CME post-test

To complete the online CME post-test and evaluation and receive credit, go to: www.rockpointe.com/RASupp. If you are experiencing problems or have any questions, please e-mail contact@pcme.org.

(1) What is the most important difference between the 1987 ARA criteria for the classification of RA and the 2010 ACR/EULAR classification criteria?
   (a) The 2010 criteria place more emphasis on objective measures
   (b) The 2010 criteria place more emphasis on identifying patients at earlier stages of disease
   (c) The 2010 criteria focus on distinguishing patients with established RA from those with other rheumatic diseases
   (d) The 2010 criteria aim to identify patients with mild disease who may benefit from less aggressive treatment

(2) Which parameter/parameters considered by the 1987 ARA criteria for the classification of RA are not included in the 2010 ACR/EULAR classification criteria?
   (a) ACPA
   (b) Duration of symptoms
   (c) Radiographic evidence of joint erosions
   (d) ESR

(3) In determining the sensitivity and specificity of the 2010 ACR/EULAR classification criteria, which of the following were considered to be the gold standard(s) (i.e., patients classified as having RA according to the 2010 criteria also met the stated standard)?
   (a) Persistent synovitis after 1 year
   (b) Need for MTX or other DMARDs after 1 year
   (c) Expert opinion that the patient has RA
   (d) All of the above

(4) Which of the following parameters is not included in the 2011 ACR/EULAR RA remission criteria?
   (a) Radiographic progression as assessed by Sharp scores
   (b) CRP
   (c) TJC/SJC
   (d) Patient global assessment

(5) In a general sense, how would the 2011 ACR/EULAR criteria compare with the 1981 definition from the American Rheumatism Association?
   (a) The 2011 criteria employ more objective factors than the 1981 criteria, which are based primarily on expert opinion
   (b) The 2011 criteria emphasize long-term remission, in contrast with the 1981 criteria, which define remission as taking place at one point in time
   (c) The 2011 criteria are intended for use in clinical practice, whereas the 1981 criteria were intended for use only in clinical trials
   (d) The 2011 criteria were formulated to reflect current clinical experience that some patients attained states of low disease activity that could be defined as remission, whereas the 1981 criteria were so strict that few patients ever met criteria for remission

(6) What is the most important difference between ACR 20/50/70 measures and DAS28, HAQ, SDAI, CDAd, and RAPID?
   (a) The ACR measures employ more parameters than the other measures and are therefore more difficult to use in clinical practice
   (b) ACR 20/50/70 evaluate improvement over a period of time, whereas the others evaluate the patient’s level of disease activity at a moment in time
   (c) ACR 20/50/70 measures were designed primarily for use in clinical trials, whereas the others can be used in clinical practice
   (d) Employing ACR measures requires laboratory and serologic results, whereas the others can be applied at the patient’s bedside

(7) Patients who do not respond to current therapy of MTX plus one of the TNF inhibitors, should be switched to an agent with an alternate mechanism of action because there is a high likelihood that they will not respond to a second trial with a TNFi.
   (a) True
   (b) False

(8) According to the recommendations of the international task force on treating RA to target, if the desired treatment target is not reached, drug therapy should be adjusted:
   (a) Every 3 months
   (b) Every 6 months
   (c) Every 9 months
   (d) Every 12 months
(9) Of the currently approved biologic DMARDs, which ones can be employed in RA only in combination with MTX, according to FDA prescribing information?
(a) Etanercept, infliximab, and adalimumab
(b) Infliximab, golimumab, and rituximab
(c) Certolizumab, abatacept, and tocilizumab
(d) Adalimumab, abatacept, and etanercept

(10) Which of these precautionary measures is not recommended in patients currently taking biologic DMARDs?
(a) Pneumococcal vaccine prior to therapy
(b) Screening for latent TB
(c) Herpes zoster vaccine once therapy has been initiated
(d) All of the above