



2007 PILOT™ COMPENDIUM REGISTRATION/EVALUATION FORM/CME POSTTEST

In order to obtain 4 AMA PRA Category 1 Credits™, participants are required to:

1. Read the learning objectives and review the activity.
2. Complete this Registration/Evaluation Form/CME Posttest.
3. Fax or mail these forms to:
 - The France Foundation
 - Attn: PILOT™ Secretariat
 - 230 Shore Road, Suite 202
 - Old Lyme, Connecticut 06371
 - Toll free: 1-866-227-6414
 - Fax: 1-866-227-6415

First Name: _____ Last Name: _____ Degree: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____ Fax: _____

By providing your fax number you are giving The France Foundation permission to fax information to you in the future. This is for internal use only and will not be given or sold to other companies for use.

Email: _____ (Your CME certificate will be sent to this email address)

May we contact you in the future with a brief survey to assess how you have used the information presented in this activity or to assess other educational needs? Yes No

Degree(s):

- MD/DO PharmD/RPh NP PA RN Other _____

Specialty:

- Pulmonology Pathology Radiology Other _____

Number of years in practice:

- < 5 6–10 11–15 16–20 21–25 > 25 Retired

Indicate the number of AMA PRA Category 1 Credits™ you are claiming _____ **May not exceed 4

Signature: _____ Date: _____

I certify that I have completed this CME activity as designated.

MET LEARNING OBJECTIVES:

4 = strongly agree; 3 = agree; 2 = disagree; 1 = strongly disagree

Upon completion of this activity, I will be able to:

- | | | | | |
|---|---|---|---|---|
| • Adopt into clinical practice a multidisciplinary approach to the diagnosis of patients with IPF | ④ | ③ | ② | ① |
| • Critically evaluate the prognostic indicators used in clinical practice | ④ | ③ | ② | ① |
| • Identify and apply practical disease management strategies for patients with IPF to optimize outcomes | ④ | ③ | ② | ① |

ENDURING MATERIAL:

4 = strongly agree; 3 = agree; 2 = disagree; 1 = strongly disagree

The information discussed was:

- Presented in a clear and understandable manner ④ ③ ② ①
- Provided clinically relevant information ④ ③ ② ①
- Able to provide me with an increased understanding/awareness of the subject material ④ ③ ② ①

CONTENT:

Please rate the overall content presented in this activity: Too basic Appropriate Too complex

BIAS:

Was this activity, fair, balanced, objective, and free from commercial bias? Yes No

ATTITUDE, BEHAVIOR:

4 = strongly agree; 3 = agree; 2 = disagree; 1 = strongly disagree

- What I learned at this activity has increased my confidence in managing this disease state ④ ③ ② ①
- What I learned at this activity will enhance my ability to change my patient management approaches ④ ③ ② ①
- What I learned at this activity will result in an improvement in my patients' health status ④ ③ ② ①

BARRIERS:

What barriers do you feel might inhibit your ability to incorporate any of the above changes into your clinical practice?

FUTURE TOPICS:

Recommendations for future CME topics in this disease area: _____

CME POSTTEST:

1. Which of the following is not included in the histologic diagnostic criteria of UIP?

- a. Fibrosis with areas of normal lung
- b. Active fibrosis (fibroblastic foci)
- c. Microscopic honeycombing
- d. Pigment-laden macrophages

2. Acute exacerbations in IPF are:

- a. More common in patients with severe disease
- b. Associated with high mortality
- c. Caused by infection
- d. Responsive to augmented immunosuppression

3. Typical HRCT findings in IPF include:

- a. Central lobular nodules
- b. Subpleural honeycombing
- c. Pleural effusion
- d. All of the above



4. Which of the following is not a major diagnostic criterion for IPF in the absence of a surgical lung biopsy?
- a. HRCT: fibrosis with honeycomb and minimal ground-glass opacities
 - b. Duration of illness > 5 years
 - c. Evidence of restriction and/or impaired gas exchange
 - d. Exclusion of other known causes of ILD
5. Surgical lung biopsy may not be required when which of the following is present?
- a. Classic IPF clinical presentation
 - b. Typical clinical and HRCT findings for IPF
 - c. Classic IPF clinical presentation with a typical chest x-ray
 - d. Typical IPF chest x-ray with supporting serology results
6. Which statement is incorrect?
- a. Baseline DL_{CO} is a useful prognostic indicator
 - b. Pulmonary hypertension is usually detectable before radiologic evidence of disease
 - c. UIP pattern found on biopsy is a clear indication of a poor prognosis
 - d. Nearly 50% of deaths in a recent large clinical trial occurred prior to physiologic evidence of disease progression
7. Which of the following baseline measures is a poor predictor of mortality?
- a. Mean pulmonary artery pressure
 - b. Desaturation during 6MWT
 - c. FVC
 - d. DL_{CO}
8. Which of the following statements does not apply to azathioprine and prednisone for IPF?
- a. No proven benefit in recent IPF trials
 - b. Combination therapy with proven efficacy in the treatment of IPF
 - c. 2000 ATS/ERS consensus suggested therapy
 - d. Potentially significant treatment toxicity
9. Which statement regarding lung transplantation (LT) and the new lung allocation score (LAS) in IPF is incorrect?
- a. LAS considers projected pretransplant 1-year survival
 - b. LAS considers projected posttransplant 1-year survival
 - c. LT is the only therapy shown to extend life expectancy
 - d. Double LT has worse outcomes than single
10. When should IPF patients be referred for a lung transplant evaluation?
- a. When DL_{CO} < 40% predicted
 - b. When dyspnea becomes intolerable
 - c. At time of diagnosis
 - d. After patient demonstrates impaired exercise capacity