

# Continuing Medical Education (CME) Questions

## Rare inherited iron and heme-related anemias

To obtain credit, you should first read the journal article. After reading the article, you should be able to answer the following, related, multiple-choice questions. To complete the questions (with a minimum 75% passing score) and earn continuing medical education (CME) credit, please go to <http://www.medscape.org/journal/blood>. Credit cannot be obtained for tests completed on paper, although you may use the worksheet below to keep a record of your answers. You must be a registered user on Medscape.org. If you are not registered on Medscape.org, please click on the “Register” link on the right hand side of the website. Only one answer is correct for each question. Once you successfully answer all post-test questions you will be able to view and/or print your certificate. For questions regarding the content of this activity, contact the accredited provider, CME@medscape.net. For technical assistance, contact CME@webmd.net. American Medical Association’s Physician’s Recognition Award (AMA PRA) credits are accepted in the US as evidence of participation in CME activities. For further information on this award, please refer to <http://www.ama-assn.org/ama/pub/about-ama/awards/ama-physicians-recognition-award.page>. The AMA has determined that physicians not licensed in the US who participate in this CME activity are eligible for *AMA PRA Category 1 Credits*<sup>TM</sup>. Through agreements that the AMA has made with agencies in some countries, AMA PRA credit may be acceptable as evidence of participation in CME activities. If you are not licensed in the US, please complete the questions online, print the AMA PRA CME credit certificate, and present it to your national medical association for review.

**Donker AE, Raymakers RAP, Vlasveld LT, van Barneveld T, Terink R, Dors N, Brons PPT, Knoers NVAM, Swinkels DW. Practice guidelines for the diagnosis and management of microcytic anemias due to genetic disorders of iron metabolism or heme synthesis. *Blood*. 2014;123(25):3873-3886.**

**1. Your patient is a 5-year-old boy with microcytic anemia refractory to oral iron therapy. He is suspected to have iron-refractory iron-deficiency anemia (IRIDA) resulting from defects in *TMPRSS6*, but he has not yet undergone a diagnostic workup. According to the review by Dr Donker and colleagues, which of the following statements about management of IRIDA resulting from defects in *TMPRSS6* is correct?**

- The differential diagnosis should include autoimmune atrophic gastritis, *Helicobacter pylori* infection, and celiac disease
- In IRIDA, serum hepcidin level is inappropriately low
- Repeated administration of intravenous iron should completely normalize hemoglobin (Hb) levels
- Erythropoietin treatment in IRIDA is a well-established standard therapy

**2. According to the review by Dr Donker and colleagues, which of the following statements about management of hypotransferrinemia resulting from defects in *TF* is correct?**

- Patients present in middle age with microcytic and hypochromic anemias
- Patients have low ferritin and serum hepcidin levels
- Hepatomegaly is not characteristic
- Treatment consists of infusions of apotransferrin either directly or as plasma

**3. According to the review by Dr Donker and colleagues, which of the following statements about management of sideroblastic anemia resulting from defects in *SLC25A38* is correct?**

- Inheritance is X-linked recessive
- Clinical presentation most closely resembles sickle cell anemia
- Bone marrow smear results show ring sideroblasts
- Erythrocyte transfusions are curative

### Activity Evaluation (where 1 is strongly disagree and 5 is strongly agree)

1. The activity supported the learning objectives.
 

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| 1 | 2 | 3 | 4 | 5 |
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2. The material was organized clearly for learning to occur.
 

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3. The content learned from this activity will impact my practice.
 

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4. The activity was presented objectively and free of commercial bias.
 

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