

Name .....



Education Initiative in Infectious Disease

### Expert Perspectives III: Strategies for the Management of HIV/HCV Coinfection

## CME Evaluation Survey

Release Date: September 1, 2002

### Instructions

Please complete this survey, along with the CME Posttest, and mail or fax to

Projects In Knowledge, One Harmon Plaza, Secaucus, NJ 07094; fax: 1-201-617-7333.

- | 1. Please rate the extent to which you achieved the learning objectives:  | <i>Excellent</i>         | <i>Very Good</i>         | <i>Good</i>              | <i>Satisfactory</i>      | <i>Poor</i>              |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| • Recognize the magnitude of the problems of HCV infection and HIV/HCV coinfection  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Discuss clinical issues related to coinfection with HIV and HCV, including impact on the immune system and progression of liver disease                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Describe current standards and emerging therapies for treatment of HCV infection, including the use of pegylated interferon as monotherapy or in combination with ribavirin | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Account for issues related to drug efficacy and safety, drug-drug interactions, and patient tolerability in developing treatment strategies for all appropriate patients    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Manage adverse effects of peginterferon and ribavirin to allow optimum treatment outcomes   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Encourage participation in support and education programs for patients and healthcare workers to maximize clinical outcomes   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Please rate the overall value of this enduring material:   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- | 3. Course was free from commercial bias:             | <i>Strongly Agree</i>    | <i>Agree</i>             | <i>Disagree</i>          | <i>Strongly Disagree</i> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| If you "Disagree" or "Strongly Disagree," why? ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| .....  |                          |                          |                          |                          |

- | 4. Please rate the level of the material presented: | <i>Just Right</i>        | <i>Too Advanced</i>      | <i>Too Basic</i>         |
|---|--------------------------|--------------------------|--------------------------|
|   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5. Please list any changes in your practice that you would consider making as a result of participating in this activity:
- .....
- .....
- .....
- .....

Name .....



Education Initiative in Infectious Disease

### Expert Perspectives III: Strategies for the Management of HIV/HCV Coinfection

### CME Evaluation Survey (cont'd)

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6. Please rate your interest in self-directed or distance learning in the following formats:

*Very Interested*      *Moderately Interested*      *Not Interested*

- a. Audioconference
- b. Videoconference
- c. Enduring materials (audiocassettes, videotapes, monographs)
- d. Internet (online discussions with experts, educational activities)
- e. Multimedia (online, CD-ROM)

7. Please tell us how long it took you to complete this course: .....

8. Please list topics and/or experts you would find interesting and professionally relevant for future CME/CE activities:

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9. Follow-up:

As part of our ongoing continuous quality-improvement effort, we conduct postactivity follow-up surveys to assess the impact of our CME courses 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:

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**Instructions for Documentation of Participation for CME**

To receive an acknowledgment of your participation for CME credit, please complete the following steps:

- Read this monograph carefully.
- Complete the CME Posttest below, selecting the most appropriate response to each question.
- Complete the CME Evaluation.
- Send photocopies of the Posttest and Evaluation to Projects In Knowledge, One Harmon Plaza, 6th Floor, Secaucus, NJ 07094, or fax to 1-201-617-7333 by September 1, 2003.

If you complete these steps and score 70% or higher, Projects In Knowledge will mail you an acknowledgment of participation for up to 2 hours of CME credit. If you score lower than 70%, Projects In Knowledge will notify you by mail and you will be given another chance to take the Posttest.

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Name Degrees/Credentials

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Mailing Address

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Please circle the most appropriate response to each question.

1. Compared with persons not infected with HIV, the rate of fibrosis and risk of complications related to hepatitis C virus (HCV) infection in HIV-coinfected persons appear to be:  
A. Increased      B. The same      C. Decreased
2. Which of the following viruses has a more rapid replication rate?  
A. HIV      B. HCV
3. In the HCV life cycle, which of the following occurs first?  
A. Host genome integration      B. Expression of structural and nonstructural viral proteins      C. Viral gene expression
4. Chronic HCV infection is a final diagnosis if the patient has a positive enzyme immunoassay result for HCV antibodies.  
A. True      B. False
5. Which of the following is considered an absolute contraindication for peginterferon/ribavirin combination therapy?  
A. Pregnancy      B. Any alcohol use      C. Pretreatment anxiety or depression      D. Coronary artery disease

6. The highest sustained virologic response (SVR) rate reported in *published* clinical trials among patients with HCV infection alone was with:
- |  |   |
|--|---|
| A. Interferon alfa-2b 3 MU TIW + ribavirin 1000–1200 mg/d  | B. Peginterferon alfa-2a 180 µg QW + ribavirin 1000–1200 mg/d   |
| C. Peginterferon alfa-2b 1.5 µg/kg QW + ribavirin 800 mg/d | D. Peginterferon alfa-2b 1.5 µg/kg QW + ribavirin >10.6 mg/kg/d |
| E. Peginterferon alfa-2a 180 µg QW monotherapy             | F. Peginterferon alfa-2b 1.0 µg/kg QW monotherapy               |
7. Preliminary reports from clinical trials using peginterferons in combination with ribavirin in patients with HIV/HCV coinfection have reported a negative effect on HIV outcomes.
- A. True                      B. False
8. HCV-infected patients with compensated cirrhosis should initially be treated with:
- A. Peginterferon/ribavirin combination therapy    B. Liver transplantation  
C. Standard-dose peginterferon monotherapy    D. Low-dose peginterferon monotherapy
9. Which of the following is the earliest week during treatment at which any detectable HCV RNA level is considered a nonresponse to treatment with peginterferon alfa-2b/ribavirin?
- A. Week 4                      B. Week 12                      C. Week 24                      D. Week 48
10. An HIV-infected patient who is coinfecting with HCV genotype 1 should be treated for at least \_\_\_\_ weeks if responsive to peginterferon/ribavirin.
- A. 24                      B. 32                      C. 48                      D. 52
11. ART-related hepatotoxicity occurs in >50% of patients coinfecting with HCV.
- A. True                      B. False
12. ART should be discontinued for any alanine aminotransferase elevation at least twice the upper limit of normal in HIV-infected persons with HCV coinfection.
- A. True                      B. False
13. Ribavirin potentially increases the efficacy *and* toxicity of which antiretroviral agent?
- A. Zidovudine                      B. Didanosine                      C. Nevirapine                      D. Ritonavir
14. Which of the following antidepressants has the least risk of drug-drug interactions with antiretroviral therapies?
- A. Citalopram                      B. Fluoxetine                      C. Nefazodone                      D. Sertraline
15. Which of the following antidepressants is the least likely to produce sexual side effects?
- A. Paroxetine                      B. Citalopram                      C. Venlafaxine                      D. Bupropion
16. Treatment of ribavirin-induced anemia with epoetin has been shown to result in a greater mean change in hemoglobin level compared with dose reduction.
- A. True                      B. False
17. HIV-negative patients infected with HCV genotype 1 who achieve adequate adherence (defined by 80+80+80 criteria) to peginterferon alfa-2b/ribavirin have an SVR rate of 63%.
- A. True                      B. False
18. When treated for HCV infection, patients on methadone maintenance treatment for substance abuse have an end-of-treatment response rate that is considerably lower than that reported in trials of the general population of HCV-infected persons.
- A. True                      B. False