



2009 PILOT™ COMPENDIUM ATTESTATION/EVALUATION FORM

To obtain *AMA PRA Category 1 Credit™*, participants are required to:

1. Read the learning objectives, review the activity, and complete the posttest.
2. Complete this Attestation/Evaluation form.
3. Mail or fax these forms to: The France Foundation • PILOT™ Secretariat
230 Shore Road • Old Lyme, CT 06371 • Fax: 860-434-5390

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

E-mail: _____ Tel: _____

Your CME certificate will be sent to this e-mail address

Degree(s): MD/DO PharmD/RPh NP PA RN Other _____

Specialty: Pulmonology Pathology Radiology Other _____

Indicate the number of *AMA PRA Category 1 Credits™* you are claiming ____ (Max 3 credits)

Signature: _____ Date: _____

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

BIAS, FAIR BALANCE

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

If no, please state reason(s) _____



PRACTICAL APPLICATION

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

| | | | | |
|--|---|---|---|---|
| What I learned in this activity has increased my confidence in understanding the latest clinical evidence for current and emerging IPF therapies | 4 | 3 | 2 | 1 |
| What I learned in this activity will improve my ability to manage my patients with IPF | 4 | 3 | 2 | 1 |
| What I learned at this activity will result in an improvement in my patients' health | 4 | 3 | 2 | 1 |
| Do you intend to make changes or apply new information to your practice as a result of this activity? | | | | |
| ___ Yes, I plan to make changes* | | | | |
| ___ I'm not sure, but I'm considering changes* | | | | |
| ___ No, I already practice these recommendations | | | | |

*If yes or considering changes, please check off what you intend to do differently or incorporate into your clinical management of patients with IPF as a result of this educational activity.

- ___ Monitor patients for GERD and pulmonary hypertension
- ___ Incorporate pulmonary rehabilitation into the management plan
- ___ Evaluate and manage sleep quality
- ___ Use a quality of life instrument as a monitoring tool
- ___ Present clinical trial enrollment as an option
- ___ Refer patients for lung transplantation evaluation
- ___ Other, please specify _____

BARRIERS

What are the top 3 barriers that might inhibit your ability to incorporate any of the above changes into your clinical practice?

1. _____ 2. _____ 3. _____

Have you participated in a PILOT™ activity in the past? Yes No

If yes, approximate number of activities in the past? 1-3 4-6 7-9 >10

If no, after participating in this activity, how likely would you be to participate in PILOT™ in the future?

Very likely Likely Unlikely Unsure



CME POSTTEST

1. Which of the following is **NOT** emerging as a marker for IPF?
 - a. KL-6
 - b. Surfactant proteins A and D
 - c. C-reactive protein
 - d. Albumin
 - e. Peripheral fibrocytes

2. Which of the following is an important factor for establishing a confident diagnosis of IPF?
 - a. Restriction or impaired gas exchange
 - b. Elimination of other causes of exertional dyspnea, such as cardiomyopathy, diaphragm dysfunction, anxiety, deconditioning, etc.
 - c. Serologic tests for connective tissue diseases
 - d. Ground glass opacities on HRCT
 - e. Honeycombing on HRCT
 - f. **All** of the above are important
 - g. All of the above are important **except** d

3. The **CAPACITY** trials of pirfenidone (PFD) were presented at the 2009 ATS Conference. Which of these statements is **NOT** true?
 - a. The treatment group in CAPACITY 2 but not CAPACITY 1, had a significantly lower rate of reduction in the FVC than the placebo arm
 - b. Progression free survival was the primary endpoint of the CAPACITY trials
 - c. Adverse events were consistent with previous trials; GI and photosensitivity/rash were more common in the PFD group
 - d. The rate of patient retention in both trials was high

4. The 10-year survival rate for double lung transplant recipients is slightly but significantly higher than for single lung transplant recipients.
 - a. True
 - b. False

5. In what ways can the family or caregiver play a positive role in IPF disease management?
 - a. Attend clinic with patient
 - b. Encourage exercise
 - c. Monitor symptoms and medications
 - d. Help organize medical care
 - e. All of the above