

CME ACTIVITY EVALUATION and CREDIT REQUEST FORM

To receive CME Credit, you must listen to and view the online presentation, complete the evaluation, assess your knowledge by taking a short test, and submitting forms by September 30, 2008 to: The FCG Institute for Continuing Education-101013, 1140 Welsh Road, Suite 210, North Wales, PA 19454; or Fax to 215-412-9686. If your score is 70% or over, a certificate will be mailed to you within 4 weeks of our receipt of this completed form.

1. The content level was: ____Too easy ____About right ____Too difficult

Please rate this activity in the areas listed below.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
2. The objectives were relevant to the activity's purpose/goal:	5	4	3	2	1
3. The course met the stated objectives.					
a. Explain key aspects of the biology of surgical hemostasis and its management	5	4	3	2	1
b. Describe how antibodies to factor V and thrombin may form in patients who have been exposed to bovine thrombin	5	4	3	2	1
c. Discuss how clotting factor deficiencies may be differentiated from clotting factor inhibitors	5	4	3	2	1
d. Evaluate the therapeutic approaches to prevention and management of patients with treatment-induced inhibitor	5	4	3	2	1
4. The overall activity was excellent.	5	4	3	2	1
5. The activity was easy to navigate.	5	4	3	2	1

6. Please rate the effectiveness of the presentation(s) in the following areas listed below.

Speaker	Presentation of Content	Fair-balanced/ Objective	Clinical Relevance	Clinical Expertise
Jeffrey H. Lawson, MD, PhD Introduction and Biology of Hemostasis	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Hemostasis Management: Topical Agents	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Clinical Case Factor V and Thrombin Inhibitors	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Jerrold H. Levy, MD Hemostasis Management: Systemic Agents	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Howard A. Liebman, MD Clinical Case Heparin-Induced Thrombocytopenia	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1

Additional comments about presentations:

7. Can you apply the information gained from this activity into your practice? ___Yes ___No
If no, please explain _____

8. Do you feel that this activity was based on appropriate levels of evidence and currently accepted best practices? ___Yes ___No
Comments: _____

9. Do you feel the activity was biased toward any commercial product, device, or treatment recommendations? ___Yes ___No
If yes, please explain. _____

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

11. Suggested topics for future activities:

12. General comments/suggestions:

13. How long did it take you to complete this activity? ____hours ____minutes

Posttest Place your answers to the test questions in the appropriate box:

1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
11.	12.								

Credit Request Information (please print clearly)

First Name, MI, Last Name: _____

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colleague recommended
Other _____

What formats do you prefer for learning (Please rank the top 3):

Symposium Audio Teleconference CD Rom Internet Journal Satellite Broadcast
 Monograph Other _____

Signature: _____

Date: _____

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

Posttest for SVS Webcast

Immune-Induced Vascular Complications: HIT and Beyond

1. During vascular injury, which of the following can rapidly become a binding site for circulating factor VII and/or VIIa on phospholipid surfaces?

- a. Heparin sulfate proteoglycans
- b. Tissue plasminogen activator
- c. Tissue factor
- d. Thrombomodulin

2. Which of the following proteins does not have a cell-bound domain?

- a. Factor Xa
- b. Factor Va
- c. Factor VIIIa
- d. Thrombin

3. The hypercoagulable state seen in patients with factor V Leiden mutation is the result of which of the following:

- a. Resistance to activated protein C
- b. Hypersensitivity to activated protein C
- c. Thrombin-mediated formation of activated protein C
- d. Activation of protein S

4. Which of the following surgical patients are at risk for bleeding complications?

- a. Patients undergoing dialysis
- b. Patients being treated with antithrombotic agents
- c. Patients with active infections
- d. All of the above

5. What was a key finding of a recent double-blind, placebo-controlled trial of epsilonaminocaproic acid (EACA) in patients undergoing coronary artery bypass grafting?

- a. EACA reduced chest tube drainage by about 30% but did not reduce the need for allogeneic blood transfusion.
- b. EACA reduced chest tube drainage by about 30% and significantly reduced the need for allogeneic blood transfusion.
- c. EACA did not reduce the volume of chest tube drainage but significantly reduced the need for allogeneic blood.
- d. EACA had no effect on the volume of chest tube drainage or the need for allogeneic blood.

6. Which of the following statements regarding antifibrinolytic agents is CORRECT?

- a. Protamine reverses low-molecular-weight heparin.
- b. Protamine retards insulin absorption in patients with diabetes using neutral protamine Hagedorn insulin.²
- c. Epsilon-aminocaproic acid is 10 to 20 times more potent than tranexamic acid.
- d. All of the above are true.

7. Which of the following statements describes a key finding from a meta-analysis of all randomized controlled trials of aprotinin, lysine analogs, and desmopressin?

- a. Desmopressin resulted in a 2.4-fold increase in the risk of myocardial infarction.
- b. Aprotinin decreased mortality almost twofold.
- c. Desmopressin use was associated with a small decrease in perioperative blood loss but with no other beneficial clinical outcomes.
- d. All of the above are true.

8. Which of the following statements regarding topical hemostatic agents is CORRECT?

- a. Collagen-based products work independently of a functional clotting cascade.
- b. Biologic glues contain a thrombin/fibrinogen mix.
- c. Gelatin sponges have a relatively neutral pH and therefore are good carriers for thrombin.
- d. The bactericidal properties of gelatin sponges are attributed to their relatively high pH.

9. According to several clinical and immunologic studies, including a prospective study that examined the association between the use of topical thrombin and the development of acquired inhibitors of coagulation factors, which of the following is most accurate?

- a. 30% of patients exposed to bovine thrombin developed cross-reactive antibodies to human blood coagulation factors.
- b. None of patients with anticlotting factor antibodies have abnormal results in blood coagulation tests.
- c. Anticlotting factor antibodies may be present in patients but do not interfere with postoperative anticoagulation monitoring.
- d. Elevated preoperative levels of multiple antibodies do not increase the risk of adverse clinical outcomes.

10. Which of the following best describes the difference between immune and nonimmune-mediated heparin-induced thrombocytopenia (HIT)?

- a. Nonimmune HIT occurs 5 to 14 days after exposure to heparin; immune-mediated HIT occurs 1 to 4 days after exposure.
- b. Thrombosis occurs in 30% to 75% of patients with immune-mediated HIT but does not occur in patients with nonimmune HIT.
- c. Nonimmune HIT is associated with a moderate to severe drop in platelet count.
- d. Immune-mediated HIT occurs only with intravenous unfractionated heparin.

11. In patients with HIT and isolated thrombocytopenia, 30% to 50% of them experience thrombosis if untreated. TRUE or FALSE?

- a. True
- b. False

12. Which of the following is characteristic of delayed-onset heparin-induced thrombocytopenia?

- a. Platelet count falls 5 to 10 days after starting heparin.
- b. Platelet count begins to fall only after heparin has been stopped.
- c. Platelet count falls 1 to 4 days after starting heparin.
- d. Bleeding manifestations are followed by thrombosis.