

EVALUATION FORM
Extracorporeal Photopheresis: Emerging Progress in Clinical Trials
Program ID: 07014

The Medical College of Wisconsin respects and appreciates your opinions. To assist us in evaluating the effectiveness of this activity and to make recommendations for future educational offerings, please take a few minutes to complete this evaluation form. ***You must complete this evaluation form to receive a CME credit certificate.***

Please answer the following questions by circling the appropriate rating:

5 = Outstanding 4 = Good 3 = Satisfactory 2 = Fair 1 = Poor

Extent to Which Program Activities Met the Identified Objectives

Upon completion of this activity, participants should be better able to:

Upon completion of this activity, the participant will be able to:

- | | | | | | |
|--|---|---|---|---|---|
| ◆ Explain the prevalence of GvHD in transplant patients. | 5 | 4 | 3 | 2 | 1 |
| ◆ Debate the possible uses of extracorporeal photopheresis in the treatment of chronic GvHD. | 5 | 4 | 3 | 2 | 1 |
| ◆ Apply the options for treating low body-weight patients with GvHD. | 5 | 4 | 3 | 2 | 1 |

Overall Effectiveness of the Activity

- | | | | | | |
|--|---|---|---|---|---|
| Was timely and will influence how I practice | 5 | 4 | 3 | 2 | 1 |
| Will assist me in improving patient care | 5 | 4 | 3 | 2 | 1 |
| Fulfilled my educational needs | 5 | 4 | 3 | 2 | 1 |
| Avoided commercial bias or influence | 5 | 4 | 3 | 2 | 1 |

Impact of the Activity

The information presented:
(check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Reinforced my current practice/treatment habits | <input type="checkbox"/> Will improve my practice/patient outcomes |
| <input type="checkbox"/> Provided new ideas or information I expect to use | <input type="checkbox"/> Enhanced my current knowledge base |

Will the information presented cause you to make any changes in your practice?

- Yes No

If yes, please describe any change(s) you plan to make in your practice as a result of this activity:

How committed are you to making these changes?

5 (Very committed) 4 3 2 1 (Not at all committed)

Future Activities

Do you feel future activities on this subject matter are necessary and/or important to your practice?

- Yes No

Please list any other topics that would be of interest to you for future educational activities:

Follow-up

As part of our ongoing continuous quality-improvement effort, we conduct post-activity follow-up surveys to assess the impact of our educational interventions on professional practice. Please indicate your willingness to participate in such a survey:

- Yes, I would be interested in participating in a follow-up survey
- No, I'm not interested in participating in a follow-up survey

Additional comments about this activity:

If you wish to receive acknowledgement of participation for this activity, please complete the post-test by selecting the best answer to each question, complete this evaluation verification of participation and fax to the Office of Continuing Professional Education, 414-456-6623, or mail to Office of Continuing Medical Education, Medical College of Wisconsin, 8701 Watertown Plank Road, Milwaukee, WI, 53226. (Note: Persons who claimed CME credit for attending the original presentations on which this program was based (at the BMT Tandem Meetings in February, 2006) may not claim additional credit for participating in this activity.)

Post-test Answer Key

1	2	3	4	5	6

Request for Credit

Name _____ Degree _____

Organization _____ Specialty _____

Address _____

City, State, Zip _____

Telephone _____ Fax _____ E-Mail _____

I certify my actual time spent to complete this educational activity to be:

- I participated in the entire activity and claim 1.0 credits.
- I participated in only part of the activity and claim _____ credits.

Signature _____ Date _____

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CME Assessment Test

<p>1. The following organs involved with GvHD have been reported to have a positive response to ECP:</p> <ul style="list-style-type: none">A. Sclerodermatous skinB. Liver GvHDC. Ocular GvHDD. All of the aboveE. None of the Above	<p>2. Current studies have determined an optimal dosing schedule for ECP:</p> <ul style="list-style-type: none">A. TrueB. False
<p>3. Have regulatory T cells been shown in vivo to influence GvHD?</p> <ul style="list-style-type: none">A. Yes, including recent work with photopheresis.B. Yes, but photopheresis was not involved.C. Yes, but not tested with photopheresis.D. No.	<p>4. In chronic GvHD, ECP needs to be continued for how long before observing benefits?</p> <ul style="list-style-type: none">A. Two to three weeksB. One to two monthsC. Three to four monthsD. Six to nine monthsE. Nine to twelve months
<p>5. Disease Free Survival (DFS) is affected by chronic GvHD in what disease state?</p> <ul style="list-style-type: none">A. Non-malignant disease onlyB. Malignant disease onlyC. Both non-malignant and malignant diseaseD. None of the above	<p>6. Studies have shown this to be the most frequent cause of death after HLA-identical sibling transplants:</p> <ul style="list-style-type: none">A. GvHDB. InfectionC. Organ failureD. Primary diseaseE. Interstitial pneumonitis