

CME/CE Credit Request Form

A Balancing Act: Immunosuppression in Transplant Medicine

Live Symposium – June 12, 2016

To receive CME/CE credit, you must complete all of this form and the evaluation form and turn them in to the CME Outfitters staff on your way out of the ballroom. Or you can fax it to: 614.448.4536. A certificate or statement of credit will be emailed to you within 4–6 weeks.

PLEASE PRINT CLEARLY (Form must be filled out completely to process CME/CE credit)

First Name, MI, Last Name: _____

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

Complete mailing address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____

Email (certificate or statement of credit will be emailed): _____

Type of CE credit requested: CME/Physicians (max. 1.0 _____) CPE/Pharmacists (1.0) CNE/Nurses (1.0)
 Others (1.0 CME Attendance Certificate)

NABP e-Profile number (Pharmacists Only): _____ Month and day of birth (MM/DD): _____

How did you learn about this continuing education activity?

Postcard/direct mail Email Internet Colleague Fax Other: _____

As a result of my participation in this live symposium, I will commit to:

- Assess my kidney and transplant patients for antibody-mediated complications. y n
- Optimize appropriate immunosuppression monitoring strategies in at least 80% of my transplant patients. y n
- Integrate patient engagement strategies to activate patients and maximize adherence to medications and improve outcomes. y n

Post-Test

Participants are required to complete the post-test to assess their achievement of the educational objectives for this activity. A score of 75% is required for credit.

1. Which of the following is true of the impact of donor specific antibodies (DSA)?
 - A Patients with DSA have lower rates of antibody mediated rejection
 - B Patients with DSA have higher rates of antibody mediated rejection
 - C Patients with acute rejection who develop DSA have better outcomes
 - D DSA causes chronic antibody mediated rejection in all solid organ allografts
2. Which of the following is one of the most significant self-reported factors for patient non-adherence?
 - A Medication side effects
 - B Complexity of dosing
 - C Lack of social support
 - D Poor memory
3. At 36 months, what percentage of patients experienced renal failure after a nonrenal organ transplant?
 - A 7.4%
 - B 10.2%
 - C 13.7%
 - D 16.5%
4. Which of the following is the only mTORi approved for use in adult liver transplantation by the European Health Authorities (EHA) and the US FDA?
 - A Everolimus
 - B Temsirolimus
 - C Basiliximab
 - D Daclizumab
5. Please describe one way you will change your practice to better engage your transplant patients to improve adherence.

6. Are there any specific barriers to managing transplant patients on immunosuppressants that you feel better equipped to address as a result of this activity? If yes, please list them.

CME/CE Activity Evaluation

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Strongly Agree Agree Neutral Disagree Strongly Disagree

1. The course met the stated objectives:

- Describe the causes of antibody-mediated complications in kidney and liver transplants. (5) (4) (3) (2) (1)
- Implement regular monitoring strategies that can optimize appropriate immunosuppression while managing side effects in transplant patients. (5) (4) (3) (2) (1)
- Engage transplant patients to become participants in their treatment to promote adherence to medications and improve outcomes. (5) (4) (3) (2) (1)

The course met the stated objectives (CNE credit only):

- Determine the causes of antibody-mediated complications in kidney and liver transplants. (5) (4) (3) (2) (1)
- Identify regular monitoring strategies that can optimize appropriate immunosuppression while managing side effects in transplant patients. (5) (4) (3) (2) (1)
- Describe ways to engage transplant patients to become participants in their treatment to promote adherence to medications and improve outcomes. (5) (4) (3) (2) (1)

2. This activity helped me to have a better understanding of the topic(s). (5) (4) (3) (2) (1)
3. This activity assisted me to consider using the information in a different way to improve my practice. (5) (4) (3) (2) (1)
4. This activity provided me with resources I can use in my daily practice or with my patients. (5) (4) (3) (2) (1)
5. This activity will support my routine clinical practice to deliver evidence-based best practice that improves patient health outcomes. (5) (4) (3) (2) (1)
6. Rate the quality of the faculty member(s) listed below, from 5 (Excellent) to 1 (Poor):

Speaker	Content	Clinical Relevance	Teaching Strategies	Level of Expertise
Flavio G. Vincenti, MD	(5) (4) (3) (2) (1)	(5) (4) (3) (2) (1)	(5) (4) (3) (2) (1)	(5) (4) (3) (2) (1)
Lewis W. Teperman, MD, FACS	(5) (4) (3) (2) (1)	(5) (4) (3) (2) (1)	(5) (4) (3) (2) (1)	(5) (4) (3) (2) (1)

7. Will you change the way you practice based on this activity? (y) (n)
 If no, please state reasons: _____

8. Do you feel the activity was balanced and objective? (y) (n)
 If no, please state reasons: _____

9. Do you feel the activity was free of commercial bias? (y) (n)

10. Approximately what percent of this content was NEW to you? 25% 50% 75% This was all new information to me.

11. As compared to other CME activities you have participated in the past six months, do you believe this activity:
 Increased your knowledge Will improve patient outcomes in your practice

12. In the past 6 months, how many CME programs have you participated in? 1-4 5-10 11-15 Greater than 15

13. What was the most useful information you gained from this activity? _____

14. Suggested topics for future activities: _____

15. General comments/suggestions: _____

Thank you for your feedback. Your comments will be reviewed carefully and ultimately used to guide the development of our future continuing education activities.