. 2
D. 1

4). In the multicentre, prospective randomized heart transplant trial that studied the effects of prophylactic photopheresis (ECP) on acute cardiac rejection, all of the following statements are true EXCEPT:

A. ECP added to standard conventional immunosuppressive therapy decreased the incidence of multiple rejections over a six-month time period

B. ECP added to standard conventional immunosuppressive therapy increased the incidence of cytomegalovirus detection in blood by polymerase chain reaction over a six month time period with a reduced rate of acute cellular rejection during the same time period

C. ECP added to standard conventional immunosuppressive therapy increased the percentage of patients who were rejection free over a six month time period

D. ECP treatments were utilized more frequently early after transplant, during the same time period when rejection episodes are usually more likely to occur

5). Which of the following statements is TRUE when discussing the use of ECP for the treatment of refractory solid organ rejection:

A. There is usually a greater effect on clinical outcome if ECP is used later in the patient's clinical decline

B. The maximum response to ECP in those patients categorized as responders is usually seen within one week of starting therapy

C. Refractory rejection in solid organ transplant recipients usually refers to failure to respond to corticosteroids and / or anti-lymphocyte antibodies

D. Regulatory T cells generally decrease after treating transplant recipients with ECP

6). Which of the following regimens on a theoretical basis might best promote tolerance in chronic graft versus host disease by facilitating regulatory T cells? List all that are appropriate.

A. Prednisone plus rituximab
B. Sirolimus plus tacrolimus plus prednisone
C. Sirolimus plus prednisone
D. Sirolimus plus extracorporeal photopheresis plus prednisone
E. Tacrolimus plus prednisone

7). List each correct true statement regarding the proposed BMT CTN 0801 treatment protocol for chronic graft versus host disease?

A. High-risk chronic GVHD is eligible when first diagnosed or when inadequately responsive to 12 or less weeks of therapy with prednisone 0.5-1 mg/kg/day.

B. Standard-risk chronic GVHD is eligible when first diagnosed or when inadequately responsive to 12 or less weeks of therapy with prednisone 0.5-1 mg/kg/day.

C. Standard-risk chronic GVHD is eligible when it is inadequately responsive to 12 or less weeks of therapy with prednisone 0.5-1 mg/kg/day.

D. Sirolimus nephrotoxicities are rare when sirolimus therapy is not combined with tacrolimus or cyclosporine.

E. Nephrotoxicity is common during combination therapy with sirolimus and tacrolimus (or cyclosporine) despite close attention to therapeutic drug monitoring.